All Children Are Special: How to Know When a Child Needs Help

A Guide for Parents and Child Care Providers

Rev. June 2026

Calaveras Child Care Council

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Background

In 1991, Assembly member Jackie Speier authored AB2141 (Chapter 1187) which created Local Child Care Planning Councils in each county. AB 2141 authorized these local councils to determine local child care needs, to develop priorities for the allocation of federal Child Care and Development Block Grant (CCDBG) funds, and to prepare a county-wide child care plan. The Calaveras Local Child Care Planning Council was informal and met only on an "as needed" basis. In July of 1994 the council started meeting on a monthly basis and for three consecutive years, the Council received a small grant to support local priorities and activities as they related to child care.

AB 1542 was passed in 1997, which created a new welfare program in California: California Work Opportunity and Responsibility to Kids (CalWORKs). As quality child care was recognized as an integral component to not only the success of working parents and local economy, but also to the healthy development of young children, the role of local child care planning councils was strengthened. The Calaveras Local Child Care Planning Council, became formal and was renamed the Calaveras Child Care Council (CCCC).

Program Requirements

It is the intent of the Legislature that local child care and development planning councils shall provide a forum for the identification of local priorities for child care and the development of policies to meet the needs identified within those priorities (Education Code, Section 8499.3). It is further the intent of the Legislature that communities implementing new programs or initiatives connect with existing program strategies and build upon existing local collaboratives, when possible, to provide a unified integrated system of service for children and families (EC, Section 54744). Local planning councils are expected to work with a variety of local players to build a comprehensive child care approach to all families. Those encouraged to participate in the local planning process include:

- Subsidized and nonsubsidized child care providers;
- County welfare departments;
- Human services agencies;
- Regional Centers;
- Local education agencies;
- Job training programs;
- Employers;
- First 5 Commissions;
- Integrated child and family service councils;
- Local Child Care Resource and Referral Programs;
- Parent organizations; and
- Other interested parties

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Introduction

All Children Are Special: How to Know When a Child Needs Help

> *No one goes very far alone…all that you put into the lives of others, comes back into your own.*
>
> Anonymous

Are you a parent who has a child with a special need? Or are you a child care provider with a child who has a diagnosed disability, or a child that you suspect might have some kind of developmental delay? Or perhaps you are a child care provider who would like to be able to care for all children in an inclusive setting and would like to have some help with training and resources. If any of the above descriptions apply to you, this manual was prepared with you in mind.

We know that every child is special, and some children need special care because of developmental, physical, health, emotional or behavioral problems. In order to meet the needs of the child, it is critical that parents and child care professionals create and maintain a partnership to help each other help the child reach his or her full potential. Calaveras Child Care Council (CCCC) has developed this manual to assist you – whatever your role – find the help and resources you need for including children with special needs in a child care setting.

According to the Child Care Law Center, a child with special needs is one who requires some form of special care due to physical, mental, emotional or health reasons. Because each child is unique and has unique needs, no single approach to caring for children with special needs can be applied to all children, even those with the same disability or special needs. **The practice of inclusion means including children of all abilities in the same classroom or child care program. Inclusion means "a part," not "apart."**

We hope that you will find this information helpful, and that it will assist you in finding the additional resources you may need for that special child for whom you care.

Guidelines for Observing Your Child

Children vary a great deal in what they learn to do and when they learn. Below are some guidelines to follow when observing your child. If you notice some of these behaviors consistently, you may want to contact or have your child screened by a professional.

Vision

- Rubs eyes frequently.
- Seems to have trouble following people or objects with eyes.
- Has reddened, watering or crusty eyelids.
- Holds head in a strained or awkward position, tilting it one side or the other, or forward or backward, when looking at an object.
- Has trouble focusing or making eye contact.
- Seems to have trouble finding or picking up small objects on floor.
- Closes one eye when looking at distant objects.

