

MAP TO INCLUSIVE CHILD CARE

FINAL REPORT

**CHILD CARE BUREAU
ADMINISTRATION FOR CHILDREN, YOUTH, AND FAMILIES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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INTRODUCTION AND OVERVIEW

Map to Inclusive Child Care was conceived and carried out in response to an RFP from the Child Care Bureau, numbered 105-97-1601, the Child Care Inclusion Project for Children with Disabilities. This was one of seven technical assistance initiatives launched and supported by the Child Care Bureau during this period of time. Together these projects formed the Child Care Technical Assistance Network (CCTAN), in which the Map to Inclusive Child Care staff actively participated.

Technical Assistance To Selected State Teams Formed By State Child Care Administrators

The central tasks and activities of this project, as defined in the contract, focused on assistance to States in improving their practices and policies regarding the participation of children with disabilities from birth through age twelve in child care, particularly in subsidized child care supported by federal Child Care and Development Funds. Each participating State was to develop plans to strengthen the State's capacity to serve these children, not in specialized programs but alongside their more typically developing peers family child care and center-based child care, working in concert with other programs such as Early Head Start and Head Start.

The vehicle for this technical assistance was an interagency team formed under the leadership of the State Child Care Administrator, representing families

of children with disabilities, public and private agencies, and a variety of constituencies with a stake in quality and inclusive child care. The contract required that the project identify, through a selection process, teams with the requisite composition from ten States (or other eligible entities) in each of the three years of the project and offer them information and technical assistance through a variety of channels, including telephone conference calls, strategic planning meetings, expert help from an approved consultant pool, participation at an annual National Institute, and guidance (and some funding) in carrying out a designated state "community event" or activity to make the project's goals and activities known to a larger group of stakeholders.

Evolution of the Project's Management and Leadership Structure

The project had one Director throughout its three years of effort. Dr. Mary Beth Bruder of University of Connecticut Health Center, Division of Child and Family Studies, held that role the first year as an employee of a subcontractor, and in Years Two and Three as an employee of the prime contractor. The prime contractor at the inception of the project, United Cerebral Palsy Associations, voluntarily withdrew from its role in the project after one year, and responsibility for the project was transferred to University of Connecticut Health Center. The legal arrangements associated with this change were finalized in January 1999 and the federal project officer, Lillian Sugarman made a site visit to the University of Connecticut Health Center in order to

finalize the transfer and refine the staffing pattern and scope of work of the contract.

During Year One of the project, the technical assistance efforts to the participating States were coordinated by two employees of United Cerebral Palsy Associations, one of whom (Dr. Dale Fink) had also been named Co-Director of the Project in November 1997 when the original Co-Director (Ms. Patti Green-Roth) resigned for medical reasons. In Years Two and Three, after United Cerebral Palsy Associations ceased to be associated with the project, five consultants were hired to coordinate the technical assistance activities. These five remained with the project throughout Years Two and Three. The manner in which technical assistance was carried out is discussed in detail in the following pages.

Conceptualizing Inclusive Child Care Outcomes

The project began with a conceptual framework of possible outcomes borrowed from the first national Leadership Forum on Inclusive Child Care, convened by the Child Care Bureau together with other federal partners in June 1995. The five organizing themes at the conference, which underlay the thinking behind the Map to Inclusive Child Care Project at its inception were as follows:

- (1) Financing and Policy Development;
- (2) Accessibility: Facilities, Environments, and Transportation;
- (3) Administration of Best Practice and

Quality Programs; (4) Staff Competencies and Training Options; (5) Community Resources and Service Integration.

All Contractual Obligations Fulfilled

As the body of this report will detail, the project met and exceeded all of its fundamental contractual obligations. It offered the full range of specified technical assistance activities to ten States (and other entities) in each of Years One and Two, and to eleven States in Year Three. All changes to the task implementation scope were done under the direction of the federal project officer. These are documented within this report and in the three separate yearly reports.

PROJECT IMPLEMENTATION BY TASK

The contract for this project identified 11 tasks or deliverables. The first two were applicable mainly to project start-up. The remaining nine were to be conducted annually with respect to the newly identified States participating in the project.

Task 1: Orientation Meeting with Federal Project Officer

Table 1 displays the dates of formal orientation meetings held with the Federal Project Officer (FPO).

TABLE 1: ORIENTATION MEETINGS WITH FEDERAL PROJECT OFFICER

DATE	IN ATTENDANCE	PURPOSE
October 9, 1997	Lillian Sugarman (FPO) Mary Beth Bruder, Dale Fink, Chris Button, Michelle Cook, Patti Green-Roth	Initial orientation to project protocols and establishing communication mechanisms between project staff and FPO
December 10, 1997	Lillian Sugarman (FPO) All staff of Maps as well as all subcontractors	Agree on protocols and communication mechanisms for involvement of subcontractors
November 9, 1998	Lillian Sugarman (FPO) Map Project staff	Reconfirm plans, protocols, and communication mechanisms in aftermath of reorganization

As displayed in Table 1, the orientation meeting with the original Federal Project Officer (FPO), Lillian Sugarman, occurred on October 9, 1997, in the offices of the Child Care Bureau. At this time, the scope of the work under the contract was reviewed and communication mechanisms between the FPO and

project staff were established. Ground rules regarding the dissemination of printed or other products were also addressed. The first proposed product of the project was a news release announcing the contract award. This product was approved pursuant to the agreed-upon guidelines and began to be disseminated after October 28, 1997.

On December 10, 1997, another meeting was convened with the FPO at which all subcontractors were present, so that they too could be properly oriented to the plans and expectations of the project. This meeting took place at the offices of then-prime contractor, United Cerebral Palsy Associations.

On November 9, 1998, the FPO came to the offices of the University of Connecticut Health Center to meet and plan for Year Two of the project. This was in connection with the transition from the management configuration of Year One to the new structure being put in place for Years Two and Three under the direction of the federal project officer. Contact with this federal project officer occurred three times a week by phone.

At the outset of Year Three of the project, Lillian Sugarman, the original FPO, left the Child Care Bureau. Arthur Leen was assigned as the new FPO in October 1999, and then subsequently, Carol de Barba was assigned from April 2000 through the conclusion of the project in September 2000 as FPO.

Collaboration between these two FPOs and the project staff was carried out

through telephone contact and emails at a less frequent contact schedule than Year 2 and Year 3.

Documentation

A sample and summary from meetings with FPO are included as Appendix A.

Task 2: Develop Selection Criteria for States

The project staff in consultation with the FPO developed during October 1997 an application packet that embodied and further refined the team composition requirements spelled out in the RFP. In addition, the application added certain requirements designed to enhance the probability of achieving good project outcomes. Among the criteria for selection were the following:

Each applicant State was required to designate in the application one person who would take on the role of "liaison" to the Map to Inclusive Child Care Project in the event the State was selected.

Only State Child Care Administrators were eligible to submit applications. No application was considered valid without the signature of the State Administrator on an application cover sheet.

Each proposed member of a State's Map to Inclusive Child Care Project team had to submit a signed "Commitment Statement," indicating they understood the expectations for their participation in strategic planning, National Institute, and planning and implementing a state "event." Members

who were listed on applications but who did not submit signed commitment statements were considered not to be members of the team for the purposes of rating the quality of the application.

The project staff proposed that points be awarded for five elements of the application: (1) Team composition; (2) Documented efforts to promote quality inclusive child care; (3) Additional resources you will commit; (4) Sustainability/future commitments; (5) Other reasons to choose your State.

The draft application packet was submitted for review to the Administrative Issues Work Group (a subset of State Child Care Administrators called upon by the Child Care Bureau for periodic input on federal policy) in November 1997. After their comments and further review and revision in consultation with the Child Care Bureau staff and regional federal staff, the selection criteria as represented in the application package were approved in January 1998.

Once the selection criteria were established in Year One, they remained fundamentally the same throughout the three years. The only significant changes in criteria were in the size of teams permitted and in the adjustment of team composition requirements.

Team size

During Year One, the criterion for team size was up to 25 members. After Year One, the project staff and FPO determined that the teams would work more

effectively if they were smaller. Therefore the criterion for selection limited team size to 15 in Years Two and Three.

Adjustment of team composition requirements

The categories of representative of the State's Child Care Resource and Referral System and representative of the State's Healthy Child Care initiative were added to the application for Years Two and Three. These requirements were not included in Year One. A representative of an institution providing training or professional development for the child care field was an option that was encouraged in Year One, but became a requirement for Years Two and Three.

Documentation

The application packet as presented in Year One is submitted as Appendix B. The application packet as presented in Year Two and Three is submitted as an Appendix C.

Task 3: Coordinate the Application and Selection Process for States

This task was carried out in each of the three years of the project. Table 2 displays the number of applications received each year and the number selected for participation in the project. The table also displays the dates on which the selections were announced. The progressively earlier timetables for distribution and submission of the applications as well as announcement of selections

reflected the desire on the part of Child Care Bureau and project staff to initiate technical assistance and achieve project outcomes as expeditiously as possible.

Stimulating interest in the project

During Year One it was not known whether there would be sufficient applications to generate many applications, given that it was a new and largely unknown project. To stimulate interest and make the project more visible, the project disseminated, simultaneous with the distribution of application packets to the State Administrators, information about the project and the application process to several important constituencies: regional federal child care policy staff; Part C (state-level early intervention) Coordinators, Section 619 (state-level early childhood special education) coordinators; chairs of Statewide Interagency Coordinating Councils, and Head Start Quality Improvement Centers. This level of outreach to stimulate interest in the selection process was apparently very successful, given the number of first year applicants, as displayed in Table 2.

Table 3 displays the States selected for participation during each of the three project years. Note that we use the term "State" to signify any and all federally approved entities eligible to apply for participation.

TABLE 2. NUMBER OF STATE APPLICATIONS RECEIVED AND SELECTED BY PROJECT YEAR

PROJECT YEAR	NUMBER OF STATES ¹ SUBMITTING APPLICATIONS	NUMBER OF STATES SELECTED	DATE STATES INFORMED OF THEIR SELECTION
Year 1 (1997-98)	29	10	April 24, 1998
Year 2 (1998-99)	24	10	March 23, 1999
Year 3 (1999-2000)	11	11	January 19, 2000
Total (unduplicated)	41	31	

Total applicants

Note that the total of the second column from the left does not equal the sum of the three numbers above it. That is because numerous states applied to the project in more than one year. There were 64 applications submitted altogether over the three years, but 41 different States that submitted applications. (The maximum possible would have been 57, which is the total number of States and other entities eligible for participation in this project.)

Timetable of application and selection

The timetable for distribution and submission of applications moved progressively earlier. During Year One, the application package was disseminated to all State Child Care Administrators during the first week of January 1998. Applications were due February 20, 1998. Map Project staff

¹ Throughout this report, the word "States" is used to mean the 50 states and the other territories and entities that are eligible to apply for this type of federal project.

submitted written recommendations on March 12. After further review within the Child Care Bureau and among regional ACYF offices, notification of the selection results went to State Child Care Administrators on April 24, 1998.

During Year Two, the application package went to the State Administrators on November 27, 1998, with a return deadline of February 1. The Map staff submitted its written recommendations prior to the end of February. Selection results went to the State Administrators on March 23, 1999.

During Year Three, the application package was sent on October 13, 1999, to the Administrators from States and other entities that had not yet participated in the project, with a deadline of November 30, 1999 for submission of applications. In consultation with the FPO (Arthur Leen), the Associate Commissioner of the Child Care Bureau, and input from the Regional Child Care Staff, a decision was made to invite participation by all eleven applicants. Instead of one applicant per region as in years One and Two, this time there were two regions (Regions IV and VI) that were not represented at all and two regions (Regions I and V) represented by more than one State or other entity.

TABLE 3: STATES SELECTED FOR PARTICIPATION IN MAP TO INCLUSIVE CHILD CARE, YEARS 1, 2, 3

PROJECT YEAR	DHHS REGION	STATE
1	Region I	Vermont
1	Region II	New Jersey
1	Region III	Maryland
1	Region IV	Tennessee
1	Region V	Indiana
1	Region VI	New Mexico
1	Region VII	Iowa
1	Region VIII	Utah
1	Region IX	California
1	Region X	Oregon
2	Region I	Massachusetts
2	Region II	Puerto Rico
2	Region III	District of Columbia
2	Region IV	Florida
2	Region V	Illinois
2	Region VI	Louisiana
2	Region VII	Missouri
2	Region VIII	Colorado
2	Region IX	Nevada
2	Region X	Washington
3	Region I	Connecticut
3	Region I	Maine
3	Region II	Virgin Islands
3	Region III	West Virginia
3	Region V	Minnesota
3	Region V	Wisconsin
3	Region V	Ohio
3	Region VII	Nebraska
3	Region VIII	Montana
3	Region IX	Arizona
3	Region X	Alaska

The process of reviewing applications

During Year One of the project, the review of applications was carried out by a five-member review panel, including Project Director Dr. Mary Beth Bruder, FPO Lillian Sugarman, and three staff from within the ranks of the prime contractor, United Cerebral Palsy Associations, including Project Co-Director Dale Fink. During Year Two, Dale Fink (no longer on the staff of the project but engaged as a private consultant) conducted the review alone. During Year Three, three outside consultants were engaged as reviewers, including Dale Fink.

The rating of applications that formed the basis of the review process each year was largely the same, in spite of the fluctuation in numbers of reviewers involved. For years One and Two, when the selections were made on a competitive basis, written profiles were created to explain the reasons for the ratings and selections. For Year Three, all applicants were reviewed by a panel and then each application was scored and ranked.

Priority given to regionality in selection process

So long as at least one application was received from each region, the highest-rated applicant within each of the 10 federal regions was selected for participation in the project, rather than the 10 highest-ranked applications from throughout the country. This criterion for selection was requested by the FPO.

Documentation

The lists of all applications received in each year, together with ratings for every application are submitted as Appendix D. Also filed with each annual report are samples of correspondence announcing the selections and expressing regrets to the administrators from those States not selected (See Appendix E).

Task 4: Conduct an Orientation Conference Call for Each State Team to Outline the Plan for On-Site Technical Assistance in the State

In each project year, telephone conference calls of approximately one hour were scheduled to allow all participants on each State team to be welcomed to the project and briefed on project expectations. Prior to the call, each participant received in the mail an orientation packet, which included information related to inclusive practices and the Child Care Technical Assistance Network. In Year Three, they also received earlier copies of the Project's updates.

The calls provided an opportunity for participants within each State to introduce themselves to each other, and for Project Director Mary Beth Bruder, other key staff members (e.g., Project Coordinator), and the person providing technical assistance on behalf of Map to Inclusive Child Care to that State to introduce themselves. Beginning in Year Two, the calls also offered participants some information about the activities undertaken by States that had been previously involved in the project.

The participants were given the dates for the National Institute during these calls and advised to begin making plans for attendance. The selection of dates for the State's strategic planning meeting was also an important outcome of each of these conference calls.

In Year One, the first call took place on May 11, 1998, and all ten calls were completed by June 11. In Year Two, the calls began on April 19, 1999, and all ten calls were completed by June 3. In Year Three, the first orientation call took place on February 11, and all eleven calls were completed by March 14, 2000. In Year Three, follow-up calls were made with team members in two regions (Connecticut and Virgin Islands) whose schedules did not permit them to participate in the originally scheduled call.

Documentation

Agendas for and schedules of telephone orientation calls are included as Appendix F.

Task 5: Conduct Initial On-Site Meetings with State Teams to Devise a Work Plan of Project Activities in the First Year

The "on-site meetings" called for in the contract were formulated by the Map to Inclusive Child Care staff as "strategic planning meetings" and were a cornerstone of the project. All 31 States selected for participation in Map to Inclusive Child Care followed through with this plan. Table 4 displays the dates on which these meetings were conducted.

The Maps technical assistance staff worked closely with the State liaison in planning these meetings. The logistics for the meetings were arranged by the liaison and other local team members, while the basic agenda was furnished and meeting facilitation handled by the Maps staff.

TABLE 4: ON-SITE STRATEGIC PLANNING MEETINGS
(CHRONOLOGICAL ORDER)

PROJECT YEAR	STATE	MEETING DATES
1	Maryland (Region III)	July 21-22, 1998
1	Utah (Region VIII)	August 3-4, 1998
1	Oregon (Region X)	August 18-19, 1998
1	Indiana (Region V)	September 16-17, 1998
1	Vermont (Region I)	September 22-23, 1998
1	Iowa (Region VII)	September 28-29, 1998
1	New Jersey (Region II)	October 1-2, 1998
1	California (Region IX)	October 8-9, 1998
1	New Mexico (Region VI)	October 22-23, 1998
1	Tennessee (Region IV)	November 4, 1998 and June 23, 1999
2	Florida (Region IV)	June 16-17, 1999
2	Washington (Region X)	June 22-23, 1999
2	Illinois (Region V)	June 22-23, 1999
2	Massachusetts (Region I)	July 7-8, 1999
2	Nevada (Region IX)	July 7-8, 1999
2	District of Columbia	July 14-15, 1999
2	Missouri (Region VII)	July 20-21, 1999
2	Puerto Rico (Region II)	July 21-22, 1999
2	Louisiana (Region VI)	July 21-22, 1999
2	Colorado (Region VIII)	July 26-27, 1999
3	Virgin Islands (Region II)	March 30-31, 2000
3	Alaska (Region X)	April 7-8, 2000
3	West Virginia (Region III)	April 10-11, 2000
3	Minnesota (Region V)	April 13-14, 2000
3	Wisconsin (Region V)	April 24-25, 2000
3	Ohio (Region V)	April 27-28, 2000
3	Connecticut (Region I)	April 28, 2000
3	Montana (Region VIII)	April 30-May 1, 2000
3	Arizona (Region IX)	May 4-5, 2000
3	Maine (Region I)	May 16, 2000
3	Nebraska (Region VII)	May 22-23, 2000

Duration of strategic planning meetings

The general expectation was that these would be two-day meetings.

However, as displayed in the table there were a few instances (Tennessee in Year 1; Connecticut and Maine in Year 3) where the State liaison and the State team members formed a consensus that their other commitments would make it impossible to convene for more than one day during the original project year. They opted to convene for just one initial day of strategic planning with the Maps technical assistance staff, with the hope that they could make up the balance at another time. The Tennessee team held their second day of strategic planning (as displayed) during Year 2. Both Maine and Connecticut had multiple opportunities for follow-up meetings to complete their strategic plans.

Convening of strategic planning meetings vis-a-vis the timing of the National Institute

As displayed in Table 4, strategic planning meetings during Year One were spread out considerably more than those in Years Two and Three. The first year, three meetings took place in July and August, while seven others took place in September, October, and November. This meant that the National Institute followed strategic planning for the three but preceded strategic planning for the latter seven. Feedback from participants and discussions with the FPO led to the decision to complete all strategic planning in Years Two and Three prior to the National Institute. This objective was achieved. As the table displays, all strategic planning meetings in Year Two were completed in June and July; the National Institute took place in August. In Year Three, all strategic

planning meetings took place in April and May; the National Institute was convened in July.

Contents of meetings

The goals of each of these on-site strategic planning meetings was to come to consensus about the following: (a) A vision of inclusive child care; (b) a mission for the Maps team activities; (c) goals and objectives to work toward the vision and mission; (d) a "community event" to make the Maps initiative or team known to a wider audience, or to focus the attention of stakeholders or the public on the importance of inclusive child care.

Evaluating the meetings

Of all project activities, the strategic planning meetings were the source of the most extensive data collection by project staff. During all three years, participants in these meetings filled out surveys both before and afterwards to reveal information about themselves, their expectations, their consumer satisfaction with the conduct of the meetings, and their personal reflections. This data is discussed in the last section of this report.

Documentation

A sample agenda for strategic planning is submitted as Appendix G. Summaries of the outcomes of strategic planning for Year One, Year Two and Year Three are submitted as Appendix H.

Task 6: Provide ongoing technical assistance to State Teams to Facilitate their Efforts to Include Children with Disabilities in their Child Care Systems

During Year One, two employees of the prime contractor, United Cerebral Palsy Associations, coordinated ongoing technical assistance to the States. Dale Fink, Project Co-Director, was responsible for maintaining communication and support to the teams from Vermont (Region I), Tennessee (Region IV), Indiana (Region V), New Mexico (Region VI), and Oregon (Region X). Johnna Timmes, Inclusion Specialist, was responsible for doing the same for the other five participating States: New Jersey (Region II), Maryland (Region III), Iowa (Region VII), Utah (Region VIII), and California (Region IX).

During Years Two and Three, following the reconfiguration of the project management, as dictated by the federal project officer, this task was assigned to five consultants engaged for this purpose. For the first six months of Year Two (until the Year Two selection process was completed), the task was to continue providing technical assistance to the Year One States. Sarah Mulligan (Missoula, Montana) took over the technical assistance to Oregon (Region X), Utah (Region VIII), and California (Region IX). Nancy Gordon (Morganton, North Carolina) took responsibility for Tennessee (Region IV). Gabriela Freyre-Calish (Farmington, Connecticut) took responsibility for New Mexico (Region VI) and New Jersey (Region II). Ruth-Ann Rasbold (Boston, Massachusetts) took charge

of Vermont (Region I) and Maryland (Region III). Dorinda Smith (Bay Village, Ohio) took over for Indiana (Region V) and Iowa (Region VII).