Hearing

- May have frequent earaches.
- May have frequent ear, nose, or throat infections or allergies.
- Does not look to source of voices or react to loud noises by four months of age.
- Talks in a very loud or very soft voice.
- May have difficulty responding to a call from across a room.
- Watches faces intently.
- Does not use spoken language as expected for his or her age group.
- Turns up volume on television or toys.
- Turns body to incline the same ear towards a sound.
- Has difficulty understanding what is being said.

Thinking

- By age one, does not respond to faces and objects, or does not recognize familiar people. Child does not look for hidden objects (e.g. peek-a-boo) or does not anticipate return of people.
- By age two, does not identify simple body parts by pointing, does not match similar objects, or recognize self in a mirror. Cannot say simple words and name familiar objects.
- By age three, cannot follow simple directions and commands. Does not imitate adults.
- By age three, does not begin to participate in creative processes: drawing, blocks, or play dough. Cannot match colors and shapes and complete simple puzzles. Unable to pretend or make-believe play.
- By age four, does not give correct answers to questions, such as: what do you do when you're sleepy/hungry? Does not have an active imagination, cannot sit through a short story.
- By age four, cannot tell the difference between different shapes and colors, does not pretend to read books.
- By age five to six, does not understand the concepts of today, tomorrow or yesterday. Cannot follow multiple directions. Cannot sort and match according to different qualities (e.g. shape, color, size). Cannot name shape, colors and some letters.
- By age five to six, cannot recite 1-10, the child does not understand that numbers represent quantity (e.g. can get three apples, can put one napkin for each child).
- The child cannot stay with of complete tasks (e.g. finish a puzzle, draw a picture related to a story).

Communicating

- Is unusually quiet.
- By six months, rarely makes sounds like cooing or gurgling.
- By age one, does not understand first words such as *milk, bottle* or *bye-bye*.
- By age one, does not say *mama* or *dada*.
- By age two, rarely names family members or common objects.
- By age two, does not speak in two-word phrases.
- By age two, does not point to object or people to express want or need.

- By age three, does not follow simple directions or speak in sentences of three or four words.
- By age fours, does not tell stories, either real or make-believe, or ask frequent questions.
- By age four, does not speak in sentences of four or five words and has speech that is not understood by adults.
- By age five, does not know age and cannot answer, *who, what, where, when* or *why* questions or use simple sentences.

Moving

- Has stiff arms or legs.
- Has floppy or limp body posture.
- By three to six months does not have good control of head, arms and legs. Does not explore fingers and objects with mouth and has not developed the ability to focus eyes on an object.
- By one year has not crawled, sat up, picked up objects with thumb and first finger, or stood with support.
- By two years has not walked or has difficulty walking without help. Cannot kick a large ball or does not need to release energy and use physical skills. Cannot use crayons, spoons or cups.
- By age three does not walk up or down stairs, frequently falls when running, and cannot turn pages of a book. Does not draw lines and simple shapes, is not active or does not test physical limits.
- By age four, has difficulty with such activities as standing on one foot, jumping from a bottom step, pedaling a tricycle, catching a large bounced ball, closing a fist, or wiggling a thumb. Cannot kick a ball forward, throw ball overhand, or walk backward.
- By age five, has difficulty skipping using alternate feet, pumping self on a swing, or cutting with scissors. Cannot string medium size beads. Cannot get dressed with minimal help.

Playing

- By three months does not coo or smile.
- By age 12 to 24 months, does not play games such as peek-a-boo or pat-a-cake, or wave bye-bye.
- By age two, does not show off occasionally, or shows awareness of being seen by others.
- By age three, does not imitate parent or caregiver doing routing tasks such as washing dishes, cooking, or going to work.
- By age three, tends to play alone more than with other children. Does not engage in joint exploration and some peer play.
- By age three, does not play purposefully or initiates play through pushing or hitting.
- By age three, does not interact with adults and children outside the family.
- By age four, does not play make-believe games and group games such as hide-and-seek with other children.
- By age five, does not share and take turns.
- By age five, does not express concern or compassion, when appropriate. Does not show concern for a child who is crying or in distress.