In Year Two and Three, these same consultants carried out the technical assistance with the second year States after they were selected. Sarah Mulligan worked with Regions VIII, IX, and X. Dorinda Smith worked with Regions V and VII. Ruth-Ann Rasbold worked with Regions I and III. Nancy Gordon worked with Regions IV and VI. Gabriela Freyre-Calish worked with Region II.

When Year Three States were selected, the technical assistance consultants were assigned as follows. Nancy Gordon worked with Connecticut, Virgin Islands, Arizona, and West Virginia. Dorinda Smith worked with Ohio, Wisconsin, and Minnesota. Sarah Mulligan worked with Nebraska, Montana, and Alaska. Ruth-Ann Rasbold worked with Maine.

The primary activities associated with this task took place after the strategic planning meetings were held. The task was to maintain continuous communication through telephone, fax, and e-mail contact between the Project staff or consultant and the State liaison in order to move the State teams along in their efforts to achieve the goals and objectives they adopted during strategic planning. In addition, other activities associated with this task included responding to direct requests for information about specific topics, facilitating contact across states on subjects of common interest, facilitating contact with

other members of the CCTAN, and answering individualized questions about such matters as regulatory practices and funding.

The technical assistance staff or consultants found that they were making 4-6 contacts monthly with the State liaison during the initial phase. Later, some States required a great deal more frequent contact, while others needed less.

Some of the ongoing technical assistance took place on-site in addition to the more frequent telephone, fax, and e-mail contact. For instance, Nancy Gordon was one of the speakers at the Louisiana forum in February 2000 that was convened as their Maps community event in April, 2000; Sarah Mulligan met on-site with members of the Colorado team in May 2000.

Technical assistance during the National Institutes

A portion of each day of the two-day National Institutes were set aside in each of the three years for State teams to meet among themselves to continue working on the objectives and activities that emerged from strategic planning. (In the case of Year One teams that convened strategic planning after the National Institute, they were able to do some activities preparatory to strategic planning.) The technical assistance consultants worked with their assigned teams during these blocs of time. This was another phase of the ongoing technical assistance

Teleconferences for multiple audiences as a technical assistance option

During Year One, the project offered as part of its technical assistance menu two teleconferences to which all Maps team members as well as subcontractors, CCTAN network partners, and regional ACYF staff were invited to participate. The first, titled "How can we promote successful inclusion in family child care?" occurred on July 15, 1998. The second one, titled "Focus on infants and toddlers: Opportunities and challenges of inclusion in center-based child care," took place on August 12, 1998. Each of these 90 minute teleconferences was introduced and facilitated by then Co-Director Dale Fink. He introduced guest speakers from Zero to Three, National Child Care Information Center, Child Care Plus of Montana State University, as well as Maps team members with knowledge of the specific topics. Participants were able to call in with questions and comments. These teleconferences drew good participation and positive comments from those who participated. However, they were very labor-intensive and costly to plan and implement. In consultation with the FPO, a decision was made not to offer this form of technical assistance during Years Two and Three.

Documentation

Samples of contact logs were submitted with the Annual Reports for each year of the project, documenting the frequency, method, and purpose of technical assistance contacts by staff or consultants responsible for ongoing

technical assistance to the State teams. Participant lists, agendas, and handouts from the two teleconferences are submitted as appendix I.

Task 7: Coordinate Pool of Consultants with Expertise on Child Care and Disabilities Issues

The project staff spent considerable effort during Year One putting together a database of consultants with knowledge in a variety of different areas that could be applicable to developing quality inclusive child care programs, policies, and practices. The topics covered were the following: managing programs; integrating and coordinating programs; designing and implementing program management systems; budgeting; designing and implementing interagency agreements; addressing federal and state special education laws and regulations; screening and assessment; developing family-focused IEPs and IFSPs; delivering home-based services; special safety, health, nutrition issues; developing transition plans; developing service coordination; collaboration and coordination; accessing community or statewide services and resources.

Extra measures were taken also to ensure that the database would reflect cultural diversity. With the help of the Quality Improvement Centers for Disabilities (funded by the Head Start Bureau), the National Early Childhood Technical Assistance System (NEC*TAS), and others, a very strong and diverse list was assembled. Each name was approved by the Child Care Bureau before being placed on the list. Once the list was approved, it was passed along in the

spring of 1998 to the Year One teams. In subsequent years, the list was similarly made available to the Year Two and Three teams (with additional names nominated and approved each year).

Each team was informed that as part of their technical assistance they could select one person from the expert pool, and have the benefit of up to 40 hours of his or her expertise. However, only a few teams availed themselves of this opportunity. Most State teams seemed to believe that they had the expertise available within their own States or that they could obtain the information they needed simply by making telephone contact or obtaining copies of reports or publications from other states.

There were some teams who took advantage of the expert pool. For instance, New Mexico (Region VI), a Year One State, arranged for the services of Terry Whitney, a consultant from the National Conference of State Legislatures to help them draft a legislative agenda and briefing papers.

Others listed in the expert pool provided leadership at sessions of the National Institute. For instance, sessions on school age care were facilitated by Dale Fink at both Years Two and Three National Institutes; a session for Part C Coordinators was facilitated by Abbey Griffin of the organization Zero to Three at the Year Two National Institute.

The project design allowed the teams (under the leadership of their State liaison and/or their State Child Care Administrator) the autonomy to tap into

each phase of technical assistance. The expert consultant pool was one form of support they largely did not utilize. In years 2 and 3, under the direction of the federal project officer, this task was subsumed under community events.

Task 8: Support State Community-based Events to Highlight the Inclusion of Children with Disabilities in Child Care

The intention of the Child Care Bureau in putting this task into the contract was to provide a small amount of funding to enable each participating Map to Inclusive Child Care team to convene some kind of activity that would announce their efforts at promoting quality and inclusive child care to a larger group of stakeholders or to the general public. The language in the contract refers to a "community-based event," which might suggest a public forum, an informational fair, a workshop or conference, or perhaps a press briefing. However, the FPO was very explicit from the inception of the project that the term "event" should not be narrowly interpreted and that virtually any activity the teams wished to adopt to promote their agenda of inclusive child care should be permitted and encouraged within the rubric of this task. It is with that understanding that we can look at Table 5, where the "community events" chosen by the States are displayed. As indicated, each State did carry out one activity. They covered a wide spectrum, from printed or audio-visual materials to data collection to training events.

TABLE 5: "COMMUNITY EVENTS" UNDERTAKEN BY PARTICIPATING STATE TEAMS

PROJECT YEAR	STATE	DESCRIPTION OF ACTIVITY
1	Vermont (Region I)	Resource Guide targeted to families of children with disabilities
1	New Jersey (Region II)	Developed and presented a workshop, "the how's and why's of inclusion," at a dozen conferences. Also developed a training curriculum.
1	Maryland (Region III)	Brochure to raise public awareness
1	Tennessee (Region IV)	Data gathering through focus groups on inclusive child care in 3 regions
1	Indiana (Region V)	Support for a Voices for Children Leadership Summit where the team released a "state of the state report" in which they analyzed data from several sources.
1	New Mexico (Region VI)	Development of display boards along with dissemination of a children's book promoting inclusion
1	Iowa (Region VII)	Data gathering through surveys and focus groups to identify needs, barriers, resources
1	Utah (Region VIII)	Traveling display boards and materials
1	California (Region IX)	Public awareness activities in multiple arenas, including a slide/videotape
1	Oregon (Region X)	Provider Tool Kit distributed through Child Care Resource And Referral Network
2	Massachusetts (Region I)	Replication and dissemination of videotape promoting inclusive child care
2	Puerto Rico (Region II)	Posters of children in inclusive settings to promote public awareness, highlighting a one-week public awareness campaign, "Week of Inclusive child care"
2	Washington, DC (Region III)	Brochure to raise public awareness
2	Florida (Region IV)	Pre-Conference day on inclusive child care, July 20, 2000
2	Illinois (Region V)	Display board, brochures, and materials for dissemination
2	Louisiana (Region VI)	Forum on inclusive child care, February 17, 2000
2	Missouri (Region VII)	Two brochures: one geared to families and one to

PROJECT YEAR	STATE	DESCRIPTION OF ACTIVITY
		child care providers
2	Colorado (Region VIII)	Brochure to promote public awareness
2	Nevada (Region IX)	Traveling display boards and dissemination of a children's book promoting inclusion; with the book each provider in state receives a survey for the purpose of data collection on needs, practices.
2	Washington (Region X)	Analyze existing child care mentor programs in Washington State and make recommendations as to how inclusion could be infused into such programs
3	Maine (Region I)	A calendar with listings of inclusion resources, distributed to families and child care providers
3	Connecticut (Region I)	Developing a plan in collaboration with existing Child Care Resource and Referral system to support technical assistance to providers addressing inclusion
3	Virgin Islands (Region II)	Data collection (provider survey), ADA trainings, and public awareness campaign, leading up to a forum in which they hope to cultivate partnerships with businesses
3	West Virginia (Region III)	A series of regional training forums built on existing structure of Quality Regional Teams
3	Minnesota (Region V)	Web site on inclusive child care
3	Wisconsin (Region V)	Traveling display boards
3	Ohio (Region V)	Public awareness campaign, kicking off at State Fair with Governor and First Lady, distribution of manual and materials
3	Nebraska (Region VII)	Brochure/tool kit for child care providers based on Oregon Map to Inclusive Child Care model
3	Montana (Region VIII)	Poster session for presentation at conferences, tip sheet or Child Care Resource and Referral agencies, and team presentation for early intervention providers
3	Arizona (Region IX)	Videotape or compact disc on inclusive child care
3	Alaska (Region X)	Travel expenses for parents and other team members to disseminate information about inclusive child care at conferences and meetings

Task 9: Conduct State Team Conference Call Updates

Prior to the inception of the project, the Child Care Bureau and the project staff believed that the teams selected for participation would want and need regular ongoing support in the form of telephone conference calls. However, this did not turn out to be the case, and this form of technical assistance was only utilized minimally.

During Year One, the technical assistance staff member for Oregon "sat in" remotely by telephone for a face-to-face meeting of the time convened prior to the strategic planning meeting. The Annual Report for Year Two also identifies Massachusetts and Washington, DC, as two States whose teams availed themselves of this form of technical assistance.

In general, the liaisons took a greater level of leadership than may have been anticipated. A hierarchical form of communication developed, which meant that the liaison took responsibility for getting information to and from the Map to Inclusive Child Care project staff. They separately handled the communication within their teams without involving the technical assistance staff or consultants. In some States (e.g., Illinois) this meant through regularly scheduled face-to-face meetings. In others it meant intensive one-to-one contact between the liaison and the other team members by telephone, fax, or e-mail. They viewed the Map staff or consultants as a resource that they could call on when needed. But they did not view themselves as needing the guidance of the

Map staff or consultants for daily organizational purposes. Under the direction of the federal project officer, this task was revised to reflect this.

Task 10: Conduct a National Institute on Inclusion of Children with Disabilities in Child Care

The contract for the Map to Inclusive Child Care project called for an annual meeting in each of the three years that would provide information and support to members of all participating State teams. It would offer them opportunities to hear speakers of national stature on various topics related to inclusive child care, to network across state lines and with CCTAN partners, and it would offer them opportunities to showcase their own achievements in promoting inclusive child care.

The project mounted these annual conferences very successfully. Table 6 displays the dates and locations of the National Institute for each of the three years.

TABLE 6: DATES AND LOCATIONS OF MAP TO INCLUSIVE CHILD CARE PROJECT NATIONAL INSTITUTES

PROJECT YEAR	LOCATION OF NATIONAL INSTITUTE	DATES OF NATIONAL INSTITUTE
1	National Institutes of Health, Bethesda, Maryland	August 27-28, 1998
2	Loew's L'Enfant Plaza Hotel, Washington, DC	August 12-13, 1999
3	Loew's L'Enfant Plaza Hotel, Washington, DC	July 10-11, 2000

Logistics and Financial Support for Participants

During Year One, the project staff handled the hotel and travel arrangements. After discussion with the FPO, it was agreed that during Years Two and Three, a subcontract for the National Institute logistics would go to the Child Care Logistics Support Group operated by Trans-Management Systems Corporation. This decision was implemented for the second and third National Institutes and written documentation was given to University of Connecticut Health Center by the FPO to reflect this additional subcontract.

During Year One, when teams were allowed to have up to 25 members, the project paid for lodging and travel for up to 15 members from each team. During Years Two and Three, teams were restricted to 15 (unless they got permission to increase their number) and the project was able to offer travel and lodging support to any or all of the 15 members who requested it. In all years, providers and parent representatives who requested support for such expenses as overnight child care and substitute caregivers were also reimbursed for these expenses upon provision of appropriate documentation.

Attendance

Approximately 230 persons attended the Year One National Institute, of whom 210 were members of the 10 participating State teams. Close to the same number attended the National Institute in Year Two (225); however, only 160 of them were members of the Year Two teams. The reason for the decrease was the

reduction in numbers in the teams themselves, as explained above. The overall attendance remained about the same because the project paid for one person from each of the Year One states to attend (either the liaison or a designated surrogate), invited other members of Year One teams to attend at their own expense, and brought in a larger number of outside speakers and facilitators. In addition, there was a greater turnout from CCTAN partners and federal staff compared to the first National Institute.

Approximately 215 persons attended the National Institute in Year Three. The turnout from among the 11 new teams participating in the Map to Inclusive Child Care was approximately 140. Making up the balance of participants were representatives of both Year One and Year Two teams, invited speakers and facilitators, federal staff, CCTAN partners, and Map staff and consultants.

Meeting facilitation

During the blocks of time reserved for teams to meet among themselves, each State was assigned a trained facilitator. This was either the State's assigned provider of ongoing technical assistance or (in the event that person was obligated to a different State with which he or she also worked) someone else with appropriate training. Each year, the Map project provided facilitation training for state liaisons either prior to or following the National Institute. Training was provided by Glenn Gabbard of the Federation for Children with Special Needs.

Agendas of National Institutes

Each National Institute agenda was developed by the project staff in close consultation with the FPO. The agendas varied a bit from year to year, but each consisted of a mix of different types of presentations and activities, as displayed in Table 7. Agendas from each of the three National Institutes is submitted as Appendix J.

TABLE 7: TYPES OF PRESENTATIONS AND ACTIVITIES AT NATIONAL INSTITUTES

TYPE OF PRESENTATION OR ACTIVITY	EXAMPLE OF THIS TYPE OF PRESENTATION OR ACTIVITY
1. Welcome from Child Care Bureau	<ul style="list-style-type: none"> Year Three: Welcome from Charlotte Brantley (Associate Commissioner for Child Care, ACYF)
2. Keynote presentation to general session	<ul style="list-style-type: none"> Year One: Joan Lombardi (Policy and External Affairs, ACF)
3. Panel presentation featuring family members of children with disabilities	<ul style="list-style-type: none"> Year Three: Members of Map teams from Virgin Islands, Connecticut, Maine, and Nebraska presented their personal experiences
4. Panel presentation to general session featuring members of Maps teams with professional expertise	<ul style="list-style-type: none"> Year One: Panel on current training initiatives, featuring members of Oregon, Indiana, New Mexico, and Maryland teams
5. Presentations by representatives of federal agencies	<ul style="list-style-type: none"> Year Three: Bobbi Stettner-Eaton of Federal Interagency Coordinating Council presents newly constructed Web Site
6. Job-alike meetings	<ul style="list-style-type: none"> Year Two: Sessions were facilitated for families; child care providers; child care administrators; health care representatives; licensing representatives; Section 619 representatives; Part C representatives; training representatives; Head Start representatives; and legislators.
7. Featured presentation to general session on a specific topic by an expert of national stature	<ul style="list-style-type: none"> Year One: Anne Mitchell on Financing Strategies for inclusive child care
8. Breakout sessions by topics of individual interest with state and national experts	<ul style="list-style-type: none"> Year Three: TANF discussion led by Nancy Gordon, Map technical assistance consultant, with panelists from Ohio, Florida, Maine, and a speaker from the federal Office of Family Assistance
9. Blocs of time for teams to meet among themselves	<ul style="list-style-type: none"> Each National Institute had one or two blocs of time for this purpose day of each, with a trained facilitator assigned to each State
10. Displays of achievements of Maps teams	<ul style="list-style-type: none"> Each National Institute offered space for teams to set up displays and offer materials for distribution

Documentation

Enclosed as Appendix K are the consumer response evaluations for each of the three National Institutes.

Task 11: Linkages with the Child Care Training and Technical Assistance Network (CCTAN) and the National Child Care Information and Technical Assistance Center

The Map to Inclusive Child Care project director and selected staff and consultants were regular participants in meetings of the seven organizations that held technical assistance contracts from the Child Care Bureau and thus made up the network referred to as CCTAN. The dates of meetings at which the project attended are as follows: January 14-15, 1998; June 22-23, 1998; April 26-27, 1999; March 21-22, 2000. These meetings provided the important opportunity to become familiar with federal protocols, network and share information with staff from the other six projects and their FPOs.

There were numerous ways that the Map to Inclusive Child Care project coordinated and exchanged information with the other members of the Network both formally and informally over the course of the three years. For instance, participants at the Year One National Institute received their conference materials in bags donated by Healthy Child Care America, emblazoned with that project's name and logo. Individual Map staff and consultants participated as speakers and panelists in events convened by other partners, such as Healthy

Child Care America. They also participated as speakers and panelists in regional child care events organized by ACF staff.

Each year, the National Child Care Information Center referred from 15 to 25 individual requests for information or technical assistance from parents or others on matters related to the inclusion of children with disabilities. The project consistently responded to these requests. NCCIC regional technical assistance consultants were invited to attend strategic planning meetings that took place in their region; several of them followed up on this invitation and played active supporting roles.

Documentation

Enclosed as Appendix L are the "Additional Activities", a listing of numerous conferences and meetings at which the Map to Inclusive Child Care project was represented. Among these listings are many that involved other CCTAN partners.

ASSESSING THE VALUE OF THE MAP TO INCLUSIVE CHILD CARE PROJECT

There are at least three ways one can evaluate a project of this type: compliance review, consumer satisfaction, and outcomes. Let us take a measure of the project from each of these differing perspectives.

Compliance review

First, one can carry out a "compliance review." Did the project spend its funds as it was contracted to do? Did it carry out the tasks it agreed to do (or explain clearly why any tasks were left unfinished)? The budget report accompanying this Final Report answers the first question. The foregoing discussion of the eleven tasks and how they were carried out answers the second question. Answering yes to both, we can close the book and be confident that the contractual obligations were satisfactorily met.

Consumer satisfaction

Second, one can conduct a "consumer satisfaction" assessment. Contractual obligations aside, what did the constituencies most directly involved in the project think about its value? The answer to that question can be found within the consumer response data the project collected over the course of three years.

The strategic planning meetings and the National Institutes were the Project activities where it was most feasible to gather consumer response, and the

project staff worked diligently to get as many participants as possible to provide feedback at those events. We can examine the results of a few key indicators to see how the consumers valued the Map to Inclusive Child Care project and its staff.

Consider two statements that sought to determine the participants' assessment of the contributions made by the staff or consultants responsible for facilitating the strategic planning meetings. On a scale of 1 (strongly disagree) to 5 (strongly agree), Year One participants gave an average 4.79 response to the statement, "the consultant was well prepared and organized." Year Two participants gave a rating of 4.73 on the same statement. The Year Three participants gave an average 4.82 rating to that statement.

The average responses of Year One, Two, and Three participants respectively to the statement, "The facilitators were knowledgeable in the subject" were 4.74, 4.79, and 4.83.

Those ratings are impressively high, but they only ask about the perceived capabilities and performance of the persons providing facilitation and technical assistance. What did the participants think about the strategic planning meetings in a broader sense? To the question, "time was well organized," they agreed at an average of 4.75 in Year One, 4.50 in Year Two, and 4.51 in Year Three. To the statement, "overall, the process of the meeting was effective in creating a unified strategic plan," participants agreed (on average) with a rating of 4.79 in Year

One, 4.51 in Year Two, and 4.54 in Year Three. These are extraordinarily high ratings, and they are based on at least 75% and upwards of participants completing their surveys.

Project staff were less successful in getting evaluations filled out at the National Institutes. However, those who did fill them out offered their overall satisfaction with the National Institute in Year One at 83.9%. In Years Two and Three, a different format was used, because the logistics of the conference (including the participants evaluations) were designed and disseminated by the Child Care Logistical Support Project, as discussed above. This format broke the questions down into ratings of individual presentations and conference segments. In general, it did not appear that the ratings of the National Institutes in Years Two and Three were quite as high as that of Year One or of the ratings of the strategic planning. Still, the ratings of all segments of the conference remained in the 3.5 to 4.5 range.

While there are some mixed results, it would appear from the consumer feedback on these two central elements of the Map to Inclusive Child Care project that those most actively participating viewed them as valuable and helpful in meeting their goals of working toward inclusive child care.