General Behavior

Some behaviors may be cause for concern, or they may just be part of the child's temperament or personality, so observe these behaviors with that in mind.

- By six months, avoids being held or talked to or resists being soothed or comforted.
- Does not pay attention or stay focused on an activity for as long as other children of the same age do.
- Avoids or rarely makes eye contact with others.
- Gets unusually frustrated when trying to do simple tasks that most children of the same age can do.
- Often acts out or appears to be very stubborn or aggressive.
- Acts extremely shy or withdrawn.

- Does not like being touched.
- Does not like having certain types of material or clothing next to body.
- Treats other children, animals or objects cruelly or destructively.
- Tends to break things a lot.
- Displays violent behavior, such as tantrums, fighting, or hitting other children on a daily basis.
- Stares into space, rocks body, or talks to self more often than other children of the same age.
- Often bangs head against an object, floor or wall.
- Does not recognize dangerous situations, such as walking in traffic or jumping from high places.
- Tends to be sick often, or complains of headaches or stomachaches.
- Has problems, sleeping, eating, or toileting.
- Is overly impulsive, active, or distractible.
- Does not respond to discipline as well as other children of the same age.
- Has difficulty putting thoughts, actions, and movements together.
- Does not seek approval from parent or caregiver.

I Have Concerns: What Do I Do Now?

If you feel that your child, or a child in your care, may not be developing at the same rate as other children of the same age, it may be time to take a closer look. As a parent, this is a good time to mention your concerns to your child's caregiver or physician. As a provider, this is your opportunity to start a conversation with the parent about doing some informal observing. Parents and providers can work together to start an observation plan to record the child's behavior over time and in a verity of settings.

If you are a child care provider observing a child, be clear that this is an observation, not a diagnosis. This observation can help plan activities that the child will enjoy, match activities to the child's skills and abilities, and may serve to signal that a referral for formal assessment is needed. Whatever the family decides, you as a provider have planted the seeds that will help them observe their child more carefully and think about what you have said. Here are some general suggestions to keep in mind when you're observing:

- Try to be as objective as possible.
- Date all observations so you can better look for changes and patterns.
- Write down exactly what the child does or says.
- Observe each activity more than once.
- Be sure to look for both strengths and weaknesses.

Tracking Your Observations

Paper or note cards method

Write down notes right after something happens. Collect the child's drawings and other creations. Jot down stories about the child shared by others: the parents or other staff if you are a provider and the caregivers if you are the child's parents. Be sure to keep the notes in one place, such as a folder, envelope, or plastic bag.

Journal method

Write something down about the child every day in a special notebook so you have an ongoing picture of what she does.

Checklist method

Make up a list of categories and watch the child's behavior or reaction in each category. Some categories might be general health, speech and language, social behavior, vision, hearing, or a child's first smile or roll over.

Be objective when you are observing. Objectively means writing down only what the child actually does or says, not your interpretation of the behavior.

Sample Observations

Following are some examples of observations you can make about a

child: 1/2/05: Alexis played with the ball alone, not interacting with

others.

1/3/05: Jeremy ate sand while outside and didn't respond to my attempts to redirect his activity.

1/3/05: Caitlin pulled on my leg when she needed me but wouldn't make eye contact or tell me what she needed when asked. She pulled me to the refrigerator.

Some Things to Think About

Now that you have collected some specific information about your child, use the following questions to help you put your observations into perspective. They will help you decide whether a child is just developing at his or her own pace or is a child who may need outside help.

- Has the child made progress over time, or is he or she "stuck"?
- Is the child ignored by other children because he or she can't keep up with them, doesn't get their jokes, or doesn't understand the rules of the game?
- Are your expectations for the child realistic, given everything you know?
- Does the child have trouble at specific times of the day, such as meal times, nap time or bedtime, or during a specific activity?
- Is the child able to concentrate and become involved with an activity?
- Is the child creative when playing with toys and games, or does he or she always play with them in the same way?
- Does the child have a good energy level, or does he or she always seem tired?
- Does the child have a lot of allergic symptoms, such as coughing or sneezing, rashes or

itchy eyes?