Outcome measures

A third means of evaluating a project is to search for the impact or outcome of the project's activities. In doing an outcomes evaluation, one looks

beyond the list of tasks as prescribed in the contract and disregards the responses of consumers, which are considered subjective at best and sometimes even self-serving. One looks for objective evidence as to how the project made its mark. Did policies change? Did new services come into being? Were laws or regulations passed or revised (or at least, introduced)? Was public opinion influenced? Was the morale of families or providers improved? Were new communication or coordination structures put in place? These are the kinds of impact that one might hope for from a project of this kind.

To examine outcomes or impact, we have an abundance of evidence. Two detailed reports have been produced detailing the outcomes of the project. The report on the outcomes of Year One activities was submitted with the Annual Report for Year Two. The report on the outcomes of Year Two activities was attached as an appendix to the Annual Report for Year Three. Although the impact of Year Three cannot be fully appreciated yet, as those teams convened strategic planning in April and May 2000 and are still finding their way towards concrete outcomes, a report on the outcomes of Year Three was completed to assess the outcomes thus far.

One overall outcome has been a re-conceptualizing of the way improvements in inclusive child care can best be categorized. The project began with a conceptual framework of possible outcomes that dated from a 1995 Child Care Bureau event, as described in the introduction of this report. As the project

unfolded and participating State teams wrote their Strategic Plans, some new ways of conceptualizing project outcomes emerged. The categories that captured the outcomes of the State Map to Inclusive Child Care teams were similar in some respects to the original themes identified in 1995, but not entirely the same. As detailed in the two reports, the categories are as follows: (1) Public awareness; (2) Training; (3) On-site support or mentoring; (4) Data collection and dissemination; (5) Public policy. There are detailed and specific examples of outcomes within each of these categories profiled in the three reports.

In addition to these five types of outcomes related to the improvement of child care policy and practice, a sixth type of outcome was also identified: outcomes related to sustaining the Maps Project team or network and its activities. Perhaps the greatest testament to the value of the Map to Inclusive Child Care project is the fact that almost none of the teams have folded their tents and ceased working to improve quality and inclusive child care, even though support to most of the Year One teams came to an end in the spring of 1999. In fact, several of the Year One and Year Two teams have secured official recognition as permanent committees or task forces under state government agencies (or under interagency umbrellas). Others have been funded for one or two years to enable them to have professional staffing as they examine state policies and practices and work for improvements. The funds these State teams

have leveraged for their continuing efforts vastly exceed the small amounts they received from the Child Care Bureau to design their "community events."

Although the Child Care Bureau role in generating a Map to Inclusive Child Care is scheduled to come to a close at the end of September 2000, families, providers, state decision makers and others interested in improving the quality and availability of inclusive child care will be hearing about the Map and making its impact felt for at least the next several years.

Documentation

Consumer ratings of strategic planning have been submitted as Appendix M. Outcomes Reports on Year One, Year Two and Year Three are submitted as Appendix N.

Appendix A

MAP TO INCLUSIVE CHILD CARE PROJECT
SUMMARY OF MEETING WITH SUBCONTRACTORS

December 10, 1997

Location: UCPA national office, Washington, DC

Time: Convened at 9:30 am, adjourned at 3:00 pm

Present:

- For Map to Inclusive Child Care project staff: Mary Beth Bruder, Project Director; Dale B. Fink, Project co-director; Christopher Button, Project Executive.
- For Child Care Bureau: Lillian Sugarman, Federal Project Officer
- For subcontractors: (1) Linda Sisson, Executive Director, National School-Age Care Alliance (based in Boston); (2) Ruth-ann Rasbold, Federation for Children with Special Needs (based in Boston); (3) Matthew E. Melmed, Executive Director, Zero to Three (based in DC); (4) Lynn White, Executive Director, National Child Care Association (based in Atlanta); (5) Terry Whitney, Senior Policy Specialist, National Conference of State Legislatures (based in Denver)
- Additional UCPA staff not affiliated with this project: Michelle Cook, lobbyist and public policy analyst. Michael Morris, Executive Director, also joined the group during an informal lunch recess.

The majority of the meeting consisted of presentations by the contractor, the subcontractors, and the Federal Project Officer to acquaint one another with their histories, missions, and activities, and to allow us all to understand the context within which participation in this particular project falls.

Some highlights of the presentations:

United Cerebral Palsy

- 150 affiliates nationwide
- Promotes independence for people with all kinds of disabilities (not just cerebral palsy), with particular interest in those with moderate to severe disabilities
- A brief video with soundtrack of Bob Dylan's "Times They Are A Changin'" was played to show the changing images of people with disabilities in the United States
- Dr. Button came to UCPA with long experience in the legislative arena, including former Senator Weicker's office. She reported on current activities

related to the upcoming State of the Union Address, in which the President is expected to announce some plans related to improving child care.

- She also discussed some preliminary ideas for the national institute which is part of this contract: Hillary Clinton will be invited to speak; there are also plans to raise funds to piggy-back some additional training and public awareness activities at the time of the national institute.

Child Care Bureau

- We are one of 7 technical assistance contracts recently inaugurated by the Bureau. The others concern the following topics: Logistics Support (for regional and national conferences); Public/Private Partnerships; Health Child Care America, Information Systems (related to reporting requirements of welfare reform); National Information Center; Tribal Center.
- Lillian is not only the officer for our project but is the overall coordinator for all 7 of these projects.
- She emphasized the great leadership played by Joan Lombardi, in getting the Child Care Bureau off the ground and all these projects started. Ms. Lombardi has recently moved on to become a Deputy Commissioner within Health and Human Services.
- She emphasized that she wants all the subcontractors and the contractors to view her and the Child Care Bureau as partners. Her door and her phone line are open for ideas and comments.

Federation for Children with Special Needs

- Founded in 1974 as a coalition of parent-run organizations
- Promotes the active and informed participation of parents of children with special needs in shaping and evaluating public policy which affects them
- Believes in parents helping parents; most Federation staff are also parents or family members of persons with disabilities
- Numerous projects ongoing in Massachusetts and nationally, including collaborations with NEC*TAS (National Early Childhood Technical Assistance System), leadership development for parent participants in state Interagency Coordinating Councils, and others.

National School Age Care Alliance (NSACA)

- Founded in the late 1980s as the National School Age Child Care Alliance, later dropped the second c to embrace youth programs, park and recreation programs, etc., that do not view themselves as child care
- Approximately 6000 members and 38 affiliated state organizations

- Currently piloting accreditation specifically for school-age providers and hopes to make this available nationally in near future
- Revised accreditation standards integrate references to children with special needs throughout

National Conference of State Legislatures

- Organization is 24 years old
- State legislatures allocate funds for membership (dues vary according to population); all elected legislators are considered members
- The focus is on exchange of information and much is geared toward legislative staff; they only engage in lobbying when there is universal consensus on a topic
- Annual meetings are held in July or August, with about 6000 in attendance
- Reorganization has put an end to formerly existing Child Care Task Force and Developmental Disabilities task force; this does not diminish the interest in a project such as Map to Inclusive Child Care

Zero to Three

- Established as the National Center for Clinical Infant Programs in 1977 by leaders in medicine, child development, and other related fields
- Advocates for broad needs of children under three, bridging research to practice and across many disciplines
- Has contract for national technical assistance for Early Head Start, which began with a small number and has grown to nearly 300 sites

National Child Care Association

- Established in the late 1980s to advocate for the whole child care industry, both for profit and non-profit
- Introduced a director credential about one year ago, with focus on the business aspects of running a child care center. They have also introduced National Early Childhood Program Accreditation, which they view as the "next" generation, after studying the NAEYC and APHA standards
- They were involved for 1 ½ years in the "Reg Neg" (regulation negotiations) regarding the writing of the accessibility guidelines for outdoor playgrounds in which UCP also participated
- Their national newsletter currently features a column in each issue regarding some aspect of inclusion

Future Plans

The balance of the meeting was spent in reviewing the current draft of the application for participation to be distributed to state administrators, and in discussing how communication will take place among ourselves over the course of the project. The following were agreed upon:

- If subcontractors are called upon to conduct technical assistance in specific states, they will be reimbursed for that separately from the subcontract.
- We should let the state administrators know who the subcontractors are so that when they are applying (or considering applying) for participation in the project, they can call upon the subcontractors to assist them in identifying appropriate members of their teams.
- We should maximize our use of e-mail with one another, as all subcontractors are up to speed on that and find it useful. They liked the idea of setting up a "reflector list," in which any one of us could respond and have the comment copied to the entire group.
- All agreed that they would be prepared to respond to specific questions that may come up as we begin working with individual states, that may be helpful to our technical assistance efforts.
- For monthly reports of progress, Dale will prompt each subcontractor a week or so in advance of the deadline, by e-mail or telephone. In the event someone does not write up a brief synopsis themselves, he offered to write it himself on the basis of a telephone conversation and share it with them before it goes into the report. This was accepted as a good plan.
- Due to the December holidays making communication difficult around the end of the month, the subcontractors agreed that the following would represent an accurate report of their December activities on this project:

Each subcontractor reviewed and signed the subcontract, participated in the December 10th subcontractor meeting at UCP, and made preliminary plans to disseminate information about the Map to Inclusive Child Care Project to their respective networks or constituencies.

- Some subcontractors may participate in a meeting that Lillian will convene of all 7 technical assistance projects on January 14-15 in Washington.
- The next meeting that we will definitely have as a group will take place after the states that have been selected, in March, around the 19th or 20th.

Appendix B

APPLICATION FOR PARTICIPATION
MAP TO INCLUSIVE CHILD CARE PROJECT

State _____

Person submitting application _____

Position, agency, address _____

Phone _____ Fax _____ E-mail _____

Child Care Administrator Signature _____

DEADLINE FOR SUBMISSION:

Must be received by Friday, February 20, 1998

Address to: Map to Inclusive Child Care, UCPA, 1660 L Street, Suite 700., N.W.,
Washington, DC 20036-5602

Map to Inclusive Child Care

INTRODUCTION

A contract awarded on October 1, 1997, by the Child Care Bureau, Administration on Children, Youth, and Families, Administration for Children and Families, Department of Health and Human Services to United Cerebral Palsy Associations, Inc. (UCPA). The contract offers an important opportunity to ensure that children with disabilities from birth through age 12 will have access to child care alongside their more typically developing siblings and peers. The project will be carried out with the collaboration of six subcontractors: the National Conference of State Legislatures, Zero to Three, the National School-Age Care Alliance, the National Child Care Association, the Federation for Children with Special Needs, and the University of Connecticut Health Center,

In the first year of the Map to Inclusive Child Care Project, ten states will receive technical assistance to address interrelated aspects of their child care delivery systems. In order to be selected, states will put together teams that include key stakeholders involved in child care from both the public and private sectors, including the State Child Care and Development Fund Administrators. The Map to Inclusive Child Care Project staff will help state teams engage in a strategic planning process, target priorities and create work plans relevant to the particular issues of their states. The project staff and a national pool of expert consultants will support each state team over the course of the year, with technical assistance made available through telephone conferences, on-site visits, and referrals to other information sources.

On the next page we describe the application process and the anticipated project activities. Please be advised that in examining the applications, we intend to consider the totality of the applicant pool and to include among the participating states those reflecting both greater and lesser levels of development. Abundant past efforts at promoting inclusive child care will not guarantee selection, nor will the paucity of past efforts lead to denial.

The deadline for submission of an application to participate in the first year of the Map to Inclusive Child Care Project is **February 20, 1998**.

If you have questions about the project or the application process, please feel free to leave a message at (800) 872-5827 for the Project Director, Dr. Mary Beth Bruder.

THE APPLICATION PROCESS

1. Identify organizations or individuals that have an interest in expanding the quality and availability of inclusive child care in your state.
2. Discuss with these organizations or individuals the best possible composition of a Map to Inclusive Child Care team for your state. This should be a group of people that can represent various constituencies that shape or are affected by child care policy and delivery systems. Further information about the composition of this team may be found on pages 3 to 5 of this packet. The team may not exceed 25 members.
3. Have each member of your proposed team will sign a copy of the commitment statement found on page 8 of this packet.
4. Fill out Sections 1 through 8 of the attached packet. Submit the completed application and the signed commitment statements to Map to Inclusive Child Care Project, UCPA.
5. We expect to announce the selection of states within one month after the deadline for submission.

ANTICIPATED ACTIVITIES FOR STATES CHOSEN TO PARTICIPATE

1. The Map to Inclusive Child Care staff will facilitate a two-day meeting of your team. You will engage in a strategic planning process, set priorities and decide which areas of your child care delivery system or state policies you wish to address.
2. Ongoing telephone support will be provided to your team. A project inclusion specialist will assist you in following through on the goals and activities that you have identified.
3. Forty hours of on-site technical assistance will be provided by project consultants to address the issues your team has identified.
4. With the support of the project, you will plan and carry out a public event or initiative of the team's choosing. The purpose of the event or initiative will be to showcase the State's inclusion efforts, increase public awareness about the inclusion process, gain broader impact into the planning, and/or to lay the foundation for ongoing implementation.
5. Members of your team will come to Washington, DC, together with team members from other participating states and expert speakers from around the United States, for a two-day national institute on inclusive child care in September, 1998.

SELECTION CRITERIA AND APPLICATION PACKAGE

The following four major criteria will be combined with regional distribution in making the final selection of participating states:

1. The formation of a Map to Inclusive Child Care team not to exceed 25 members that represents the spectrum of constituencies affected by child care policies and practices (see pp. 3 to 5 for details)
2. Description of efforts and experiences in trying to foster inclusive child care in your state
3. Provision of additional resources (direct, in-kind, or other) to augment the resources made available to your state through this project
4. Commitment by team members to sustain and build on the activities you undertake beyond the life of the project

The application package is designed to allow you to show us how you meet these four criteria, as well as providing some additional information that we need in order to consider your application.

- In Section 1, you will identify someone who will be the liaison between your state's team and the Map to Inclusive Child Care team throughout the year. *(No point value but a project requirement.)*
- In Section 2, you will briefly indicate why you are applying for participation in this project. *(No point value but a project requirement.)*
- In Section 3, you will identify the members of your proposed team and specify their relationship to the delivery or funding of child care or the development of child care policy in your state. In addition, you will collect from each prospective team member a statement of commitment to the Map to Inclusive Child Care Project. *(Up to 25 points, including required minimum numbers of members from each of six designated categories.)*
- In Section 4, you will describe efforts made in your state in the past three years to ensure that child care policies and delivery systems have been responsive to the needs of children with disabilities and their families. *(Up to 10 points.)*
- In Section 5, you will identify additional resources (direct, in-kind, or other) that you will provide to augment the resources made available to your state through the project *(Up to 5 points)*

- In Section 6, you will describe future commitments by various members of your team that will make your inclusive child care plans sustainable beyond the life of this project. (*Up to 5 points.*)
- In Section 7, we invite you to add any thoughts or reflections that were not elicited by the questions posed in earlier sections of the application about why your team would like to participate in the Map to Inclusive Child Care project. (*Up to 5 points.*)
- In Section 8, you will provide additional information that we require in order to consider your application (*No point value.*)

SECTION 1
PROJECT LIAISON

- I. **PROJECT LIAISON:** If you are selected for participation in the project, who will be the one person responsible for acting as a liaison with the staff of the Map to Inclusive Child Care project team?

(To be considered for selection please identify one person to be the liaison and provide the following information.)

Name _____

Role or affiliation _____

Address _____

Telephone _____

Fax _____ E-mail _____

(No points awarded, but this is a project requirement.)

SECTION 2
WHY YOU ARE APPLYING

Please indicate in a few sentences below why you have chosen to apply. For instance, envision one or two improvements you hope will emerge from your team's participation, or identify barriers to quality inclusive child care you hope the project will address. (Please confine your remarks to one page.)

II.

(No points awarded, but answering this question is required for further consideration of your application.)

SECTION 3 TEAM COMPOSITION

III. **TEAM COMPOSITION:** Have you assembled a team to participate in the Map to Inclusive Child Care project that represents a broad spectrum of those involved in or affected by the child care system?

- A. Two (2) Families of children with disabilities who have been consumers of child care, or those representing them.
- B. Two (2) State administrators from agencies involved with child care.
- C. Two (2) Providers of early childhood, child care, and school age care or those representing them.
- D. Two (2) Representatives of agencies or organizations that provide services to children with disabilities.

Teams must have a minimum of two members from each of the above categories for applications to receive consideration.

- E. One (1) Representative from state resource and referral agency.
- F. One (1) Representatives of Head Start and Early Head Start.
- G. One (1) Representative from a healthy child care state program.
- H. One (1) Representative from a training program or personnel preparation.
- I. One (1) State policy makers/legislators.
- J. Two (2) others at the State's discretion.

One of the above team members (A - J) must serve as liaison.

Teams must have at least one member from each of the above categories for applications to receive consideration.

- K. Representatives of educational institutions involved in preservice or inservice training of professionals or paraprofessionals working in inclusive child care settings.
- L. Representatives of Cooperative Extension system
- M. Representatives of additional sectors not listed above, such as foundations, corporations, or unions.

There is no required minimum participation for the above categories.

(See next two pages for guidance regarding team size, information about stipends for team members, and suggested participants for each of the above categories. The latter should be construed as suggestive, and not exhaustive.)

SIZE OF TEAM

Applications with teams exceeding 25 members will not be selected for participation. Our review panel will respect the knowledge of administrators from States and other eligible entities to determine appropriate team size and composition in accordance with geographic, organizational, cultural, and other factors.

AVAILABILITY OF STIPENDS

If you are selected, funds may be available to pay stipends to some members of your team to defray expenses they incur during the strategic planning meeting, the on-site technical assistance, and a community event that your state may plan. Priority for receiving these stipends will go to family members of children with disabilities and to care providers from child care, school age care, Head Start, and Early Head Start, or to those representing these constituencies.

SUGGESTED STATE TEAM MEMBERSHIP

Families of children with disabilities:

- Consumer (present or former) of child care or school age care services
- Parent who tried but failed to find appropriate care for child with disabilities
- Representative from Parent Training and Information Center
- Parent affiliated with local, regional, or national advocacy or disability network or organization

State administrators from any of the following (or designated representative):

- Child care licensing and funding agencies
- State department of education, including Part C (infants and toddlers with disabilities), and Part B (preschool and school-age)
- Agency responsible for Title V, Children with Special Health Care Needs TANF Program
- Medicaid Program
- State Child Care Resource and Referral Agency (if it is part of State)
- Governor's Office

Early childhood, child care, and school age care providers:

- Statewide Child Care Resource and Referral Agency or Association of local CCR&Rs
- Child care industry associations or networks (family, center-based nonprofit, and center-based for-profit, if different)
- Representative of early childhood professional association
- School-age care provider or representative of professional association

State policy makers

Elected legislator from Human Services or Appropriations Committee or designated staff representative

Elected superintendent of public instruction or staff representative

Member of Governor's cabinet or staff representative

Head Start and Early Head Start:

Disabilities coordinator or other representative of a grantee

Staff of Head Start Collaborations Grant

State Head Start Association

DSQIC staff (formerly known as RAP)

Agencies or organizations that provide services to children with disabilities:

Early intervention providers serving infants and toddlers

Providers operating independently or affiliated with national disability organizations

Professional associations of clinicians, special educators, medical practitioners, or others

Educational institutions involved in preservice or inservice

Faculty member from state university

Faculty or administrator from community college system

Cooperative Extension system

Family life educator

Youth development specialist

Faculty member

Other sectors

Public schools that deliver child care on their own or in partnership with other public or private organizations

Parent organizations involved in advocacy for quality child care (not specifically geared to children with disabilities)

Foundations, corporations, or unions involved in quality child care initiatives

REQUIRED COMMITMENT STATEMENTS

To ensure the meaningful involvement of the team you have assembled, each prospective member of your team will complete the following form, sign it, and return it to you. *Team members for whom no signed statement is submitted will not be credited as members of the team.*

COMMITMENT STATEMENT OF TEAM MEMBER
MAP TO INCLUSIVE CHILD CARE PROJECT

Name _____

City or town, state _____

I have been asked to be a member of my state's team for the Map to Inclusive Child Care Project. I understand that only 10 states will be selected to participate in this project.

I understand that if my state is selected, I will be expected to participate in the following:

- A two-day strategic planning meeting convened sometime between April and September 1998
- An event or initiative within my state, designed by my team with the support of the Map to Inclusive Child Care staff, after March and prior to September 1998
- A two-day national institute on inclusive child care in Washington, DC, in September 1998.

I understand the expectations described above for my participation and I am committed to fulfilling those expectations.

Signature _____ Date _____

LIST OF TEAM MEMBERS AND CATEGORIES REPRESENTED

Please list the members of your team below, by name, personal or professional affiliation and role.

Indicate for each team member in which team membership category the person belongs, as per suggested on pages 3 and 4.

If it may not be obvious from the person's role or title why they fit that category, please provide a few words of explanation. (For example: Dolores Fernandez, Executive Director, Anytown Service Corporation, Anytown, Anystate, 3.5. You would explain: "ASC is the largest Head Start grantee in the southeastern region of Anystate.")

Name	Title, agency, affiliation, and/or role	Category	Explanation (if needed)
------	--	----------	-------------------------

I.

II.

III.

IV.

V.

VI.

VII.

VIII.