- Is the child able to make choices about activities, and act independently?
- Does the child seem confused in a childcare or school environment?

After answering these questions, you may find that a change in the child's schedule or environment will help address these concerns. You may also find that at this point you will want to seek help from a qualified service provider or your health care professional. Please see our section on Resources for additional information.

Remember, the observations of child care providers are to be shared with the parents. It is up to the parents to seek professional help for their child. Your input and guidance can serve to support parents in that process.

Who is a Child with Special Needs?

Every child is a special person, but some children may need special care due to physical, emotional, health, or developmental needs. The kinds of special needs vary greatly. They may be allergies, developmental delays, a diagnosed disability, or a serious illness. Here are some of the broad categories of special needs:

Autism

A child with a developmental disability significantly affecting verbal and non-verbal communication and social interactions, that adversely affects a child's educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Developmental Delay

A child with a developmental delay may grow and develop more slowly than other children. His or her physical, mental or emotional development may be affected. Includes intellectual disability, multiple disabilities and traumatic brain injury.

Emotional / Behavioral Needs

This child may need help learning to follow daily routines or relating to others.

Exceptional Health Needs

Children with such needs may require specialized care due to conditions such as allergies, asthma, diabetes, epilepsy, sickle cell anemia, or because of a serious illness.

Hearing Impairment
A child may have a mild or significant hearing impairment or may be deaf.

Speech or Language Skills (Communicating Disorder)
A child may have difficulty speaking or understanding speech. Expressing his or her needs or understanding rules and instructions may be difficult and frustrating for the child with this type of need.

Specific Learning Disability
Children learn in different ways, but some may need specialized care. He or she may have difficulty reading and therefore would need clear verbal instructions. A learning disability can be frustrating to a child, leading to possible behavioral needs.

Physical Disability
A child may have limited movement or require adaptive equipment, such as braces, a walker, or a wheelchair.

Vision Impairment
A child may have a mild or significant vision impairment or may be blind.

What is Neurodiversity?

"Neurodiversity" is the concept that there is natural variation in how people's brains work, with no single "correct" way, and that a wide range of perceptions and responses to the world should be accepted and encouraged, including those of children with Autism, ADHD and learning differences. Rather than seeing differences as "deficits" or something that needs to be "fixed", neurodiversity recognizes natural brain differences as normal and potentially valuable.

Types of Neurodiversity

Autism spectrum disorder (ASD)

Attention-deficit hyperactivity disorder (ADHD)

Dyslexia (difficulty with reading)

Dysgraphia (difficulty with writing)

Dyscalculia (difficulty with math)

Dyspraxia (difficulty with coordination)

Nonverbal learning disorder (NVLD) (difficulty with visual-spatial processing — also called developmental visual-spatial disorder)

Sensory processing differences

Executive function differences

Inclusivity

Proponents of neurodiversity also feel it helps to encourage changes in environments to increase inclusivity— everything from classrooms, public park designs, to kids' birthday parties — to make them more welcoming and open to those who think, process and learn differently.

Putting People First

The way we talk about people affects the way we see them and the way they view themselves. As awareness of people with disabilities and other special needs increases, the language we use to talk about disabilities also changes.

When talking to or about a child with special needs, it is crucial to look at the whole child, not just the disability. Remember to point out the way the child is like other children, instead of focusing on the differences.

The most important thing to remember is that people with disabilities are people first. Therefore, avoid saying things like “a disabled child,” a “blind girl,” or “a Down syndrome boy.” Instead, put the child first by saying “a child with a disability,” “a girl who is blind,” or “a boy with Down syndrome.” Avoid using words that are derogatory or pitying, such as handicapped, crippled, retarded, mongoloid, or backward.

All children are different from one another and all have different needs. Being sensitive about language will help you be more aware of all children, whether you are a parent or a childcare provider. Using sensitive language will help prevent hurt feelings and avoid unintentional insults.

Remember –

Children with special needs are **CHILDREN FIRST**.

Families with children with special needs are **FAMILIES FIRST**.

What You Need to Know About Early Intervention and Educational Programs

If you think your child needs help, it is very important to get help early, which is known as "early intervention." The earlier intervention is started, the more likely it is that your child will benefit from available services.

Assessments are available for children whose parents have concerns about their development. Following is information on how to arrange for an assessment.

Birth to Three Years

The Early Start Program is available for children from birth to three years of age. This program serves infants and toddlers who may have a diagnosed disability, a developmental delay, or are at risk for a developmental delay, and are eligible for services under regulations for the Individuals with Disabilities Education Act (IDEA).

- *Who Will You Contact?*

Referrals are made by contacting Valley Mountain Regional Center (VMRC) at 209.754.1871 or https://www.vmrc.net/vmrc-early-start-referral-form/

- *What Will They Do?*

VMRC is responsible for conducting assessments and/or addressing concerns regarding the child's development. Input and concerns from parents and significant people in the child's life are included in the assessment process, in addition to directly assessing the child's development with more formalized testing. A follow-up meeting is scheduled to review the assessment results and discuss the needs and strengths of the child. A document called an Individualized Family Service Plan (IFSP) is then written to reflect the results and discussion of the child and family's needs. The IFSP is a plan of recommendations and services to help meet these needs.

- *What Happens Next?*

If a child has been determined to be eligible for ongoing services through the Early Start Program, a Service Coordinator is assigned to monitor the progress of the child on an ongoing basis. This plan is reviewed at regular intervals to ensure that the child's needs are being addressed and met.

The federal *Individuals with Disabilities Education (IDEA), Part C*, and the California Early Intervention Services Act ensure that infants and toddlers with disabilities and their families receive coordinated services early enough to make a difference. In California, Early Start's system of early intervention services are intended to support and enhance the capability of every family with an infant or toddler with a potential or diagnosed disability, to meet the

special developmental needs of their child at no cost to parents.

Ages Three to Twenty-One

When a child turns three, or if a child is older than three, if there are developmental concerns or a diagnosed disability, services are available locally through the educational system.

- *Who Will You Contact?*

Children aged three and above, up to age twenty-one, are referred to the Special Education Department at the Calaveras County of Education (209.736.6016).

- *What Will They Do?*

An assessment plan is signed, and assessments are completed as may be appropriate, to address the specialized educational needs of the child. Following completion of the assessments, an Individualized Educational Plan (IEP) meeting occurs, to review the assessment results and make recommendations. The IEP identifies the services and goals needed to help the student meet their educational potential.

- *What Happens Next?*

The IEP is reviewed at least annually, to ensure that the educational needs of the child are being met.

Parents need to know that an IEP meeting can be requested at any time throughout the school year if parents have concerns about the child's services.

504 Plan

Section 504 of the Rehabilitation Act of 1973 offers protections for children with disabilities, some of whom may not be eligible for services under the Individuals with Disabilities Education Act (IDEA).

The defining language states that Section 504 covers any person who:

- Has a physical or mental impairment that limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

Under Section 504 and IDEA, reasonable accommodations are designed to enable success for all eligible children. Please contact your child's teacher or school principal for additional information. There is no age limit for a 504 Plan, and it can be written for a child in infant and preschool services.

Focus on Providers

If You Are a Child Care Provider…

As a child care provider, you may not think of yourself as caring for a child with special needs. You may even be serving such a child without realizing it. However, since the passage of the Americans with Disabilities Act (ADA) in 1993, family child care homes and child care centers may not discriminate against children with special needs. You must make what the law calls a "reasonable accommodation" to care for a child with special needs, and you must not charge more for that child than you do for any other child in your program.