IX.

X.

XI.

XII.

(You may copy this page, attach another page, or print out a similarly formatted page of your own making.)

SECTION 4 RECENT EFFORTS TOWARD INCLUSIVE CHILD CARE

In this section of the application, please describe efforts within your state to ensure that child care and school age care are responsive to the needs of children with disabilities and their families. Please attach a separate response to each subsection which is useful in describing your state's efforts, and skip the others. Please use the numbers from 4.a through 4.g in the headings of your attached response.

- 4.a Use of Child Care and Development Funds. Please describe briefly any use of your state's CCDF funds in the past three years that have been directed to supporting training, subsidies, or other activities designed to increase access of child care for children with disabilities or to support quality improvements likely to increase the successful inclusion of children with disabilities.
- 4.b Initiatives other than CCDF. Please describe briefly any State-level or local initiatives in past three years (other than through CCDF funds) designed to improve access or quality of child care for children with disabilities (e.g., initiatives funded or undertaken by University Affiliated Program, child care resource and referral network, Developmental Disabilities Planning Council, private foundation or philanthropy, state department of education, or others.)
- 4.c Regulatory efforts. Briefly describe any efforts in connection with inclusive practices made to revise regulations governing family child care, center based child care, and/or school age care in past three years, or training of child care licensing staff, or other activities intended to remove barriers within the regulatory system to the inclusion of children with disabilities.
- 4.d Legislative activity. Please describe significant legislative activities in past three years (whether or not they were successfully passed into law) designed to improve quality of child care for all and/or to support the inclusion in child care of children with disabilities. If not passed into law, indicate at what stage or level of legislative process the activity ceased or was blocked.

- 4.e Other state systems. Please describe how attention has been paid to promotion of quality child care and/or inclusive child care in the meetings, publications, or activities of state systems and programs, such as Statewide Interagency Coordinating Council, Maternal and Child Health programs, Developmental Disabilities Planning Council, state mental health/mental retardation agencies, Governor's budget or State of the State address, others.
- 4.f Use of technical assistance. Describe briefly how your state's local education agencies, Part H providers, child care providers, or others have used technical assistance for inclusive child care (within the past three years). This TA could be from a variety of sources, such as the Child Care Bureau, NEC*TAS, RAP, EEPD projects, SPRANS projects, etc.
- 4.g Other. If relevant, please provide evidence of the past commitment to inclusive child care evidenced by organizations represented by your team that does not fit within the categories above.

SECTION 5

ADDITIONAL RESOURCES

Please describe any resources that your State will commit toward the Map to Inclusive Child Care activities. These may be in the form of discretionary funds, targeted funds, donated or in-kind resources. (For instance, facilities for meetings, meals and refreshments for meetings, personnel to assist with meeting logistics, translation or sign language interpreters, stipends for family members of children with disabilities, funds to pay for substitutes in child care settings.)

SECTION 6 FUTURE COMMITMENTS

FUTURE COMMITMENTS: Please comment below (or on an attached page) on any ideas you have for sustaining and building on the activities you undertake beyond the life of the project. Consider each of the following:

- Commitment to collaboration, structures or plans enhancing joint efforts across organizational boundaries, funding streams, regulatory systems, and so forth.
- Commitment of resources for inclusive child care: financial, informational, technical, other, by organizations or agencies represented on your team.
- Other commitments ensuring sustainability of project activities:

SECTION 7
ADDITIONAL REASONS FOR SELECTING YOUR STATE

ADDITIONAL THOUGHTS: Feel free to add here any thoughts or reflections that were not elicited by the questions posed in earlier sections of the application that would help our panel of reviewers to understand why your team would like to be selected for participation in the Map to Inclusive Child Care project.

(Maximum 5 points)

SECTION 8
ADDITIONAL INFORMATION FOR PROJECT TEAM

The following information will not be used to determine whether your team is selected, but will be useful to us.

In the event your team is not selected for Year 1, would you want us to consider you again for Year 2 of the Map to Inclusive Child Care Project?

_____ YES _____ NO If no, please explain. _____

What kinds of technical capabilities do you have to conduct training and dissemination activities in your state (e.g., satellite educational television, videoconferencing, distance education)?

Do you have the capacity to communicate with the team for the Map to Inclusive Child Care Project by electronic mail (e-mail)?

_____ YES _____ NO _____ SOON

If yes, please provide e-mail address _____

The Child Care Bureau and the staff of the Map to Inclusive Child Care project thank you in advance for your time and consideration.

QUESTIONS?

If you have questions about the project or the application process, please call United Cerebral Palsy, at (800) USA-5-UCP. Leave a message For Dr. Mary Beth Bruder, Project Director. You may hear back from her, from Johnna Timmes, Inclusion Specialist, or from Dale Fink, Project Co-Director.

Appendix C

APPLICATION FOR PARTICIPATION
MAP TO INCLUSIVE CHILD CARE PROJECT

State _____

Person submitting application _____

Position, agency, address _____

Phone _____ Fax _____ E-mail _____

Child Care Administrator Signature _____

DEADLINE FOR SUBMISSION:

Must be received by Monday, November 30, 1999

Address to: Map to Inclusive Child Care, University of Connecticut Health Center,
Division of Child and Family Studies, 263 Farmington Avenue, The Exchange,
MC6222, Farmington, CT., 06030-6222
Attn: Jennifer Joy, Project Coordinator

Map to Inclusive Child Care

INTRODUCTION

A contract was awarded on October 1, 1998, by the Child Care Bureau, Administration on Children, Youth, and Families, Administration for Children and Families, Department of Health and Human Services to the University of Connecticut Health Center. The contract offers an important opportunity to ensure that children with disabilities from birth through age 12 will have access to child care alongside their more typically developing siblings and peers.

In the first two years of the Map to Inclusive Child Care Project, ten states each year received technical assistance to address interrelated aspects of their child care delivery systems. In order to be selected, states put together teams that included key stakeholders involved in child care from both the public and private sectors, including the State Child Care and Development Fund Administrators.

The Map to Inclusive Child Care Project staff will help ten new state teams engage in a strategic planning process, target priorities and create work plans relevant to the particular issues of their states. The project staff will support each state team over the course of the year, with technical assistance made available through telephone conferences, on-site visits, and referrals to other information sources.

On the next page we describe the application process for selection of the 2000 state teams. Please be advised that in examining the applications, we intend to consider the totality of the applicant pool and to include among the participating states those reflecting both greater and lesser levels of development. Abundant past efforts at promoting inclusive child care will not guarantee selection, nor will the paucity of past efforts lead to denial.

The deadline for submission of an application to participate in the third year of the Map to Inclusive Child Care Project is **November 30, 1999**.

If you have questions about the project or the application process, please feel free to leave a message at (860) 679-1500 for the Project Director, Dr. Mary Beth Bruder or Jennifer Joy, Project Coordinator (860) 679 1561.

THE APPLICATION PROCESS

1. Identify organizations or individuals that have an interest in expanding the quality and availability of inclusive child care in your state.
2. Discuss with these organizations or individuals the best possible composition of a Map to Inclusive Child Care team for your state. This should be a group of people that can represent various constituencies that shape or are affected by child care policy and delivery systems. Further information about the composition of this team may be found on pages 3 to 5 of this packet. The team may not exceed 15 members.
3. Have each member of your proposed team sign a copy of the commitment statement found on page 7 of this packet.
4. Fill out Sections 1 through 8 of the attached packet. Submit the completed application and the signed commitment statements to Map to Inclusive Child Care Project, University of Connecticut Health Center.
5. We expect to announce the selection of states within one month after the deadline for submission.

ANTICIPATED ACTIVITIES FOR STATES CHOSEN TO PARTICIPATE

1. The Map to Inclusive Child Care staff will facilitate a two-day meeting of your team to be held prior to May, 2000. You will engage in a strategic planning process, set priorities and decide which areas of your child care delivery system or state policies you wish to address.
2. Ongoing telephone support will be provided to your team. A member of our technical assistance staff will be assigned to your state to assist you in following through on the goals and activities that you have identified.
3. Technical assistance will be provided by project staff to address the issues your team has identified.
5. Members of your team will come to Washington, DC, together with team members from other participating states and expert speakers from around the United States, for a two-day national institute on inclusive child care in May, 2000.
6. With the support of the project, you will plan and carry out a public event or initiative of the team's choosing. The purpose of the event or initiative will be to showcase the State's inclusion efforts, increase public awareness about the inclusion process, gain broader impact into the planning, and/or to lay the foundation for ongoing implementation.

SELECTION CRITERIA AND APPLICATION PACKAGE

The following four major criteria will be combined with regional distribution in making the final selection of participating states:

1. The formation of a Map to Inclusive Child Care team not to exceed 15 members that represents the spectrum of constituencies affected by child care policies and practices (see pp. 3 to 5 for details) You may have a larger group of stakeholders in mind for other state events.
2. Description of efforts and experiences in trying to foster inclusive child care in your state
3. Provision of additional resources (direct, in-kind, or other) to augment the resources made available to your state through this project
4. Commitment by team members to sustain and build on the activities you undertake beyond the life of the project

The application package is designed to allow you to show us how you meet these four criteria, as well as providing some additional information that we need in order to consider your application.

- In Section 1, you will identify someone who will be the liaison between your state's team and the Map to Inclusive Child Care team throughout the year. *(No point value but a project requirement.)*
- In Section 2, you will briefly indicate why you are applying for participation in this project. *(No point value but a project requirement.)*
- In Section 3, you will identify the members of your proposed team and specify their relationship to the delivery or funding of child care or the development of child care policy in your state. In addition, you will collect from each prospective team member a statement of commitment to the Map to Inclusive Child Care Project. *(Up to 10 points, including required minimum numbers of members from each of six designated categories.)*
- In Section 4, you will document efforts made in your state in the past three years to ensure that child care policies and delivery systems have been responsive to the needs of children with disabilities and their families. *(Up to 15 points.)*
- In Section 5, you will identify additional resources (direct, in-kind, or other) that you will provide to augment the resources made available to your state through the project *(Up to 10 points)*

- In Section 6, you will describe future commitments by various members of your team that will make your inclusive child care plans sustainable beyond the life of this project. (*Up to 15 points.*)
- In Section 7, we invite you to add any thoughts or reflections that were not elicited by the questions posed in earlier sections of the application about why your team would like to participate in the Map to Inclusive Child Care Project. (*Up to 5 points.*)
- In Section 8, you will provide additional information that we require in order to consider your application (*No point value.*)

SECTION 1
PROJECT LIAISON

- I. **PROJECT LIAISON:** If you are selected for participation in the project, who will be the one person responsible for acting as a liaison with the staff of the Map to Inclusive Child Care Project team?

(To be considered for selection please identify one person to be the liaison and provide the following information.)

Name _____

Role or affiliation _____

Address _____

Telephone _____

Fax _____ E-mail _____

(No points awarded, but this is a project requirement.)

SECTION 2
WHY YOU ARE APPLYING

Please indicate in a few sentences below why you have chosen to apply. For instance, envision one or two improvements you hope will emerge from your team's participation, or identify barriers to quality inclusive child care you hope the project will address. (Please confine your remarks to one page.)

II.

(No points awarded, but answering this question is required for
further consideration of your application.)

**SECTION 3
TEAM COMPOSITION**

III. **TEAM COMPOSITION:** Have you assembled a team to participate in the Map to Inclusive Child Care Project that represents a broad spectrum of those involved in or affected by the child care system?

- A. Two (2) Families of children with disabilities who have been consumers of child care, or those representing them.
- B. Two (2) State administrators from agencies involved with child care.
- C. Two (2) Providers of early childhood, child care, and school age care or those representing them.
- D. Two (2) Representatives of agencies or organizations that provide services to children with disabilities.

Teams must have a minimum of two members from each of the above categories for applications to receive consideration.

- E. One (1) Representative from state resource and referral agency.
- F. One (1) Representatives of Head Start and Early Head Start.
- G. One (1) Representative from a healthy child care state program.
- H. One (1) Representative from a training program or personnel preparation.
- I. One (1) State policy makers/legislators.
- J. Two (2) Others at the State's discretion.

One of the above team members (A-J) must serve as a liaison.

Teams must have at least one member from each of the above categories for applications to receive consideration.

(See next two pages for guidance regarding team size, information about stipends for team members, and suggested participants for each of the above categories. The latter should be construed as suggestive, and not exhaustive.)

SIZE OF TEAM

Applicants should limit their team size to fifteen (15) members. Our review panel will respect the knowledge of administrators from States and other eligible entities to determine appropriate team composition in accordance with geographic, organizational, cultural, and other factors.

AVAILABILITY OF STIPENDS

If you are selected, funds may be available to pay stipends to some members of your team to defray expenses they incur during the strategic planning meeting, the on-site technical assistance, and a community event that your state may plan. Priority for receiving these stipends will go to family members of children with disabilities and to care providers from child care, school age care, Head Start, and Early Head Start, or to those representing these constituencies.

SUGGESTED STATE TEAM MEMBERSHIP

Families of children with disabilities:

- Consumer (present or former) of child care or school age care services
- Parent who tried but failed to find appropriate care for child with disabilities
- Representative from Parent Training and Information Center
- Parent affiliated with local, regional, or national advocacy or disability network or organization

State administrators from any of the following (or designated representative):

- Child care licensing and funding agencies
- State Department of Education, including Part C (infants and toddlers with disabilities), and Part B (preschool and school-age)
- Agency responsible for Title V, Children with Special Health Care Needs TANF Program
- Medicaid Program
- State Child Care Resource and Referral Agency (if it is part of State)
- Governor's Office

Early childhood, child care, and school age care providers:

- Statewide Child Care Resource and Referral Agency or Association of local CCR&Rs
- Child care industry associations or networks (family, center-based nonprofit, and center-based for-profit, if different)
- Representative of early childhood professional association
- School-age care provider or representative of professional association

State policy makers

Elected legislator from Human Services or Appropriations Committee or designated staff representative

Elected superintendent of public instruction or staff representative

Member of Governor's cabinet or staff representative

Head Start and Early Head Start:

Disabilities coordinator or other representative of a grantee

Staff of Head Start Collaborations Grant

State Head Start Association

DSQIC staff (formerly known as RAP)

HSQIC staff

Agencies or organizations that provide services to children with disabilities:

Early intervention providers serving infants and toddlers

Providers operating independently or affiliated with national disability organizations

Professional associations of clinicians, special educators, medical practitioners, or others

Educational institutions involved in preservice or inservice

Faculty member from state university

Faculty or administrator from community college system

Cooperative Extension system

Family life educator

Youth development specialist

Faculty member

Other sectors

Public schools that deliver child care on their own or in partnership with other public or private organizations

Parent organizations involved in advocacy for quality child care (not specifically geared to children with disabilities)

Foundations, corporations, or unions involved in quality child care initiatives

REQUIRED COMMITMENT STATEMENTS

To ensure the meaningful involvement of the team you have assembled, each prospective member of your team will complete the following form, sign it, and return it to you. *Team members for whom no signed statement is submitted will not be credited as members of the team.*

COMMITMENT STATEMENT OF TEAM MEMBER
MAP TO INCLUSIVE CHILD CARE PROJECT

Name _____

City or town, state _____

I have been asked to be a member of my state's team for the Map to Inclusive Child Care Project. I understand that only 10 states will be selected to participate in this project.

I understand that if my state is selected, I will be expected to participate in the following:

- A two-day strategic planning meeting convened sometime prior to May, 2000.
- An event or initiative within my state, designed by my team with the support of the Map to Inclusive Child Care staff, before August, 2000.
- A two-day national institute on inclusive child care in Washington, DC, May, 2000.

I understand the expectations described above for my participation and I am committed to fulfilling those expectations.

Signature _____ Date _____

LIST OF TEAM MEMBERS AND CATEGORIES REPRESENTED

Please list the members of your team below, by name, personal or professional affiliation and role.

Indicate for each team member in which team membership category the person belongs, as per suggested on pages 3 and 4.

If it may not be obvious from the person's role or title why they fit that category, please provide a few words of explanation. (For example: Dolores Fernandez, Executive Director, Anytown Service Corporation, Anytown, Anystate, Any Zip. You would explain: "ASC is the largest Head Start grantee in the southeastern region of Anystate.")

Name	Title, agency, affiliation, and/or role	Category	Explanation (if needed)
------	--	----------	-------------------------

I.

II.

III.

IV.

V.

VI.

VII.

VIII.

IX.

X.

XI.

XII.

(You may copy this page, attach another page, or print out a similarly formatted page of your own making.)

SECTION 4
RECENT EFFORTS TOWARD INCLUSIVE CHILD CARE

In this section of the application, please describe efforts within your state to ensure that child care and school age care are responsive to the needs of children with disabilities and their families. Please attach a separate response to each subsection which is useful in describing your state's efforts, and skip the others. Please use the numbers from 4.a through 4.g in the headings of your attached response.

- 4.a Use of Child Care and Development Funds. Please describe briefly any use of your state's CCDF funds in the past three years that have been directed to supporting training, subsidies, or other activities designed to increase access of child care for children with disabilities or to support quality improvements likely to increase the successful inclusion of children with disabilities.
- 4.b Initiatives other than CCDF. Please describe briefly any state-level or local initiatives in past three years (other than through CCDF funds) designed to improve access or quality of child care for children with disabilities (e.g., initiatives funded or undertaken by University Affiliated Program, Child Care Resource and Referral Network, Developmental Disabilities Planning Council, private foundation or philanthropy, State Department of Education, or others.)
- 4.c Regulatory efforts. Briefly describe any efforts in connection with inclusive practices made to revise regulations governing family child care, center based child care, and/or school age care in past three years, or training of child care licensing staff, or other activities intended to remove barriers within the regulatory system to the inclusion of children with disabilities.
- 4.d Legislative activity. Please describe significant legislative activities in past three years (whether or not they were successfully passed into law) designed to improve quality of child care for all and/or to support the inclusion in child care of children with disabilities. If not passed into law, indicate at what stage or level of legislative process the activity ceased or was blocked.

- 4.e Other state systems. Please describe how attention has been paid to promotion of quality child care and/or inclusive child care in the meetings, publications, or activities of state systems and programs, such as Statewide Interagency Coordinating Council, Maternal and Child Health Programs, Developmental Disabilities Planning Council, State Mental Health/Mental Retardation Agencies, Governor's budget, State of the State address or any others.
- 4.f Use of technical assistance. Describe briefly how your state's local education agencies, Part C providers, child care providers, or others have used technical assistance for inclusive child care (within the past three years). This TA could be from a variety of sources, such as the Child Care Bureau, NEC*TAS, RAP, EEPCD Projects, SPRANS Projects, etc.
- 4.g Other. If relevant, please provide evidence of the past commitment to inclusive child care evidenced by organizations represented by your team that does not fit within the categories above.

SECTION 5

ADDITIONAL RESOURCES

Please describe any resources that your State will commit toward the Map to Inclusive Child Care activities. These may be in the form of discretionary funds, targeted funds, and donated or in-kind resources. (For instance, facilities for meetings, meals and refreshments for meetings, personnel to assist with meeting logistics, translation or sign language interpreters, stipends for family members of children with disabilities, funds to pay for substitutes in child care settings.)

SECTION 6
FUTURE COMMITMENTS

FUTURE COMMITMENTS: Please comment below (or on an attached page) on any ideas you have for sustaining and building on the activities you undertake beyond the life of the Project. Consider each of the following:

- Commitment to collaboration, structures or plans enhancing joint efforts across organizational boundaries, funding streams, regulatory systems, and so forth.
- Commitment of resources for inclusive child care: financial, informational, technical or other, by organizations or agencies represented on your team.
- Other commitments ensuring sustainability of Project activities:

SECTION 7
ADDITIONAL REASONS FOR SELECTING YOUR STATE

ADDITIONAL THOUGHTS: Feel free to add here any thoughts or reflections that were not elicited by the questions posed in earlier sections of the application that would help our panel of reviewers to understand why your team would like to be selected for participation in the Map to Inclusive Child Care Project.

(Maximum 5 points)

SECTION 8
ADDITIONAL INFORMATION FOR PROJECT TEAM

The following information will not be used to determine whether your team is selected, but will be useful to us.

In the event your team is not selected for Year 2, would you want us to consider you again for Year 3 of the Map to Inclusive Child Care Project?

_____ YES _____ NO If no, please explain. _____

What kinds of technical capabilities do you have to conduct training and dissemination activities in your state (e.g., satellite educational television, videoconferencing, distance education)?

Do you have the capacity to communicate with the team for the Map to Inclusive Child Care Project by electronic mail (e-mail)?

_____ YES _____ NO _____ SOON

If yes, please provide e-mail address _____

The Child Care Bureau and the staff of the Map to Inclusive Child Care Project thank you in advance for your time and consideration.

QUESTIONS?

If you have questions about the project or the application process, please call Dr. Mary Beth Bruder at the University of Connecticut Health Center, at (860) 679-1500. You may hear back from her, or from Jennifer Joy, Project Coordinator.

Appendix D

Memorandum

DATE: March 12, 1998

TO: Lillian Sugarman, Child Care Bureau

FROM: Mary Beth Bruder, Project Director
Dale Fink, Co-Director
Map to Inclusive Child Care Project

RE: Selection of state teams for project

Please find attached the results of the review of the applications conducted by ourselves and Johnna Timmes, Inclusion Specialist.

For each of the 10 regions, we have provided the following:

- a) A summary sheet, indicating which states applied and which ones met minimal project criteria
- b) For any state not meeting the criteria, the summary sheet provides a specific explanation
- c) The summary sheet tells you which of the applicants scored highest in averaging our own ratings across the three of us
- d) Behind each summary sheet is a descriptive review of the strengths and weaknesses of each application. This is not to be taken as definitive, but suggestive of the issues that we took note of as we conducted our review.

Please feel free to distribute all these materials, along with copies of the applications themselves, to the regional staff and Child Care Bureau staff who may have reason to conduct their own review.

Please note that in one region, Region 4, neither applicant met minimal criteria. We made a recommendation, nevertheless. In this one instance, we did not rely solely on the scoring formula to determine our recommendation. Our reasons for the recommendation we made are laid out for your consideration.

On the following page, we list the 10 states that we have found to have the greatest strength from within each region. To provoke further thought, we have also attached a list of the 10 states that would have been selected, based on our review, if regionality were not a consideration.

Recommendations of Map to Inclusive Child Care Staff, by Region

1. Vermont
2. New Jersey
3. Maryland
4. Tennessee
5. Indiana
6. New Mexico
7. Iowa
8. Utah
9. California
10. Oregon

Recommendations of top 7 states, if regionality not a consideration

- Oregon
- California
- Maryland
- Iowa
- Alaska
- Indiana
- Vermont

Next 4 states, all rated evenly

- D.C.
- Missouri
- Hawaii
- Connecticut

Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 1

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Connecticut	Yes
Maine	Yes
Vermont	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE BY PROJECT STAFF

Applicant Vermont

Score 42

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
CT	<ul style="list-style-type: none"> • Parent/family representatives: not clear which ones actual consumers (present or former) of child care • Provider group strong, include family child care, SAC, and church-based • No legislator • Foundation, business commission add strength in "other" category • Weak in disability organizations • By putting so many of their people in multiple categories, they have lessened our ability to distinguish primary contribution of each member. 	<ul style="list-style-type: none"> • Much of description of past efforts addresses more general focus on early intervention and services for young children; only some of it is explicitly addressed to inclusion and quality in the community-based child care and SAC arenas. • Very strong in resources for project and future commitments
ME	<ul style="list-style-type: none"> • Includes a state legislator • Weak in disability category (a local early intervention provider is the only representative of disability community outside state gov't) • Indian provider agency adds strength • Family child care adds strength • Center for Community Inclusion could provide important leadership • Foundation representative adds strength 	<ul style="list-style-type: none"> • Some good work on general quality improvement in child care. Not as much as either CT or VT specifically targeted to inclusion. • Not as specific or generous in commitments to project or sustainability as either CT or VT

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
VT	<ul style="list-style-type: none"> • No legislator • Superior provider group, family child care included, very grass-roots • 2 parents are specified as current child care consumers, this adds to value • State agency group unusually strong, includes both Part H/C and 619 coordinator. • Representative of Rural Autism project a unique addition to team. 	<ul style="list-style-type: none"> • Description of activities explicitly targeted to expansion of inclusive, quality, community-based child care, impressive range of activities • Fairly clear and generous commitments on resources and sustainability, more so than ME, not as much as CT

Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 2

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
New Jersey	Yes
New York	No

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

New York: No representative of Head Start or Early Head Start

New Jersey: Don't count Aquino or Titus as team members (no commitment form) but they still meet criteria without them

HIGHEST RATED STATE BY PROJECT STAFF

Applicant New Jersey

Score 33

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
NJ	<ul style="list-style-type: none"> • Includes a state senator • Meets minimal requirements for family members • Very strong state administrator team • Strong in child care provider representatives, but weighted heavily toward SAC • Only team with an actual teacher from inclusive, center-based child care program, and with a referral counselor from a CCR&R • Only one real representative from disability organization (others they list in this category are mostly state agencies) 	<ul style="list-style-type: none"> • CCDF activities very concretely related to goals of this project, others they identify are less salient • Very modest commitments in resources and project sustainability
NY	<ul style="list-style-type: none"> • No representative from Head Start or Early Head Start (in spite of very active DSQIC) • Family members all wear additional hats • Child care provider representatives all from one sector: CCR&R • No legislator • No representative from Cooperative Extension, although Cornell is nationally known for leadership in SAC • Strong in disability organizations (Arc, UCP) 	<ul style="list-style-type: none"> • Much of their focus in "recent efforts" discussion relates to 3-5 year olds and overlooks those younger and older • They seem unaware of several projects funded by their own DD Council related to inclusive child care • Minimal and non-specific commitments on resources and sustainability

Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 3

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
District of Columbia	Yes
Maryland	Yes
Pennsylvania	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE BY PROJECT STAFF

Applicant Maryland

Score 43

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
DC	<ul style="list-style-type: none"> Family representatives include a foster family (only state to do so) but none identified as users for SAC, or as connected to any networks Provider representatives include SAC, CCR&R, and private (very strong) Member of DC City Council (equivalent of legislator), chair of Human Services 	<ul style="list-style-type: none"> Substantial number of efforts reported, but hard to measure up to PA and MD, which have both been quite active in addressing inclusive child care Fairly specific and generous on resources for project, more vague on sustainability
MD	<ul style="list-style-type: none"> Includes member, Ways and Means Committee, State Legislature Parent category includes minimal two, not identified as users of child care or SAC, or as connected to networks Representatives of statewide organizations of child care centers, SAC providers, and family child care providers Higher education representative is a leader in child care training within community college system Unusually strong in disability organizations (Arc, UCP, Epilepsy Association) Team appears to have more ethnic diversity than most 	<ul style="list-style-type: none"> Much more specific than most states in describing recent efforts directly related to inclusive child care settings, very extensive activities Resources for project and future sustainability commitments are among the most generous and specific in the entire applicant pool

PA	<ul style="list-style-type: none"> • No legislator • Parents are identified as network leaders • Particularly strong state administrator team, including TANF child care person • Representatives of statewide family child care, SAC, and private child care • Cooperative Extension representative is Director of Outreach • Unusually strong in higher education: 4 members from universities and community colleges (in addition to Extension) • Includes linkage to Healthy Child Care America 	<ul style="list-style-type: none"> • Impressive range of relevant activities, especially in use of CCDF funds. Overall a little less direct targeting of activities specific to inclusive child care compared to MD efforts, but exceeds most other states • Fairly modest commitments of resources to project, and not very specific in sustainability
	•	•
	•	•

Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 4

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
North Carolina	No
Tennessee	No

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

North Carolina: We found they did not meet the minimum criteria of two people representing child care providers, as one of the two they so designated is a Section Chief, Exceptional Children, NC Dept. of Public Instruction.

Tennessee: As above. One of the two they designated was Director, School-based Support Services, State Dept.. of Education.

HIGHEST RATED STATE BY PROJECT STAFF

Applicant TN* (see attached)

Score 27

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
NC	<ul style="list-style-type: none"> • Member of legislature; chair of Children & Human Resources Committee • 2 of 3 family members are connected with larger advocacy networks • Minimal Head Start representation • No grass-roots child care providers, no family child care, no CCR&R • Strong participation from disability agencies (UCP, Arc) • Cooperative Extension 4-H educator adds strength for work on SAC • 3 other representatives from universities, community college 	<ul style="list-style-type: none"> • Impressive number of initiatives related to inclusive child care, especially as regards spending of CCDF funds, and reform of regulatory practices and policies • Fairly specific and generous commitments for resources for project, but very sketchy ideas about longer term sustainability
TN	<ul style="list-style-type: none"> • Team includes a state senator • Minimal family representation • 8 of 15 work in state government agencies • No grass-roots child care providers, no family child care, no school-age care providers • Unusually strong Head Start representation, including Migrant Head Start • No members from higher education or Cooperative Extension 	<ul style="list-style-type: none"> • Very little evidence of specific focus on inclusion in child care or SAC; some efforts at overall quality enhancements for all children • The launching of a network of CCR&R centers is underway and could become the focus of Map to Inclusive Child Care Project activities • Resource commitments for project more modest than those of NC; long-term sustainability plans slightly more cogent

Additional Comment on Region 4 from the staff of

Map to Inclusive Child Care Project

- As indicated, we found both states failing to meet minimal project criteria. Neither included two child care providers (or representatives of that sector) on their teams.
- If the Child Care Bureau wishes us to work with either one of these states, we strongly suggest that the selected state be informed right from the start that their team did not meet minimal expectations, and that they must expand it in the ways indicated below.
- Tennessee, at minimum, must add membership from child care and SAC providers (or organizations representing them). They could have an excellent working team if they also add another family member who is a consumer of inclusive child care or SAC, and one or two members from higher education and/or Cooperative Extension involved in child care training efforts. Logistically, this would pose no challenge, because the team they have formed has only 15 members and no one need be displaced.
- North Carolina, to meet minimal criteria, should be instructed to add child care providers, and/or those who represent grass roots child care and SAC providers (not state government officials). Even so, the team would remain less than ideal, with minimal representation from Head Start or Early Head Start, and no one from child care resource-and-referral (CCR&R). Because they have a team of 25 already (the maximum allowed), it seems ill-advised to expand it.
- An additional misgiving about the selection of North Carolina is that they strongly endorse (in section 4, "recent efforts," and section 6, "future commitments") the enrollment of typically developing peers into developmental day programs in the ratio of 60% children with special needs, 40% typical, as an objective for this project. This did not seem readily convergent with the goals of the project as we understand them and with the mission of the Child Care Bureau, i.e., to focus on enhancing the quality and inclusiveness of the home-based and center-based settings that all children attend, and where ratios follow, more or less, along the lines of natural proportions.
- The direction of Tennessee's plans, with their focus on designing a network of child care resource and referral centers serving all families, seems to be more squarely grounded in the goals of the Map Project.
- In respect to accumulated points alone, we rated North Carolina higher than Tennessee. However, we recommended Tennessee (if either is to be selected in that region) for the reasons here indicated.

Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 5

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Illinois	Yes
Indiana	Yes
Minnesota	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE BY PROJECT STAFF

Applicant Indiana

Score 42

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
IL	<ul style="list-style-type: none"> No legislator Provider category barely meets minimal requirements, no family child care, no SAC, nobody from grass roots Family category meets minimal requirements, none identified as connected to any networks or as current child care consumers), all from the state capital Stronger than IN or MN in agencies serving children with disabilities. Person signing commitment form from state university indicated she was signing on behalf of an entire team, but the application narrative did not acknowledge this. 	<ul style="list-style-type: none"> Some very relevant activities (e.g., leadership training for inclusive child care) but many of projects described were more tangential to either child care or inclusion. Overall, about as much activity as in MN, but not as much as in IN directly related to quality inclusive child care Modest commitments of resources for project and for future sustainability, not quite as generous as either IN or MN
IN	<ul style="list-style-type: none"> No legislator Very strong group of parents, current consumers of child care and SAC combined with SICC. One is plaintiff in ADA litigation. Superior providers group, including SAC, for-profit, family child care, CCR&R. Public school Title I coordinator from state capital is an interesting addition. Strong in UAP, higher education, training Healthy Child Care IN represented 	<ul style="list-style-type: none"> Enormous amount of work related to inclusive child care in "other initiatives" section, plus some very specific activities in CCDF, modest but explicit licensing changes identified More generous and specific than most states in offering resources for project and future sustainability (more than either IL or MN)

MN	<ul style="list-style-type: none"> • Unique among all applicants in country, in that they have both a state senator and house member • 2 of 3 parents connected with disability law, not stated if child care consumers • Strong connection with Healthy Child Care MN activities (a strength) but this may explain why at least 8 of 19 are state agency people (a weakness, perhaps) • Provider representatives not from grass roots at all. No SAC, although MN is a strong SAC state. No family child care. No representatives of school-based child care or community education, although it's very prevalent in MN • Unusually strong in organizations serving children with disabilities 	<ul style="list-style-type: none"> • Modest efforts using CCDF and other funding streams, including some related to Healthy Child Care MN. Previous regulatory reforms have made additional efforts mostly unnecessary, they state. • Modest commitments for project resources and sustainability, nice idea about merging CCDF with Early Intervention funding streams in future.
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Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 6

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
New Mexico	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE BY PROJECT STAFF

Applicant New Mexico

Score 35

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
New Mexico	<ul style="list-style-type: none"> • Includes a legislator • Parents of children with disabilities all wear other hats as professionals in related fields • Provider representatives from good mix of sectors: private owner, School-Age Alliance, NAEYC president • Minimal representation from disability sector • Strong representation from Cooperative Extension, community colleges and state university (4 members) 	<ul style="list-style-type: none"> • Minimal use of CCDF funds to promote inclusive practices, but several relevant efforts identified under initiatives "other than CCDF", including those led by cooperative Extension, DD Council, and the UAP. • Commitments for project resources and future sustainability very modest.

Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 7

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Iowa	Yes
Kansas	Yes
Missouri	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE BY PROJECT STAFF

Applicant Iowa

Score 43

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
IA	<ul style="list-style-type: none"> • No legislator • One of only few teams in country with M.D. (Director of Title V agency), also a nurse • Strong connections with Healthy Child Care Iowa • Large representation of family members (7), but most have other professional roles • Reasonably good provider representation, including one family child care provider • Weak in representation from disability organizations • 3 members involved in training, research, higher education, Cooperative Extension • Tribal agency adds cultural diversity to team 	<ul style="list-style-type: none"> • Just completed a study of child care for children with special health care needs • Unusually high billing rate established from CCDF funds for children with disabilities in child care • Innovative use of Part C funds for partnerships between special education and community child care • Healthy Child Care Iowa activities • Modest allotment of resources for project and for future commitments
KS	<ul style="list-style-type: none"> • Team includes a legislator • Minimal representation from family members • Reasonably good provider representation, includes CCR&R, one actual provider • Weak in representation from disability organizations • 3 members involved in training, higher education 	<ul style="list-style-type: none"> • Interesting use of CCDF funds for "time study" of children with disabilities in child care settings • Overall, not as much relevant activity as IA or MO • Commitment of resources for project and sustainability comparable to IA, not as specific as MO

MO	<ul style="list-style-type: none"> • Member of House of Representatives, Budget Committee • Provider representation a bit stronger than KS or IA, includes church-based, CCR&R, private • Good family member representation • Weaker than IA or KS in representation from disability organizations (the ones they list are state agencies and YWCA) • 2 members from higher education • Public health nurse adds role diversity to team 	<ul style="list-style-type: none"> • Not a great deal of effort funded through CCDF; however, the Special Needs Task Force, established in 1996, has engaged in impressive array of planning, training, etc. • Several significant local or regional initiatives for inclusive child care identified • Healthy Child Care MO activities • Commitments of resources for project and for sustainability are unusually specific and generous; very few states in entire applicant pool offered more
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Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 8

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Colorado	Yes
Montana	No
North Dakota	Yes
Utah	Yes
Wyoming	No

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

MT: No commitment statement from the sole "policy" representative (the lieutenant governor). One policy member is a minimal criterion.

WY: Only one legitimate representative in child care provider category, two is minimal requirement. (Hoffman, Sullivan, Williams, Mofield, Mulberry belong in other categories. No commitment form from Hutchinson)

HIGHEST RATED STATE BY PROJECT STAFF

Applicant Utah

Score 37

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
CO	<ul style="list-style-type: none"> • No legislator • Family representatives include, uniquely, a TANF recipient trained in special education • Reasonably good provider representation (one of 3 is connected to a larger network); no SAC, no family child care • Only representatives of disability organizations are from state government • State agency representatives are fewer in number and at lower level in hierarchy than most applicants 	<ul style="list-style-type: none"> • Quite an impressive array of relevant efforts, spearheaded by the resource-and-referral network, which took the lead in putting this team together • Commitments for project resources and future sustainability less specific and less generous than most others; perhaps in part, because this team lacks key state decision makers, such as Part H/C coordinator, Section 619 coordinator, UAP leaders, etc.
MT	<ul style="list-style-type: none"> • Good family member representation • Strong provider group, very grass roots, CCR&R, family child care, plus university lab • More Head Start participation than most teams • Presence of staff from Fetal Alcohol project adds role diversity and cultural awareness (works on reservation) • Higher education represented by national leader (Child Care Plus project has been cited in applications from other states as well) 	<ul style="list-style-type: none"> • This application describes an impressive range of relevant past activities with respect to CCDF funds, other initiatives, legislative activities, and use of technical assistance; as much or more than any state in this region • Commitments of resources and comments on sustainability are minimal • If the lieutenant governor's commitment had been included, this state's application would have been rated on a par with Utah

ND	<ul style="list-style-type: none"> • Team includes lieutenant governor • Minimal family representation • Provider group missing family child care and SAC, strong in CCR&R • Good Head Start representatives • Better representation from disability organizations than most in this region • Tribal consultant adds cultural diversity 	<ul style="list-style-type: none"> • Some efforts using CCDF funds and from DD Council initiative; overall, less than other applicants in this region • Minimal resources committed to project; did not respond to question about sustainability
UT	<ul style="list-style-type: none"> • House of Representatives member • Minimal family representation • Strong State administrator group • Strong provider representatives, CCR&R, SAC, family child care • Migrant Head Start as well as regular Head Start and Early Head Start • Nurse consultant adds role diversity • Higher education included (2 members) 	<ul style="list-style-type: none"> • Modest efforts identified, not nearly as substantial as MT or CO • Significant resources offered for project, future sustainability addressed by hooking to ongoing task force
WY	<ul style="list-style-type: none"> • No legislator • Minimal family representation • Listed many child care provider representatives, but these included early intervention, respite care, Head Start, state Dept. of Education • Tribal respite program adds diversity to team • Stronger in disability organizations than most other applicants • Higher education included (2 members) 	<ul style="list-style-type: none"> • Some modest efforts in recent years, particularly a project involving Arc (why weren't they represented on team?) • Overall, not nearly the level of past commitment as CO or MT • Reasonable to generous commitments of resources to project, remarks about sustainability fairly general

Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 9

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Arizona	Yes
California	Yes
Hawaii	Yes
Nevada	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE BY PROJECT STAFF

Applicant CA

Score 44

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
AZ	<ul style="list-style-type: none"> No legislator Strong Head Start and Early Head Start Strong in providers; including SAC, chapter of NCCA, and CCR&R 9 of 20 from state government (perhaps an imbalance) Representative from a local school district (Tucson) a nice addition 	<ul style="list-style-type: none"> Impressive activities related to quality enhancement for all child care (e.g., accreditation). Not as much specific to inclusion More generous and specific in resource commitments than any team in this region
CA	<ul style="list-style-type: none"> No legislator Unusually strong in Head Start, including Rural Indian Head Start, which adds diversity Providers group has no SAC, but does have family child care, CCR&R, private providers' association Strong element from educational institutions Child Care Law Center adds unique strength 	<ul style="list-style-type: none"> Very wide and diverse array of activities for improving overall child care and specific to inclusive child care. Exceeds any states in this region and in most of country. Commitments for project modest and remarks on sustainability similar to many states
HI	<ul style="list-style-type: none"> No legislator Providers weak: Hawaii leads nation in school based SAC but there is no team member; no family child care representative Not clear if parent representatives are child care consumers Disability representatives listed are all with state 	<ul style="list-style-type: none"> Wide variety of ongoing activities directly related to inclusive child care. Less than CA, but as extensive as any other state in region More generous than others (except AZ) with resource commitments

NV	<ul style="list-style-type: none"> • No legislator • All 3 parents are from Reno, and none are indicated as being connected to any networks. • Provider group strong, includes family child care, CCR&R, AEYC • Unusually strong representatives from disability agencies, from a special clinic, early intervention programs, and rural respite • School principal--good addition to team 	<ul style="list-style-type: none"> • Extensive activities based in UAP, also Project Exceptional, lots of use of technical assistance. For low population state, impressive amount of past efforts.