Your role as a provider should be no different for any child. Your job is to nurture all of the children in your program, and to take care of all of their needs for safety, security and stimulation.

You are not responsible for therapy or setting the educational goals of a child with special needs. Hopefully, you will be part of the team that includes the child's parents and other professionals who are serving the child. Other members of this team may suggest ways to adapt your program to best meet the needs of that particular child.

A child with disabilities or other special needs requires the same things that all of the children need from you: to feel loved and nurtured, to feel good about themselves, and to reach their fullest potential in becoming independent beings. Children with special needs may need a little more structure in the schedule or environment, a little more physical assistance, or a little more encouragement than some of the other children in your program. And keep in mind that the parents of a child with special needs can also benefit from your encouragement, as they may be more anxious, frustrated and stressed than other parents.

What Should I Ask Parents?

The following suggested questions are helpful for all children, not just a child who has a special need. The information that will be most helpful to you as a child care provider is how that child is similar or different from other children of that age, and what this will mean for your program. You don't necessarily need to know the child's diagnosis.

Consider the following questions:

- What is your child like?
- What are her favorite activities?
- How does he communicate his needs?
- Does she need help moving around?

- Does he need help with feeding?
- Does she need help with toileting?
- Is he on a special diet?
- Does she take medication?
- Are there other professionals or agencies that are working with the child?
- How does he relate to other children his age, or younger or older children?
- What are your expectations of me as a child care provider?

Benefits of Inclusion

Including children with disabilities or other special needs in your program can have benefits for all the children in your care. Children learn a great deal from each other. A child who is in a natural setting, rather than in a special school or class, learns from being with other children who do not have a disability.

The children in your program will benefit from inclusion by learning to appreciate all people, no matter their level of ability. Acceptance of diversity and consideration for the needs of others are very important attitudes for children to learn and carry with them all of their lives.

The parents of children with disabilities need child care just like other parents. Just as a child with special needs is a child first and a child with special needs second, so are parents people first and parents of a child with disabilities second. These parents need to go to work, or go to school, or just have time off as all parents do.

The children and families that you work with are not the only ones who will benefit from your having an inclusive child care program. As you develop your skills in individualizing your program for one child, you will become a better, more creative and more sensitive provider for all children.

Things to Remember…

If you are stuck, ask for support. Reach out for help as there are many resources available.

As part of the process, providers are obligated to try some things first, whether instructional or behavioral interventions.

If you have a concern, have a conversation. Call the Calaveras County Office of Education, Special Education Department at 209.736.6016.

Strategies for Success

The following ideas from the California Department of Education may be helpful. Always remember that a child is a child first and that each child is different, whether or not he or she has a disability. These strategies will benefit all children.

Developmental Delays

- Give clear directions, speaking slowly and clearly using only a few words.
- Move the child physically through the task, so he can feel what to do.
- Stand or sit close to the child so you can help if needed.
- Help the child organize her words by providing structure and consistency; for example, label things with pictures and words.
- Avoid changing activities abruptly; allow time for adjustment.
- Teach in small steps.

Speech and Language

- Be a good listener.
- Give directions simply and in complete sentences.
- Talk about what you and the child are doing while you are doing it.
- Have the child talk about what he is doing; ask specific questions.
- Repeat what the child says and add missing words, or ask the child to repeat what you are saying. Build on what the child says by adding new information.

Vision Impairment

- Give specific directions and avoid words such as this, that, over there.
- Call children by their names and address them directly.
- Increase or decrease the room light to avoid glare.
- Use simple, clear, uncluttered pictures that are easy to see.
- Avoid standing with your back toward windows causing a silhouette.

- Encourage hands-on experiences: touching, holding and exploring.
- Ask first if the child needs help; don't assume that it is needed or wanted.

Physical or Neurological Disabilities

- Know the child's strengths and needs to help encourage independence.
- Assist the child with activities she may not be able to do alone, such as kicking a ball.
- Be aware of proper positioning techniques.
- Learn how to use and care for any special equipment.
- Help other children understand the disability and stress what the child can do.
- Try to experience the disability yourself to better understand the child's perspective.
- Work closely with other service providers (therapists, psychologists, etc.).

Hearing Impairment

- Know the degree of hearing loss the child is experiencing.
- Learn how to use and care for the hearing aid or other special equipment.
- Support the child socially.
- Be sure to have the child's attention before giving instructions.
- Speak in complete sentences at normal speed while facing the child and smile.
- Use visual cues, such as pictures of gestures, when you talk.
- Encourage the child to let you know by a special signal if she does not understand something you are saying.
- If the child does not understand what you are saying, try rephrasing rather than repeating it.
- Provide opportunities for the child to talk.
- Learn basic sign language.

Social/Emotional Development

- Establish routines and provide structure for the child.
- Use items such as timers, lights or bells to signal the start or end of an activity.
- Do not change activities abruptly and warn the child of changes ahead of time.
- Allow the child to watch new activities or practice them away from the group.
- Sit close to the child and give periodic verbal and physical reassurances.
- Let the child bring a familiar object when entering new situations.
- Help the child make choices by limiting the options.
- Allow the child to have a safe emotional outlet for anger or fear.

Techniques for Managing Behavior

- Respect the child's feelings.
- Manage your own behavior and model desired behavior.
- Prevent problems when possible; look at your schedule and environment.
- Focus on what the child can do; accentuate the positive.
- Follow through with realistic consequences.
- Help the child to verbalize, act, and understand. Clarify statements and feelings.
- Teach the child appropriate behavior.
- Give the child reasonable choices.
- Ignore negative behavior if you can.
- Provide developmentally appropriate activities in a safe, nurturing environment.
- Ensure consistency with the family in handling behavior and consequences.
- Have fun!

The Questions Children Ask

Children are naturally curious about their environment and about people that look or act differently than they are used to. Generally, children are very accepting of differences when their inquiries are answered right away in a simple, truthful, direct manner. Adults and children alike may be fearful of people or situations they are not used to, and differences can be scary. It is only after the differences are understood that the fear can lead to an understanding of the differences and the discovery of all their important commonalities. The following steps will help you feel more confident in answering the child's inquiring mind.

- Verify what your child actually sees in words that are easily understood. "Yes, he does walk with a limp," or "Yes, the mother is pushing her child in a wheelchair."
- Answer questions directly and simply. If your child asks why another child is using a wheelchair, give a brief, matter-of-fact answer. "Well, just like we use our legs to walk, his wheelchair helps him get around."
- Focus on what they have in common. After addressing the difference, redirect your child to things that are shared interests. Point out that the other child also likes to play games, play on play ground equipment, or TV shows.
- Encourage polite interaction. Gently teach your child that staring or pointing is hurtful, but asking questions is fine. Encourage them to smile, say "Hi" and ask before helping another child.

Remember, we are all *people* first.

Resources

California Department of Education www.cde.ca.gov/sp/se/

California Children's Services (CCS)
Calaveras 209.754.6460
Provides intensive case management for medically eligible children up to 21 who need specialized medical and rehabilitation services.

California Inclusion/
California Map to Inclusive Child Care www.cainclusion.org/camap **760.682.0200**
The source for information and resources on inclusive child care.

Child Care Law Center www.childcarelaw.org **415.558.8005**
A non-profit firm that uses legal expertise to ensure that low-income families can access quality child care and address the complex legal issues that affect child care.

Child Health/Disability Prevention (CHDP),
County Public Health Department
Calaveras 209.754.6460
Finds and treats health problems in children ages birth to 21. Reviews exams, liaison with public/private schools, preventative health services and follow up care.