Map to Inclusive Child Care Project

Notes from project staff regarding selection

REGION 10

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Alaska	Yes
Oregon	Yes
Washington	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE BY PROJECT STAFF

Applicant Oregon

Score 46

RELATIVE STRENGTHS AND WEAKNESSES OF APPLICANTS

Applicant	Team Composition	Other Factors (Recent efforts, resources, future commitments, additional reflections)
<ul style="list-style-type: none"> AK 	<ul style="list-style-type: none"> Legislator on team Good provider representatives, no family child care Head Start plus tribal Head Start, adding diversity Strong in disability agencies United Way is a good addition 2 members from Cooperative Extension and higher education 	<ul style="list-style-type: none"> Strong in area of initiatives other than CCDF, and in "other" activities. Not early as targeted on this issue as OR More generous than most states in committing resources for project and for future sustainability
<ul style="list-style-type: none"> OR 	<ul style="list-style-type: none"> Legislator on team Unusually strong parent group Good provider representatives, including church, family child care, SAC Very strong from HS Disability organizations include Arc, UCP Foundation representative a good addition 2 members from higher education 	<ul style="list-style-type: none"> Array of initiatives through CCDF, through other initiatives, in regulatory reform, legislative arena, among the most pro-active of all applicants nationwide in inclusive child care Resources for project exceed all but a few in country, sustainability looks strong due to connection with existing task force
<ul style="list-style-type: none"> WA 	<ul style="list-style-type: none"> Legislator on team Fathers' network a unique contribution Reasonably good provider group, but doesn't measure up to OR Head Start representation is minimal Good disability agency representation 	<ul style="list-style-type: none"> Modest commitments of resources for project, plans for sustainability not very specific

Region	State	Year	Agency Name/Contact	State Liaison	Sent	Rec'd	Copies sent to:					MAP Staff	Applied Yr/ not chosen
							5 Copies Made	1 to Dale	2 to Lillian	1 to Regional office	1 for MAPs File		
I	Massachusetts (MA)	✓	Massachusetts Executive Office Ms. Aretha Mewerke (submitted by: Margaret C. O'Hare) [Phone: 617-626-2080 e-mail: peggy.ohare@state.ma.us] Commissary, Office of Child Care Services (Project Dir.) Puerto Rico Administración de Familias y Niños Ms. Nilda Jassine de Morales (submitted by: Maribel R. Nieves) [Phone: 787-723-1113 e-mail: infasyt@conquinet.net] Administrator (Subdirector) DC Department of Human Services Ms. Barbara Ferguson-Kanara [Phone: 202-727-5930] Office of Early Childhood Development (Program Manager) Florida Department of Children and Families Mr. Larry Pintacuda [Phone: 850-488-4900 e-mail: larry_pintacuda@dcf.state.fl.us] Chief of Child Care Services	Ms. Margaret C. O'Hare [Phone: 617-626-2080 e-mail: peggy.ohare@state.ma.us] Ms. Maribell Rivera Nieves [Phone: 787-723-1113 e-mail: INFASYT@CONQUINET.net]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Marci Spellman	
II	Puerto Rico (PR)	✓			11/27/98	02/02/99	✓	✓	✓	✓	✓	Ruth-Ann Rasbold	
III	Washington DC	✓		Ms. Joan Christopher [Phone: 202-727-5930]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Ruth-Ann Rasbold	
IV	Florida (FL)	✓		Ms. Lou Ann Long [Phone: 850-921-5444 e-mail: lalong@centraldirectory.org]	11/27/98	1/29/99 via fax	✓	✓	✓	✓	✓	Nancy Gordon	
IX	Nevada (NV)	✓	Nevada Department of Human Resources Mr. Jerry Allen (submitted by: Wendy Whipple) State Child Care Coordinator [Phone: 775-688-2284]	Ms. Wendy Whipple [Phone: 775-688-2284]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Marci Spellman	
V	Illinois (IL)	✓	Illinois Department of Human Services Ms. Linda Satterfield (submitted by: Robert Brocken) [Phone: 312-793-3610 e-mail: RABrocken@aol.com] Bureau Chief (IDHS)	Mr. Robert Brocken [Phone: 312-793-3610 e-mail: RABrocken@aol.com]	11/27/98	01/28/99	✓	✓	✓	✓	✓	Dorinda Smith	
VI	Louisiana (LA)	✓	Louisiana Department of Social Services Ms. Vera W. Blakes [Phone: 225-342-3947 e-mail: Vblakes@ds.state.la.us] Assistant Secretary	Ms. Gwendolyn D. Brooks [Phone: 225-342-9108 e-mail: gwendbrooks@ds.state.la.us]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Nancy Gordon	
VII	Missouri (MO)	✓	Missouri Department of Human Services Ms. Doris Halberd (submitted by: Joy Oesterly) [Phone: 573-526-5344 e-mail: oesterj@mail.health.state.mo.us] Unit Manager (Healthy Child Care Coordinator)	Ms. Joy Oesterly [Phone: 573-526-5344 e-mail: oesterj@mail.health.state.mo.us]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Dorinda Smith	
VIII	Colorado (CO)	✓	Colorado Department of Social Services Ms. Oxana Golden [Phone: 303-866-5958 e-mail: Oxana.Golden@state.co.us] Acting Director	Ms. Cynthia Bruce [Phone: 303-866-4556 e-mail: Cynthia.Trahor@state.co.us]	11/27/98	01/28/99	✓	✓	✓	✓	✓	Sarah Mulligan	
X	Washington (WA)	✓	Washington Dept. of Social & Health Services Ms. Anne Gabberty (submitted by: Paul R. Nook) [Phone: 360-902-0201 e-mail: noop300@dshs.wa.gov] Acting Office Chief (Program Manager)	Mr. Tony Clarke Henderson [Phone: 360-586-0482 e-mail: tonyh@dcad.wa.gov]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Sarah Mulligan	
I	Connecticut (CT)		Connecticut Department of Social Services Ms. Peter Palermio (submitted by: Valerie R. Marino) [Phone: 860-424-5065 e-mail: valerie.marino@po.state.ct.us] Program Manager (Acting Commissioner)	Mr. Peter J. Palermio [Phone: 860-424-5006 e-mail: Peter.Palermio@po.state.ct.us]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Marci Spellman	✗
I	Maine (ME)		Maine Department of Human Services Ms. Dianne Stetson [Phone: 207-287-5060 e-mail: dianne.stetson@state.me.us] Director, Office of Child Care & Head Start	Mr. Martie Kendrick [Phone: 207-727-4760 e-mail: martie_kendrick@umit.maine.edu]	11/27/98	01/27/99	✓	✓	✓	✓	✓	Marci Spellman	✗

Region	State	Year	Agency Name/Contact	State Liaison	Sent	Rec'd	5 Copies Made	1 to Dale	2 to Lillian	1 to Regional office	1 for MAPs File	MAP Staff	Applied Yr/not chosen
	Virgin Islands (VI)	2	Virgin Islands Department of Human Services Mr. Velven Samuel [Phone: 340-774-0930 xt.4189 e-mail: vsamuel@virginislands.net] Project Administrator	Mr. Velven D. Samuel [Phone: 340-774-0930 xt.4189 e-mail: vsamuel@virginislands.net]	11/27/98	2/1/99 via fax	✓	✓	✓	✓	✓	Ruth-Ann Rasbold	✗
III	Pennsylvania (PA)		Pennsylvania Department of Public Welfare Ms. Kathryn Heled (submitted by: Karen Habel) [Phone: 717-787-8691 e-mail: karenh@dpw.pa.state.us] Director (Program Specialist)	Ms. Karen Habel [Phone: 717-787-8691 e-mail: karenh@dpw.pa.state.us]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Ruth-Ann Rasbold	✗
III	West Virginia (WV)		West Virginia Dept. of Health & Human Resources Ms. Judy Curry (submitted by: Diane D. Michael) [Phone: 304-558-3071 e-mail: Diane_D_Michael@wvhs.org] Program Specialist (CSPD Coordinator)	Ms. Diane D. Michael [Phone: 304-558-3071 e-mail: hdmichael@aol.com]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Ruth-Ann Rasbold	
IV	Georgia (GA)		Georgia Department of Human Services Ms. Debrae Woodward (submitted by: Eric Jacobson) [Phone: 404-657-2126 e-mail: ej@dnr.state.ga.us] DRCS Family Support Unit (Exec. Director)	Ms. Susan Maxwell [Phone: 404-352-6020 e-mail: susanmaxwell@compuserve.com]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Nancy Gordon	
V	Michigan (MI)		Michigan Family Independence Agency Mr. Paul Nielsen (submitted by: Donna Mullins) [Phone: 517-335-0650 e-mail: mullinsd@state.mi.us] Director, Child Care Division (Early Intervention Specialist)	Ms. Donna Mullins [Phone: 517-335-0650 e-mail: mullinsd@state.mi.us]	11/27/98	02/01/99 via fax	✓	✓	✓	✓	✓	Dorinda Smith	
V	Minnesota (MN)		Minnesota Children Ms. Cherie Kottinek (submitted by: Barbara O'Sullivan) [Phone: 651-582-8422 e-mail: barbara.osullivan@state.mn.us] Child Care Program Administrator (Program Consultant)	Ms. Barbara O'Sullivan [Phone: 651-582-8422 e-mail: barbara.osullivan@state.mn.us]	11/27/98	02/02/99	✓	✓	✓	✓	✓	Dorinda Smith	✗
V	Ohio (OH)		Ohio Department of Human Services Ms. Maetea Hameath (submitted by: John R. Cunningham) [Phone: 614-466-1043 e-mail: cunnij01@odhs.state.oh.us] Chief, Child Care Services (Administrator)	Mr. John R. Cunningham [Phone: 614-466-1043 e-mail: cunnij01@odhs.state.oh.us]	11/27/98	1/29/99 via fax	✓	✓	✓	✓	✓	Dorinda Smith	
VII	Kansas (KS)		Kansas Dept. of Social & Rehab. Services Ms. Verna Weber [Phone: 785-368-3349 e-mail: vsw@srskansas.org] Director, Child Care Services	Ms. Misty Goosen [Phone: 785-864-0725 e-mail: misty@falcom.cc.ukans.edu]	11/27/98	2/1/99 via fax	✓	✓	✓	✓	✓	Dorinda Smith	✗
VII	Nebraska (NE)		Nebraska Dept. of Health & Human Services Ms. Patricia Uredowski Administrator	Ms. Christine Wright [Phone: 402-471-9621 e-mail: ChristineRN.Wright@hhs.state.ne.us]	11/27/98	01/29/99	✓	✓	✓	✓	✓	Dorinda Smith	
VIII	Montana (MT)		Montana Dept. of Public Health & Human Services Ms. Patricia Russ (submitted by: Sandra Morris) [Phone: 406-243-2891 e-mail: slmorris@seeaway.mt.edu] Supervisor, Early Childhood Services Unit (TIME Project Dir)	Ms. Patti Russ [Phone: 406-444-0309 e-mail: pruss@mt.gov]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Sarah Mulligan	✗
X	Alaska (AK)		Alaska Dept. of Health & Social Services Ms. Carla Timpone [Phone: 907-465-3329 e-mail: carla_timpone@health.state.ak.us] State Admin., Child Care & Development Fund	Ms. Carla Timpone [Phone: 907-465-3329 e-mail: carla_timpone@health.state.ak.us]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Sarah Mulligan	✗
X	Idaho (ID)		Idaho Department of Health and Welfare Ms. Patti Campbell (submitted by: Lisa Horan) Chief, Bureau of Policy [Phone: 208-746-3351]	Ms. Lisa M. Horan [Phone: 208-746-3351 xt.203 e-mail: c.flint@caand.org]	11/27/98	02/01/99	✓	✓	✓	✓	✓	Sarah Mulligan	

Region	State	Year 2	Agency Name/Contact	State Liaison	Sent	Rec'd	5 Copies Made	1 to Date	2 to Lillian	1 to Regional office	1 for MAPs File	MAP Staff	Applied Yr./not chosen
I	New Hampshire (NH)		New Hampshire Dept. of Health & Human Services Ms. Margaret Leitch Copeland Administrator, Bureau of Child Development		11/27/98							Marci Spellman	
I	Rhode Island (RI)		Rhode Island Dept. of Human Services Ms. Barbara Gianola Administrator		11/27/98							Marci Spellman	
I	Rhode Island (RI)		Rhode Island Dept. of Human Services Ms. Rita Inos Commissioner of Education		11/27/98							Marci Spellman	
II	New York (NY)		New York State Dept. of Family Assistance Ms. Suzanne Sennett Director		11/27/98							Ruth-Ann Rasbold	
III	Delaware (DE)		Delaware Department of Health & Social Services Mr. John Falkowski		11/27/98							Ruth-Ann Rasbold	
III	Virginia (VA)		Virginia Department of Social Services Mr. Vincent Jordan Program Manager		11/27/98							Ruth-Ann Rasbold	
IV	Alabama (AL)		Alabama Department of Human Resources Mr. David McCarley Director, Child Care Subsidy Program		11/27/98							Nancy Gordon	
IV	Kentucky (KY)		Kentucky Dept. for Social Services Mr. Clifford Z. Jennings Program Support Branch Manager		11/27/98							Nancy Gordon	
IV	Mississippi (MS)		Mississippi Department of Human Services Mr. Ronnie McGinnis Director, Office for Children & Youth		11/27/98							Nancy Gordon	
IV	North Carolina (NC)		North Carolina Dept. of Health & Human Services Ms. Stephanie Farjoul Division of Child Development		11/27/98							Nancy Gordon	
IV	South Carolina (SC)		South Carolina Dept. of Health & Human Services Ms. Kitty Casoli Bureau of Community Services		11/27/98							Nancy Gordon	
IX	American Samoa (AS)		American Samoa Dept. of Human Resources Fa'alelei I'aulualo Social Services Division		11/27/98							Marci Spellman	

Region	State	Year 2	Agency Name/Contact	State Liaison	Sent	Rec'd	5 Copies Made	1 to Date	2 to Lillian	1 to Regional office	1 for MAPs File	MAP Staff	Applied Yr./not chosen
IX	Arizona (AZ)		Arizona Department of Economic Security Ms Connie Shortt Program Administrator		11/27/98							Marci Spellman	
IX	Guam (GU)		Guam Dept. of Public Health & Social Services Mr. Dennis G. Rodriguez Government of Guam		11/27/98							Marci Spellman	
IX	Guam (GU)		Guam Dept. of Public Health & Social Services Ms. Julia Berg Government of Guam		11/27/98							Marci Spellman	
IX	Hawaii (HI)		Hawaii Department of Human Services Mr. Garry L. Kemp Assistant Administrator		11/27/98							Marci Spellman	
V	Wisconsin (WI)		Wisconsin Dept. of Workforce Development Mr. David Edie Office of child Care		11/27/98							Dorinda Smith	
VI	Arkansas (AR)		Arkansas Department of Human Services Ms. Janie Fletcher Director, Division of Child Care		11/27/98							Nancy Gordon	
VI	Oklahoma (OK)		Oklahoma Department of Human Services Ms. Prins Ella Anderson Program Administrator		11/27/98							Nancy Gordon	
VI	Texas (TX)		Texas Workforce Commission Ms. Sandra Smith Acting Department Director, CC/W&FCH		11/27/98							Nancy Gordon	
VII	Missouri (MO)		Missouri Department of Social Services Ms. Becky Houf		11/27/98							Dorinda Smith	
VIII	North Dakota (ND)		North Dakota Dept. of Human Services Ms. Sue Satterthwaite Administrator, Child Care Assistance Program		11/27/98							Sarah Mulligan	
VIII	South Dakota (SD)		South Dakota Department of Social Services Ms. Patricia Monson Program Manager		11/27/98							Sarah Mulligan	
VIII	Wyoming (WY)		Wyoming Department of Family Services Ms. Sue Bacon Economic Assistance Consultant		11/27/98							Sarah Mulligan	
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Map to Inclusive Child Care Project

Notes regarding selection

REGION 1

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Massachusetts	Yes
Connecticut	Yes
Maine	No

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

Maine did not comply with the requirement to limit team to 15 members

(they had 17).

HIGHEST RATED STATE

Applicant Massachusetts

Score 42

HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS*

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
MA	<ul style="list-style-type: none"> • Child Care Resource & Referral has multiple major efforts ongoing, including model of enhanced referral • State Ed. supports partnerships between preschool and child care with \$\$ as well as policies • EI system outreach toward child care • 13 statewide forums, Inclusive Communities • Statewide school-age inclusive effort plus local Boston initiative • Eligibility for subsidy, very innovative waivers to support children with disabilities • Support of child care accreditation 	<ul style="list-style-type: none"> • It is more suggestive of what might be available, very few specific commitments • No mention of travel costs, meals, in-state meetings costs or National Institute 	<ul style="list-style-type: none"> • Working Together Group going strong for 10 years • Map will be linked with it, there will be subcommittees or ad hoc members • Infrastructure has been moving in an inclusive direction since the 1980's 	<ul style="list-style-type: none"> • The only applicant that has representation from a school district that operates child care (a major national trend) • Level of \$\$ for child care and level of accreditation puts them at or near top of country in commitment to quality care
CT	<ul style="list-style-type: none"> • Career development system for early caregivers incorporating inclusion • Numerous project initiated by UConn Child & Family Studies • 5 region projects support accreditation • State Ed. actively supports partnerships between preschool and child care 	<ul style="list-style-type: none"> • General commitments to support project • Specific reference to meeting management, mailing, copying 	<ul style="list-style-type: none"> • Building on infrastructure of Special Needs Work group • Good access to key agencies and stakeholders 	<ul style="list-style-type: none"> • Child Care Resource & Referral serves as point of entry for Birth to Three services.

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
ME	<ul style="list-style-type: none"> • EI system geared to provision of therapy in inclusive child care sites (400 providers); DD Council has project related to further reduce reliance on special placements • LEARNS project (UAP) offered technical assistance statewide to many homes, Head Starts, etc. Also series on managing behavior (from ecological perspective) • Outreach site for Community Options (NH UAP), focuses on inclusive child care • Healthy Systems project promoting Head Start collaboration with child care • Upgraded certification system for family child care 1998 • Pushing for home visiting for all newborns 	<ul style="list-style-type: none"> • UAP offers specific commitments to space, equipment, refreshments, mailings, stipends and travel for family members as needed • Two other agencies make modest commitments 	<ul style="list-style-type: none"> • The Map team is an expansion of a team in place since 1996 • Good access to key agencies and stakeholders 	<ul style="list-style-type: none"> • Reiterates points made previously in the application

* There is no discussion on this form of team composition. That is because team composition is largely a matter of meeting requirements in the application, and in addition, respondents were told that "review panel will respect the knowledge of administrators... to determine appropriate team composition..."

Map to Inclusive Child Care Project

Notes regarding selection

REGION 2

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Puerto Rico	Yes ¹
Virgin Islands	Yes ²

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE

Applicant Puerto Rico

Score 27

¹ It does not appear that anyone represents Child Care Resource & Referral as it is known in most states. Also, it is not clear if there is a Healthy Child Care program (or if it is represented). However, the review has allotted them the full credit for their team, recognizing that interpretations of the application may vary in a different cultural context.

² It does not appear that they have 2 genuine representatives of child care providers (category C). However, the review has allotted them the full credit for their team, recognizing that interpretations of the application may vary in a different cultural context.

HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
Puerto Rico ¹	<ul style="list-style-type: none"> • UAP has inclusive training program • Model inclusive center for birth to three • Submitted numerous documents detailing current laws and regulations governing Part H/C, IDEA, ADA, and showing that materials on these topics have been distributed. Some unrelated to child care. • Detailed description of a consultation for one 19 mo. old child with cerebral palsy entering inclusive toddler program 	<ul style="list-style-type: none"> • Modest commitments from one agency • Meals and refreshments, transportation, all indicated • Translation 	<ul style="list-style-type: none"> • Makes reference to the existing interagency agreements that would allow project to continue • Suggests possible additional players and resources to sustain in future 	<ul style="list-style-type: none"> • Significant social problems, including high number of pregnancies at risk to produce young children with special needs
Virgin Islands	<ul style="list-style-type: none"> • CCDF \$\$ for University course, child care directors and staff, to promote inclusion • AGH of New Hampshire, doing 3 years of training to promote birth to 3 inclusion • Developing first Early Head Start, preparing for inclusive practices • UAP has created certificate program for inclusive early childhood • Regulations revised (new draft) to make consistent with ADA 	<ul style="list-style-type: none"> • Modest contributions based on Map being a committee of recently reconstituted Birth to 5 Interagency Council • Will pay child care, compensation for lost wages, expenses for meetings 	<ul style="list-style-type: none"> • Based on Map being a committee of Interagency Council, they expect Map recommendations to get good hearing from decision makers 	<ul style="list-style-type: none"> • Nothing added here that would specifically distinguish them from many other states.

¹ Many attachments (40-50 pp.) were submitted in Spanish. They were not read word for word, but sufficiently to get the gist of their significance.



Map to Inclusive Child Care Project

Notes regarding selection

REGION 3

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Pennsylvania	Yes
District of Columbia	Yes
West Virginia	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE

Applicant D.C.

Score 32

HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS*

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
PA	<ul style="list-style-type: none"> • Training system, locally driven, much data on inclusion, training disseminated to providers • Healthy Child Care efforts sound stronger than many other states • \$\$ to address behavioral concerns in child care through CCR&Rs • Higher rates and set-aside funds, kids w/ special needs jump waiting lists • EI system has strong focus on outreach to child care, staff position, joint involvement in training's, Child Care Plus • Collaborative infrastructure to blend systems working with young children, piloting in 2 local areas 	<ul style="list-style-type: none"> • Because they combined response to this question and the next, they did not offer specific commitments to cover meetings, refreshments, stipends, travel or other logistics. It may be implicit but they received only minimal credit here. 	<ul style="list-style-type: none"> • Commitment to continuing several aspects of the infrastructure which are already in place, as well as all the funding streams in place to undergird future planning efforts. 	<ul style="list-style-type: none"> • They didn't provide any additional reason that would set their application apart from any other.
WV	<ul style="list-style-type: none"> • A unique 4-semester apprenticeship program • State Ed. funds public school partnerships with child care for SAC • Summer (free) inclusion institute at Marshall U. • Have sought technical assistance from NCCIC around licensing • Part C actively reaching out to child care 	<ul style="list-style-type: none"> • 3 agencies to cover meeting costs, including meals • commitments for logistics, family stipends, travel • will pool resources for community event as decided 	<ul style="list-style-type: none"> • Pledges continuation of current infrastructure that promotes collaboration • Pledges continued availability of resources for inclusive child care 	<ul style="list-style-type: none"> • High rural, high poverty, mostly family child care • Several pieces in development (expansion of Child Care Resource & Referral, work plan for inclusion, licensing revision); the time is ripe for

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
DC	<ul style="list-style-type: none"> • Variety of training projects for providers • Several institutes and technical assistance projects related to inclusive care based at local universities, at NIUSI and at Lt. Joseph P. Kennedy Institute • Long listing of activities, but not clear how all relate to inclusive child care 	<ul style="list-style-type: none"> • Modest but specific commitments to support meetings • Will fund family stipends, subs in child care (limited) 	<ul style="list-style-type: none"> • Commitment to continuing infrastructure already in place • They pledge Part C \$ in form of grants to support Map plans 	<ul style="list-style-type: none"> • Part C, TANF, Child Care, Head Start, Healthy Child Care all under one roof • Design how inclusion can work best in urban multi-cultural setting

* There is no discussion on this form of team composition. That is because team composition is largely a matter of meeting requirements in the application, and in addition, respondents were told that "review panel will respect the knowledge of administrators... to determine appropriate team composition..."

Map to Inclusive Child Care Project

Notes regarding selection

REGION 4

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Georgia	Yes
Florida	Yes ¹

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE

Applicant Florida

Score 44

¹ FL is the only state that counted their state child care administrator as the sole representative in the Policy maker/Legislator category. They have been judged as meeting the criterion but one point was deducted for team composition.

HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS*

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
GA	<ul style="list-style-type: none"> • Strategic planning on this issue since 1997, with goals identified • One of 5 states doing Project Exceptional train-the-trainers • State Ed. supports after school for middle school kids • State pre-K program offers some opportunities for partnering with child care and for inclusion • Easter Seals operates child care and trained providers from 200 centers 	<ul style="list-style-type: none"> • Modest commitments for meetings, stipends, substitutes 	<ul style="list-style-type: none"> • Major investment already made, larger group of players already exists for Map to be a part of • Coordinator already in place • Pilot projects already initiated, others to follow • Initial objectives have been met already 	<ul style="list-style-type: none"> • One new piece of work already gained attention from FL House of Representatives
FL	<ul style="list-style-type: none"> • Screening preschoolers through Child Care Resources & Referral • Revisions/additions to child care training curricula on inclusion • PIP and EZPIP (Mailman Center) initiatives on inclusive child care • DD Council supported manual for inclusive child care, through Child Care Resource & Referral • Higher Reimbursements to accredited homes, centers (Gold Seal) 	<ul style="list-style-type: none"> • DD Council has already funded a staff position to coordinate continued implementation of plans • Other commitments include meals, refreshments, other logistics 	<ul style="list-style-type: none"> • DD Council, Child Care Council and Part C recently put together task force on this issue; now Map will be a part of that • They already have mandate to assess gaps, develop legislative agenda • They have pipeline to top, cabinet level 	<ul style="list-style-type: none"> • New Governor has targeted child care as a major initiative • Map Policy members is Asst. Floor Manager in state Senate, member of Appropriations and Chair of Health and Human Services

* There is no discussion on this form of team composition. That is because team composition is largely a matter of meeting requirements in the application, and in addition, respondents were told that "review panel will respect the knowledge of administrators... to determine appropriate team composition..."

Map to Inclusive Child Care Project

Notes regarding selection

REGION 5

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Minnesota	Yes ¹
Illinois	Yes
Michigan	Yes
Ohio	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE

Applicant Illinois

Score 36

¹ They identify 3 team members in category D. However, none are directly involved (as best I can determine) in services to children with disabilities. I judged that they meet criterion but deducted one point for team composition.

HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS*

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
Minnesota	<ul style="list-style-type: none"> • 19 Project Exceptional team • Innovative approaches in respite care, also in permitting use of county funds for inclusive child care and school funds for inclusive SAC (not clear how much actually happens) • Disability added to law requiring Cultural Dynamics training 	<ul style="list-style-type: none"> • Minimal commitments 	<ul style="list-style-type: none"> • Project Exceptional is viewed as major, ongoing interagency commitment • Other aspects of infrastructure are viewed as ongoing supports to inclusive child care • They refer to sustainability of inclusive child care efforts, rather than to Map itself 	<ul style="list-style-type: none"> • Will invite others not on team to join subcommittees (difficult to restrict to 15) • New Governor's wife is active in supporting special education and they have a child with disabilities (they mentioned this in earlier part of application but I am counting it here)
Illinois	<ul style="list-style-type: none"> • Inclusion Leadership directory • Child Care Resource & Referral submits annual plans for inclusion • Early Choices for preschool inclusion (3-5 yr. Olds) • Innovative Easter Seal center doing outreach and training child care substitutes • New (1998) AT. Legislation 	<ul style="list-style-type: none"> • Modest commitments from 7 agencies, not very firm or specific 	<ul style="list-style-type: none"> • Due to recent reorganization of state gov't, looking at several different ways to sustain support for inclusive child care • Committed to Map team as decision maker to figure out where to place the locus of the ongoing efforts 	<ul style="list-style-type: none"> • Unusual suggestion to examine how protective services can coordinate child care for foster families, also need for review of SSI rules • Huge \$\$ • Commitments to child care; now 2nd to CA in spending on child care (they wrote this in earlier section but I'm giving credit here)

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
Michigan	<ul style="list-style-type: none"> • Training of providers • Over half of quality improvement grants (in part) related to inclusion • Child Care Resource & Referral offers enhanced referral for families of children with disabilities 	<ul style="list-style-type: none"> • Part C will fund costs of 2-day in-state meeting, including meals, plus child care, travel • Part C will fund parents to National Institute • Other modest commitments 	<ul style="list-style-type: none"> • Identifies ongoing infrastructures and system reform efforts that Map initiatives could be linked with 	<ul style="list-style-type: none"> • Mentions possible strong connections to labor unions of companies as home of auto industry • Cites state's role as national leader in infant mental health, also parent leadership
Ohio	<ul style="list-style-type: none"> • They acknowledge that due to giving control over CCDF funds to 88 counties, they don't have as complete a picture as other states • State has web site for parents to search for providers • Many interesting local efforts • Great project in Cleveland area (not CCDF \$) to prevent children with behavior problems from being expelled from child care • Some efforts cited are not inclusive but geared to separate child care for children with disabilities • One of two provider representatives on team operates segregated program 	<ul style="list-style-type: none"> • Modest, not very specific commitments from state agencies • Statewide video conferencing offered 	<ul style="list-style-type: none"> • Application was endorsed by a Cabinet Council and a day-care advisory council, which ensures that any proposals will be given serious consideration at high levels of state government 	<ul style="list-style-type: none"> • Expansion of Head Start using state \$\$ unparalleled by any other state

* There is no discussion on this form of team composition. That is because team composition is largely a matter of meeting requirements in the application, and in addition, respondents were told that "review panel will respect the knowledge of administrators... to determine appropriate team composition..."

Map to Inclusive Child Care Project

Notes regarding selection

REGION 6

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Louisiana	No

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

The two team members listed in category A (family members/consumers
of inclusive child care) are not family members nor proper representatives
of that category. In their own resumes, which the team submitted
unsolicited, neither identifies advocacy for parents of children with
disabilities as part of their personal or professional history.

HIGHEST RATED STATE

Applicant Louisiana

Score 21

HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS*

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
Louisiana	<ul style="list-style-type: none"> • Long, detailed description of activities and outcomes to date of a single inclusive child care project conducted in conjunction with Child Care Resource & Referral since 1996 • Listing of other activities and systems but not all connected with child care or inclusion • Ratios at all age levels made modestly stricter effective March 1999 	<ul style="list-style-type: none"> • 6 agencies have offered to provide "meeting space and resources as needed" with no further specifics 	<ul style="list-style-type: none"> • It appears that the team members are in the early states of discussion with each other about Map and inclusive child care. Thus commitments are generally to the well-being of children and families, not yet to Map Project 	<ul style="list-style-type: none"> • Entire team supplies resumes (and about 2/3 wrote letters) to demonstrate the degree of their enthusiasm. (It didn't really provide an additional reason but earned them 2 points anyway).

* There is no discussion on this form of team composition. That is because team composition is largely a matter of meeting requirements in the application, and in addition, respondents were told that "review panel will respect the knowledge of administrators... to determine appropriate team composition..."

Map to Inclusive Child Care Project

Notes regarding selection

REGION 7

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Missouri	Yes
Kansas	Yes
Nebraska	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE

Applicant MO

Score 39

HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS*

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
Missouri	<ul style="list-style-type: none"> • All DOH funded child care training to incorporate special needs info • 100 local health agencies doing on-site consultants, etc. • Special needs task force (1996) got baseline data, doing strategic planning • CCR&Rs moving to enhanced services for families with special needs • Model center, KC YWCA • Higher rates for accredited centers 	<ul style="list-style-type: none"> • All resources are <u>already</u> in place and will continue with or without Map, for their Special Needs Task Force • Lunch for meetings, travel expenses for family members and providers • Paid facilitator 	<ul style="list-style-type: none"> • When Map application not approved in Yr. 1, they went ahead and secured resources and began strategic planning anyway. • Travel, including to National Institute (not clear how many will be supported) • Plan to replicate a nurse consultant model called First Start 	<ul style="list-style-type: none"> • A clever and eloquent statement that doesn't really add an additional reason (but earned them 1 point)
Kansas	<ul style="list-style-type: none"> • CCDF \$\$ went to "time study" • Numerous KITS activities • KAEYC/Kansas Head Start do joint conference • Working on regulatory changes to permit medications in child care 	<ul style="list-style-type: none"> • The home agency of the state child care administrator will put up \$7500, which can go toward National Institute travel or other needs • Others at low level and not specific 	<ul style="list-style-type: none"> • November 1997 Summit gave birth to ongoing Task Force • Other ongoing commitments identified 	<ul style="list-style-type: none"> • A nice statement but just reiterating what's already presented in the application
	•	•	•	•

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
Nebraska	<ul style="list-style-type: none"> • Medicaid waivers have been granted to pay for child care for kids up to 18 with DD • Continuity grants for full-day Head Start and school-age • Regional training to unify the early childhood field • Funds for accreditation efforts, plus higher state rates for those accredited • Not always clear what the relationship is between the activity and Map • Too much listing of activities, systems. If applicant describes a project that took place 3-5 years ago, the reviewer wants to know: was there an outcome? A follow up? Has it led to some new insight incorporated here? 	<ul style="list-style-type: none"> • Relatively generous commitments for cooking meals, refreshments, child care for in-state events • No reference to covering expenses to National Institute 	<ul style="list-style-type: none"> • Fairly general. Early Childhood Training Center has been identified as the focus of future coordination • Current resource commitments are expected to continue. 	<ul style="list-style-type: none"> • Expression of enthusiasm and commitment but no additional reasons

• There is no discussion on this form of team composition. That is because team composition is largely a matter of meeting requirements in the application, and in addition, respondents were told that "review panel will respect the knowledge of administrators... to determine appropriate team composition..."

Map to Inclusive Child Care Project

Notes regarding selection

REGION 8

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Montana	Yes
Colorado	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE

Applicant Colorado

Score 50

HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS*

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
Montana	<ul style="list-style-type: none"> • Merit pay as reward for training (inclusion or any topics) • Expansion grants for full day Head Start in collaboration with child care • Child Care Plus training and self-study courses • Licensing staff augmented • Aside from Child Care Plus, focus is on overall quality improvement and service expansion 	<ul style="list-style-type: none"> • Child care for Map meeting participants • Travel and per diem for Map participants (to D.C.?) • 3 agencies offer other low-level commitments 	<ul style="list-style-type: none"> • Currently involved agencies will continue same level of commitment, and with a comprehensive plan, perhaps increase 	<ul style="list-style-type: none"> • Strategic opportunity to move inclusion to forefront of efforts for quality (confirms that most of what they've done up to now acknowledges but does not focus on kids with special needs)
Colorado	<ul style="list-style-type: none"> • Bonuses and salary boosts in connection wt. Some training • Statewide CCR&R has inclusion position/initiative • 3 counties use quality improvement \$ for inclusion; 2 counties have mental health \$ for inclusive child care consultation • "Youth buddies" for school-agers • Counties can go up to double rates for TANF kids with special needs • Many other activities focus on overall quality 	<ul style="list-style-type: none"> • Letters from nearly every agency verifying their buy-in • Funds for parents to National Institute • Significant staff time from several agencies 	<ul style="list-style-type: none"> • They already have in place several interagency structures that are offering buy-in to the project. It's a very convincing presentation, as the members are not speaking for themselves alone but demonstrating that they represent much larger groups with decision making power and resources. 	<ul style="list-style-type: none"> • CO is devolving many decisions to local level • CO has ability to waive nearly any state requirement, combine categorical \$ streams, etc. • CO can learn but also Map and the county can learn from CO through studying these efforts

* There is no discussion on this form of team composition. That is because team composition is largely a matter of meeting requirements in the application, and in addition, respondents were told that "review panel will respect the knowledge of administrators... to determine appropriate team composition..."

Map to Inclusive Child Care Project

Notes regarding selection

REGION 9

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Nevada	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE

Applicant Nevada

Score 29

HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS*

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
Nevada	<ul style="list-style-type: none"> • Worked on ADA compliance with licensors, providers • UAP and others trained 126 providers (family child care) on inclusion • Brought in Project Exceptional 	<ul style="list-style-type: none"> • 5 agencies have made commitments at modest level 	<ul style="list-style-type: none"> • 3 agencies already committed to model inclusive inf.-toddler center • 4 agencies committed to develop coordinated system for sharing training information • They <u>should</u> mention here becoming part of Child Care Steering Committee, formed in 1998 (mentioned earlier). Wouldn't this assure sustainability? 	<ul style="list-style-type: none"> • Recognize importance of out-of-state experts lacking a personal or professional agenda within the state

* There is no discussion on this form of team composition. That is because team composition is largely a matter of meeting requirements in the application, and in addition, respondents were told that "review panel will respect the knowledge of administrators... to determine appropriate team composition..."

Map to Inclusive Child Care Project

Notes regarding selection

REGION 10

STATES (OR OTHER ENTITIES) APPLYING FOR PARTICIPATION	APPLICATION MET ALL CRITERIA?
Alaska	Yes ¹
Washington	Yes
Idaho	Yes

EXPLANATION (FOR ANY APPLICANT THAT DID NOT MEET CRITERIA)

HIGHEST RATED STATE

Applicant Washington

Score 40

¹ The state administrator was unable to say (in response to a query from U. Conn. staff) how the person identified as representing Head Start was associated with Head Start. ("They have some kind of contract...") Although they were judged as meeting the criteria, one point was deducted for team composition.

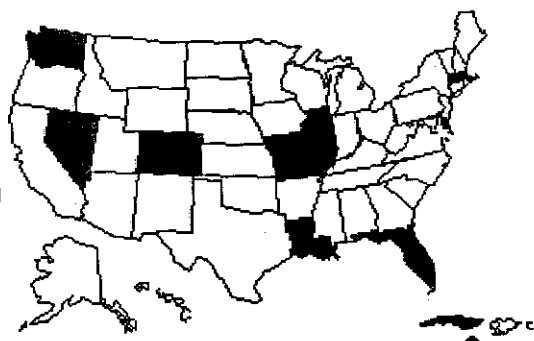
HIGHLIGHTING STRENGTHS AND WEAKNESSES OF APPLICATIONS*

Applicant	Recent efforts	Resources for Project	Sustainability	Additional reasons
Alaska	<ul style="list-style-type: none"> • Plans for nurse consultant role • Alaska IN training birth to 12 for natural environment • Annual inclusion awards from DEC/NAEYC 	<ul style="list-style-type: none"> • 5-6 agencies to pay for attendance and travel, National Institute • Other low-level commitments 	<ul style="list-style-type: none"> • Continuation of current commitments • CCR&R is key 	<ul style="list-style-type: none"> • One of 2 states to end all institutionalization, leaving more children at home in need of child care
Washington	<ul style="list-style-type: none"> • Child Care Resource & Referral able to report number of special needs request (1485) • Health consultation pilots • Links between respite and child care through DDD • Orientation of providers • Head Start/Child Care partnerships 	<ul style="list-style-type: none"> • Specific but low-level commitments from 3 agencies 	<ul style="list-style-type: none"> • In 1998, they formed a task force and already are meeting and committed to continuing, including cost commitments. 	<ul style="list-style-type: none"> • Possible connection to high profile Early Learning Commission chaired by Gov. Locke's wife and Melinda Gates (spouse of Microsoft Bill)
Idaho	<ul style="list-style-type: none"> • Legislature made infant ratios better in 1998, and school-age worse • Lots of local projects 	<ul style="list-style-type: none"> • Teleconferencing, video-conferencing • Other low-level commitments 	<ul style="list-style-type: none"> • Individual statements quoted • CCR&R viewed as key 	<ul style="list-style-type: none"> • They are candid about being ranked last in the nation • Providers have to work against the tide – and need help

* There is no discussion on this form of team composition. That is because team composition is largely a matter of meeting requirements in the application, and in addition, respondents were told that "review panel will respect the knowledge of administrators... to determine appropriate team composition..."

POINTS ASSIGNED TO STATES IN MAP APPLICATION, YEAR 2

Region	State	Team	Recent efforts	Resources	Sustain-ability	Additional	Total
	Maximum	10	15	10	15	5	55
8	1. Colorado	10	10	10	15	5	50
4	2. Florida	9	9	8	15	2	43
1	3. Massachusetts	10	15	2	12	3	42
10	4. Washington	10	13	4	12	1	40
7	5. Missouri	10	10	6	12	1	39
5	6. Illinois	10	11	4	7	4	36
1	7. Connecticut	10	9	4	10	2	35
4	8. Georgia	10	5	3	12	5	35
7	9. Kansas	10	7	7	10	0	34
10	10. Alaska	9	10	6	7	2	34
10	11. Idaho	10	5	4	10	5	34
8	12. Montana	10	8	6	5	4	33
1	13. Maine	9	10	5	8	0	32
3	14. District of Columbia	10	5	4	10	3	32
5	15. Minnesota	9	10	2	7	4	32
3	16. West Virginia	10	5	6	7	3	31
5	17. Michigan	10	5	7	7	2	31
3	18. Pennsylvania	10	9	2	8	0	29
9	19. Nevada	10	5	4	8	2	29
5	20. Ohio	10	5	3	7	2	27
7	21. Nebraska	10	5	5	7	0	27
2	22. Puerto Rico	10	4	5	5	3	27
2	23. Virgin Islands	10	5	4	7	0	26
6	24. Louisiana	8	4	2	5	2	21



Map to Inclusive Child Care

Map to Inclusive Child Care Ranking of Year Three States

Region	Rank	State	Met Qualifications?
1	3	Maine	Yes
	4	Connecticut	Yes
2	8	Virgin Islands	Yes
3	2	West Virginia	Yes
5	7	Minnesota	Yes
	7	Wisconsin	Yes
	9	Ohio	Yes
7	8	Nebraska	Yes
8	1	Montana	Yes
9	5	Arizona	Yes
10	6	Alaska	Yes

Appendix E

April 25, 1998

«Title» «FirstName» «LastName»
«Address1»

Dear «Title» «LastName»:

I am so happy that I will be working with you on inclusive child care. I am also happy to be able to tell you that our technical assistance will last through December 31, 1998.

You will be contacted by «IncluSpec» during the next week in order to set up an orientation call with you and as many of your team members as possible. I also want to tell you that the National Institute dates are August 27 and 28, 1998, in Washington, D.C.

I am really looking forward to coming to «State» and meeting with you and your team.

Sincerely,

Mary Beth Bruder, Ph.D.
Project Director
Map to Inclusive Child Care

MBB/ltp

April 25, 1998

«Title» «FirstName» «LastName»
«Address1»

Dear «Title» «LastName»:

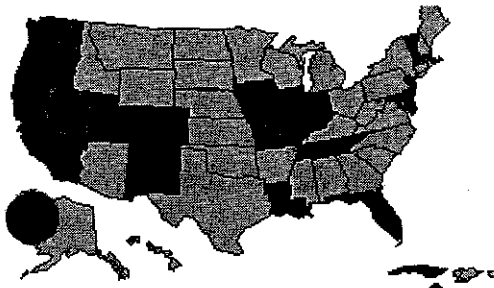
I am sorry that I will not be working with you this year on the *Map to Inclusive Child Care Project*. I want to tell you that your application was impressive in its own right, and the Child Care Bureau had a difficult time choosing only one applicant in each region. The applications were also chosen to represent a range of state issues.

I would like to encourage you to continue to work with your team on inclusive child care. I also offer my assistance to help you brainstorm ways that your state can continue its momentum in this area. Most importantly, I want to thank you for your efforts and commitment to children with disabilities.

Sincerely,

Mary Beth Bruder, Ph.D.
Project Director
Map to Inclusive Child Care

MBB/ltp



Map to Inclusive Child Care

March 26, 1999

«Title» «FirstName» «LastName»
«JobTitle»
«Company»
«Address1»
«Address2»
«City», «StateAbr» «PostalCode»

Dear «Title» «LastName»:

I am pleased to announce that the Child Care Bureau, Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services has announced the ten states that have been chosen to participate in the *Map to Inclusive Child Care Project* for 1999. The states are:

Region I	Massachusetts
Region II	Puerto Rico
Region III	Washington, DC
Region IV	Florida
Region V	Illinois
Region VI	Louisiana
Region VII	Missouri
Region VIII	Colorado
Region IX	Nevada
Region X	Washington (state)

The task of choosing these ten was extremely difficult as we had 24 applications that were all impressive. The ten applications were chosen to represent a range of state issues, and the 14 that did not get chosen should receive recognition for their efforts at putting their applications together. I am just sorry that we had to limit our choice to ten this year.

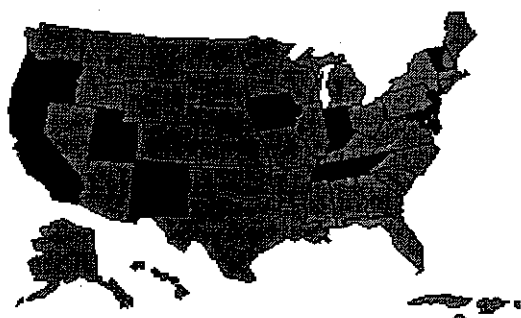
If you need further information on the project, please don't hesitate to call me.

Sincerely,

Mary Beth Bruder, Ph.D.
Project Director, *Map to Inclusive Child Care*

University of Connecticut Health Center
Division of Child and Family Studies
263 Farmington Avenue – Dowling North, MC 6222
Farmington, CT 06030

Telephone: (860) 679-4632
Fax: (860) 679-1368
e-mail: Bruder@nso1.uchc.edu
e-mail: holtz@nso1.uchc.edu



Map to Inclusive Child Care

March 23, 1999

«Title» «FirstName» «LastName»
«JobTitle»
«Company»
«Address1»
«Address2»
«City», «StateAbr» «PostalCode»

Dear «Title» «LastName»:

I am sorry that I will not be working with you this year on the *Map to Inclusive Child Care Project*. I want to tell you that your application was impressive in its own right, and the Child Care Bureau had a difficult time choosing only one applicant in each region. This was especially true in your region, as the applications were so close in scores.

I would like to encourage you to continue to work with your team on inclusive child care. I also offer my assistance to help you brainstorm ways that your state can continue its momentum in this area. I am well aware that this is your state's second application. In recognition of this commitment, I would like to invite one member of your team to join us at our National Institute to be held in Washington DC on August 12th and 13th. We are currently working with the Child Care Bureau on our year 3 scope of work, and will be working with you to explore ways to have your team involved. Most importantly, I want to thank you for your efforts and commitment to children with disabilities.

Sincerely,

Mary Beth Bruder, Ph.D.
Project Director
Map to Inclusive Child Care



DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Children and Families
Administration on Children, Youth and Families
330 C Street, S. W.
Washington, D. C. 20201

January 19, 2000

«Title» «FirstName» «LastName»
«JobTitle»
«Company»
«Address1»
«Address2»
«City», «State» «PostalCode»

Dear «Title» «LastName»:

Congratulations! Your state is one of 11 states selected to participate in the MAP to Inclusive Child Care Project.

Soon you will be contacted by «TASStaff», a Map Project staff member who will inform you about the technical assistance that you will receive as part of the project. A copy of your application has been given to the National Child Care Information Center where the information will be made available to people around the country. The time you invested in writing the application will benefit others who are working toward the same goals.

Thank you for helping to lead the way toward enhanced quality and inclusiveness in our child care services. Best wishes with your state efforts. I look forward to the lessons that we will all learn from your participation in the Map Project.

Sincerely,

Charlotte Brantley

Charlotte M. Brantley
Associate Commissioner
Administration on Children, Youth and Families
for Child Care

Ms. Yvonne Chase
Dept. of Education & Early Development
333 West 4th Avenue
Suite 220
Anchorage, AK 99501-2341

Ms. Dianne Stetson
Office of Child Care&Head Start
Dept. of Human Services
11 State House Station
Augusta, ME 04333

Ms. Pat Urzedowski
NE Dept. of Health & Human Services
PO Box 95044
Lincoln, NE 68509-5044

Ms. Judith Curry
West Virginia Dept. of Health & Human
Resources, Office of Social Services
State Capitol Complex
Bld. 6 Room 850
Charleston, WV 25303

Ms. Connie Shorr
Dept. of Economic Security
1789 W. Jefferson
801-A
Phoenix, AZ 85007

Ms. Barbara O'Sullivan
Dept. of Children, Families & Learning
1500 Highway 36 West
Roseville, MN 55113

Dr. Susan Ignelzi
Ohio Dept. of Human Services, Bureau of
Child Care
65 E. State Street
5th Floor
Columbus, OH 43215

Ms. Jane Penner-Hoppe
Wisconsin Child Care Improvement Project
802 West Lakeside Street
PO Box 369
Hayward, WI 54843

Ms. Patrica Wilson-Coker
Dept. of Social Services
25 Sigourney Street
Hartford, CT 06106

Ms. Patti Russ
Early Childhood Bureau
PO Box 202952
Helena, MT 59620-2952

Ms. Velven Samuel
Dept. of Human Services
1303 Hospital Ground
Knud Hansen Complex Bldg. A
Charlotte Amalie, Virgin Islands 00802

Appendix F

Year 1 Orientation Calls
Schedule

STATE	DATE
New Mexico	5/11/98
Oregon	5/12/98
Indiana	5/22/98
Maryland	5/22/98
Utah	5/28/98
Iowa	5/29/98
Vermont	6/1/98
California	6/1/98
Tennessee	6/10/98
New Jersey	6/11/98

Map to Inclusive Child Care Project
TELEPHONE ORIENTATION CALL

AGENDA

Map Project Staff

- Mary Beth Bruder, Project Director
- Dale B. Fink, Project Co-Director
- Johnna Timmes, Inclusion Facilitator

Federal Project Officer

- Lillian Sugarman, Child Care Bureau, U.S. Department of Health and Human Services

- I. Introductions of Map staff (and, if participating, Federal Project Officer and/or regional federal staff) to state team members
- II. State team members introduce themselves
- III. What the Child Care Bureau hopes will result from this project
- IV. The national context for inclusive child care (Map staff)
- V. Overview of Map project commitments and tasks
 - A. Strategic planning
 - B. State event
 - C. National Institute--August 27, 28, 1998, Washington, DC
 - D. 40 hours of technical assistance
 - E. Ongoing telephone support from your team's Map liaison will continue at least through December 31st rather than ending when the fiscal year ends on Sept. 30.
 - F. Upcoming audio teleconferences
- VI. The state and local context for inclusive child care (State team member/s)
 - A. Overview and highlights of the state's application.
 - B. What are some of the issues you have identified?
 - C. Are there any new developments since the writing of the application?
- VII. Resources--Yours and ours
 - A. What kinds of support we can provide for various phases of the project
 - B. What kinds of support will you be able to generate within your state
 - C. Procedures for reimbursements for authorized expenses, etc.
- VIII. Discuss preferred time and location for 2 day strategic planning
- IX. Questions, comments, next steps

Year 2 Orientation Calls
Schedule

STATE	DATE
Colorado	4/19/99
Washington	4/19/99
Illinois	4/20/99
Missouri	4/21/99
Massachusetts	4/27/99
Nevada	4/30/99
Puerto Rico	5/99
Florida	5/99
Louisiana	5/99
Washington, DC	6/3/99

Map to Inclusive Child Care

Orientation Conference Call

Agenda

A. Introduction of Self

- Who are you, what is your background in childcare, how did you become involved, or area of expertise.
- Description of your role

B. Introduction of Maps

- What is the MAP project, background, connection with the Child Care Bureau

C. Introduction of Team Members

- Ask your liaison how to handle the introductions. Either have people jump in with intros one after another or have the liaison address each individually.
- Encourage them to describe their affiliations with any pertinent organizations.
- Describe how they will be an asset to the team.

D. National Institute

- 2 day strategic plan
 - TA
 - Community Event
 - National Institute
-
- This is where it is imperative that they understand the commitment to MAPS. Both time and "in kind" financial.

- This is also where they might have the most questions

E. Strategic Planning

- Agenda - basic
- Where/What – the date may not be set at this point but coordinate with the team liaison to determine the best course of action in finding a successful date for the 2 day planning session.
- Funding – again re-iterate, this is funded by the Child Care Bureau “no frills”, it was actually designed for the CCB and the states to divide the costs which is not what is happening but when they search for places to meet, etc. it would be a good idea to search out avenues that could assist financially (ie. Utilizing space for the planning meeting that does not cost anything, having travel reimbursed by their own agencies if this is feasible).

Year 3 Orientation Calls
Schedule

STATE	DATE	TIME
Maine	2/25/00	11:15am EST
Connecticut	2/15/00	9:30am EST
	3/14/00	12:30pm EST
Virgin Islands	2/11/00	1:00pm EST
	3/6/00	10:00am EST
West Virginia	2/28/00	8:00am EST
Ohio	2/18/00	1:30pm EST
Wisconsin	2/17/00	9:30am EST
Minnesota	2/23/00	2:30pm EST
Nebraska	2/17/00	9:00am CST
Montana	2/24/00	9:00am MNT
Arizona	2/23/00	1:00pm MNT
Alaska	2/15/00	3:00pm PST

Appendix G

Sample Two Day Agenda

Strategic Planning Meeting

Day 1

9:00-9:30	Introduction and Purpose of the Meeting
9:30-10:00	Review of the Team Discussions held at the National Institute
10:00-10:45	Creating a Vision: Beginning with Values
10:45-11:15	Break
11:15-12:00	Formulating a Mission: Future Outcomes
12:00-1:15	Lunch
1:15-2:15	Political Context: Federal, State, and Local
2:15-2:45	Opportunities for All
2:45-3:00	Break
3:00-3:30	Threats to the Momentum
3:30-4:30	Objective Setting
4:30	Close

Day 2

9:00-10:00	Prioritizing Objectives
10:00-10:45	Action Planning
10:45-11:00	Break
11:00-12:00	Action Planning
12:00-1:15	Lunch
1:15-2:15	Resource Allocation
2:15-3:30	Next Steps: Planning a Community Event
3:30	Close

Appendix H

Year 1 States	Vision	Mission
Vermont	Every family in Vermont has the right to comprehensive, high quality child development services appropriate for their children. Every Vermont community shall nurture the healthy development of young children and strengthen families. To support communities, the State of Vermont will create a unified system for child development services which shares common standards for quality and respects the diversity and uniqueness of individuals and of programs.	To assure a statewide system that promotes and supports safe, accessible, quality child care for Vermont families
New Jersey	All children in New Jersey will have equal access to affordable, high quality, developmentally-appropriate, culturally competent child care.	All agencies/individuals who work with children will join together to ensure that: <ol style="list-style-type: none"> 1. All providers will be trained and well compensated to care for all children, including those with individualized special needs. 2. Government will offer incentives to providers to encourage them to become inclusive sites. 3. Families, providers and trainers will have access to affordable on-going training based on identified needs. Government and other public and private sources will help subsidize the training. 4. Technical consultation from therapists, educators, health providers, and other related services will be readily accessible across all settings in which children participate. 5. Staffing guidelines including ratios and qualifications, will be set to support the needs of all children in early care and educational (child care) settings. 6. Information on services and resources will be consolidated and disseminated to all who need it. 7. All programs will be family-centered with opportunities for family involvement in planning and implementation. 8. Families will have the opportunity to choose from a full spectrum of early care and educational (child care) options, including: non-traditional hours, a variety of settings and twelve month programs. 9. Cultural competence will be demonstrated in all aspects of early care and education.
Maryland	By the year 2003, quality child care choices will be equally available, affordable and accessible for all families in their communities.	Education, training and support will empower families and communities to create atmosphere of celebration and acceptance for children of all communities.
Tennessee	In the year 2003 all children and families in Tennessee will have access to quality affordable child care in their community.	To support and enhance child care services in Tennessee so that they can include children with disabilities.
Indiana	Indiana's Map to Inclusive Child Care initiative envisions a child care system where all Indiana families have access to quality child care.	Through data collection, analysis, and dissemination the Map initiative will enhance the capacity of Indiana's child care system to include children and youths with disabilities and special health care needs.
New Mexico	By the year 2003, all New Mexico children, youth, families and caregivers will have access to a comprehensive system of responsive quality care, education and family support that enhances growth and development.	To take collaborative action which will result in a comprehensive, affordable system of quality care for all children.
Iowa	Iowa has a quality, comprehensive affordable child care system easily accessible by families for <u>all</u> families.	To advocate, create, and support systematic change and enhancements in order to achieve and maintain comprehensive, quality, and affordable child care for <u>all</u> children.
Utah	By the year 2003 in Utah, all children regardless of disability will have access to and full participation in quality, affordable and flexible child care that supports and strengthens the development of individual children, their families and communities.	The Utah Map Team will spearhead the formation of an inclusive child care system through public awareness, training and technical assistance, and collaboration with public and private agencies, community resources, families and legislators.
California	California's children with disabilities and other special needs have full access to quality inclusive child care that welcomes families and supports providers.	California's mission is to create a statewide system of support and resources that allow families and providers barrier free access to inclusive child care and youth services.
Oregon	The State of Oregon is committed to all children with disabilities and their families being able to choose appropriate quality care that is safe, community based, responsive to family needs and resources, affordable, accessible, and inclusive. The child care community will have access to the information, training, and resources necessary to ensure quality care. Policy makers and communities will be engaged in ongoing activities to support a comprehensive system of affordable care for children and youth with disabilities.	The mission of the Oregon Map team is to take lead to implement Oregon's strategic plan to access child care for children with special needs and their families.

STATE	OBJECTIVES - YEAR 1
VERMONT	<ul style="list-style-type: none"> To formalize some of the practices we have already put into place informally and to further expand at the state level practices that allow us to blend funding streams and work collaboratively to meet individual needs of children and families. To expand our state's efforts at mentoring of parents, early childhood professionals, and others, and to enhance the quality of mentoring and other training and support initiatives. Develop a Resource Directory, a published guide to services and community supports for family service providers.
NEW JERSEY	<ul style="list-style-type: none"> Build awareness among the general public and the policy makers of the critical need for child care that is responsive to the needs of children with disabilities and special needs. Assess the existing child care and determine the level of additional need for building the supply of inclusive child care as well the need for quality improvements. Develop training, support, and resources to assist the providers of center-based and home-based child care to meet the need for inclusive child care. Reach out to families of children with disabilities, to ensure that they are aware of the efforts underway to respond to their need for child care, and also to involve them in decision making about the further development of quality inclusive child care in New Jersey. Cultivate financial support for inclusive child care and to sustain the activities of the Map project team.
MARYLAND	<ul style="list-style-type: none"> Increase public awareness about issues regarding child care and children with special needs. Increase opportunities for training through collaboration. Expand support systems for child care providers and families. Expand support systems for child care providers and families. Maximize utilization of resources for child care. Provide leadership to facilitate legislation and policy.
TENNESSEE	<ul style="list-style-type: none"> Build Capacity for Quality Inclusive Child Care. Raise Public Awareness Regarding Children with Special Needs and Child Care. Influence State Policies To Make Them More Supportive of Inclusive Child Care.
INDIANA	<ul style="list-style-type: none"> Inform the general public and state policy makers of the need for all Indiana families, including families who have children with special needs, to have access to quality child care. Encourage policymakers, businesses, and the general public to invest the resources necessary so that all families have access to quality child care. Offer training and technical assistance to child care providers and support their efforts to welcome, include, and provide quality care for any family requesting it.
NEW MEXICO	<ul style="list-style-type: none"> Define the necessary supports to effectively meet the child care needs of children with disabilities and their families. Define how the implementation of these supports will impact child care for all children. Develop supportive public policies regarding inclusive child care. Create community expectations for inclusive quality child care for all children. Develop formalized agreements among key stakeholders (state agencies, public and private organizations involved with inclusive child care, etc.).
IOWA	<ul style="list-style-type: none"> Assist attitudinal changes [specify, among public or what constituency?]. Recognize and encourage businesses that institute policies supportive of families whose children need child care and whose children have special needs. Develop collaborations with other organizations (e.g., Iowa Business Council). Collect data on lost sick days in business due to lack of child care for employees. Build constituencies around inclusive child care (Parent Involvement Groups) [Be more specific here, more clear about role of parent involvement in building constituencies?].
UTAH	<ul style="list-style-type: none"> To promote knowledge and awareness among policy makers, service providers, and the general public of the benefits of including children with disabilities in child care settings. To provide access to training and technical assistance to all child care providers and parents to enhance their efforts to include children with disabilities in child care settings. To facilitate state and local level collaboration for the inclusion of children with disabilities in child care settings.

STATE	OBJECTIVES YEAR 1
CALIFORNIA	<ul style="list-style-type: none"> • Facilitate access and expand opportunities to inclusive child care that meets the individual needs of children and families. • Remove barriers to inclusion through changes in legislation, regulations and policies. • Develop the capacity of providers to care for children with special needs by improving training and ongoing supports. • Maintain a commitment to an ongoing coordinating body, with active representation from key stakeholders, that will promote the mission.
OREGON	<ul style="list-style-type: none"> • Policy makers and communities will be engaged in ongoing activities to support a comprehensive system of affordable care for children and youth with disabilities • The child care community will have access to the information, training, and resources necessary to ensure quality care.

Year 2 States	Vision	Mission
Massachusetts	<p>The Massachusetts Map to Inclusive Child Care Team supports children with disabilities becoming participating, contributing members of society by providing high quality care and education that:</p> <ul style="list-style-type: none"> ▪ Values all children ▪ Responds to the unique needs of families ▪ Enhances professionalism in the field ▪ Creates comprehensive services through collaboration ▪ Raises awareness and fosters positive attitudes towards child care ▪ Is fully funded. 	<p>The Massachusetts Map to Inclusive Child Care team is comprised of individuals who are committed to establishing a system for children and families of quality child care and education to ensure that all children, including those with disabilities, reach their maximum potential.</p>
Puerto Rico	<p>Inclusive communities in Puerto Rico, based on public policy that supports inclusion with collaborative agreements that foster quality, accessibility and availability of services centered in children, families and their communities.</p>	<p>To promote inclusion as an alternative of total quality services.</p>
Washington DC	<p>By the year 2002 the District of Columbia will have an available and affordable early care and education system that supports children with disabilities in becoming participating members of society.</p>	<p>The DC Map to Inclusive Child Care Team is parents, child care providers, and agency representatives taking action to design and implement a supportive, comprehensive, culturally competent child care system, for all children, including those with special needs, and their families.</p>
Florida	<p>In the year 2004, all children and families will have access to all facets of the community. All communities will ensure the support, respect and resources necessary for all children to pursue their dreams and visions.</p>	<p>The expansion of quality, affordable, accessible child care services in community-based settings for a wide range of children with disabilities and special health care needs, and would include infants and toddlers, preschoolers and school-aged children. Community-based settings would include child care programs, after-school care programs and early childhood programs.</p>
Illinois	<p>All children in Illinois, including children with special needs, have access to high quality comprehensive and affordable child care.</p>	<p>To implement a system of inclusive, quality child care to insure access for children with special needs.</p>
Louisiana	<p>Families of children with special needs will have choice and access to quality, appropriate and affordable child care within their communities with a network of support.</p>	<p>To increase the number of qualified child care providers through the coordination and integration of efforts across care and support systems for all children in inclusive child care environments.</p>
Missouri	<p>All families can choose and receive child care that meet their needs and the needs of their child(ren).</p>	<p>The Special Needs Child Care Task Force will promote and enhance the development of programs and systems throughout the state which supports:</p> <ul style="list-style-type: none"> ▪ Providers in offering quality, inclusive early care and education for children with special needs ▪ Parents in advocating for accessing quality care and education.
Colorado	<p>We envision a society that recognizes and enhances the value and potential of each child and family.</p>	<p>To develop, disseminate, and promote the statewide adoption of a plan which addresses inclusive child care in Colorado by:</p> <ul style="list-style-type: none"> ▪ Finding out what exists, ▪ Identifying resources, gaps and needs, ▪ Getting feedback from stakeholders, ▪ Making recommendations (a plan) that support implementation through collaboration.
Nevada	<p>We envision that Nevada will support communities so that all families have access to quality child care options that accept and nurture the full participation of all children as individuals in collaborative programs where families are involved, satisfied, and content.</p>	<p>Our purpose is to provide leadership throughout the state on issues of inclusion in child care by working with existing initiatives (and creating new initiatives when appropriate) by:</p> <ul style="list-style-type: none"> ▪ Identifying resources ▪ Policy development ▪ Outreach to community leaders ▪ Coordination of existing training and identifying gaps ▪ Needs assessment ▪ Increasing public awareness
Washington	<p>We envision communities throughout the state where all children, youth and families are valued, and have access to quality inclusive child care offered by providers who are fully supported by coordinated resources from all sectors of society.</p>