California County Behavioral Health
209.754.6525 or 800.499.3030

Community Advisory Committee (CAC)
Calaveras 209.736.6016
CAC functions as a liaison between Special Education Local Plan Area (SELPA) and the community. It is a parent driven group building bridges of understanding and cooperation between families and educators. Regular meetings are held to discuss and review local decision making affecting special needs on a local level.

Council on Developmental Disabilities - California
916.263.7919
State of California Area Board 6-A referral, education, an advocacy service for children and adults with developmental disabilities.

Disability Rights California www.disabilityrightsca.org

Easter Seal Superior California
800.515.2229
Support for premature babies and with delayed development.

Family Resources Network (FRN)
209.472.3674 or 800.847.3030
Helping families meet the challenge of raising children with special needs. Information & Referral, Family Support, Outreach, Advocacy, Workshops, Seminars, and Resources. Supporting families and professionals in Amador, Calaveras, San Joaquin, Stanislaus and Tuolumne counties.

First 5 Calaveras www.first5calaveras.org **209.754.6914**
First 5 provides support services to the Calaveras County community by facilitating partnerships and funding strategies that strengthen families and support them in raising children who are healthy and ready to learn ages 0-5 years old. Parent information, workshops and education is offered throughout the county.

Metta Services www.mettaservices.org
209.213.1271
A local small business that serves children and families of Calaveras, Amador and Tuolumne County.

Shriners Hospital for Children www.shrinershospitalsforchildren.org/sacramento
916.453.2000
2425 Stockton Blvd.
Sacramento, CA 95817

Special Education Department, Calaveras County Office of Education
www.ccoe.k12.ca.us **209.736.6016**
Children suspected of being disabled may receive assessment services in areas such as hearing, vision, language and learning disabilities from birth to 21 years of age. Educational services are available for children meeting federal and state eligibility criteria.

The Resource Connection,
Early Childhood Programs www.trcac.org/rr **Calaveras 209.754.2000**
Head Start / Early Head Start provides comprehensive early education programs for children of all abilities, from birth to Kindergarten age, in Calaveras County.

The Resource Connection,
Resource and Referral Services www.trcac.org/rr **Calaveras 209.754.1075**
The Resource Connection provides child care information and services for parents throughout Amador and Calaveras counties, including: free child care referrals to licensed child care centers, preschools and family child care homes**;** resource libraries; help paying for child care (through the Child Care Subsidy Program). Call our offices or visit our website for more information.

Valley Mountain Regional Center (VMRC) www.vmrc.net **209.754.1871**
A private non-profit corporation that contracts annually with the State of California to provide diagnostic, evaluation, case management, and prevention services to people with developmental disabilities. VMRC serves the counties of Amador, Calaveras, San Joaquin, Stanislaus and Tuolumne and helps families to locate services for their infants and toddlers who are premature, have health problems or may be delayed in their development. This referral and evaluation service is free. To make a referral go to:
https://www.vmrc.net/vmrc-early-start-referral-form/

Parent Inquiry Letter

The Following is a sample "Parent Inquiry Letter" that you may use to contact the Special Education Department in Calaveras County. To refer a child to VMRC, please refer to the Resources section above.

Date: _____

SELPA Director, Calaveras County Office of Education
PO BOX 760
Angels Camp, CA 95221 Fax: 209.736.6048

RE: _____ Date of Birth: _____/_____/_____
(Name of Child)

I would like to request contact in order to access information regarding Special Education referral and services.

Areas I am concerned about: (✔ check all that apply):

☐ Speech and language delay ☐ Developmental delays ☐ Medical problems or equipment
☐ Vision impairment ☐ Behavior or emotional problems ☐ Motor delays ☐ Hearing loss
☐ Other (specify): ☐ Learning disabilities _____
☐ Seizures

Description of my concerns:

My child is currently attending the following school or child care program:

Name of School or Program: _____

Address: _____ **Phone:** _____

Sincerely,

Sign & Print / Type Name
Address (include city & zip code)
Phone Number (day & evening)

Notes: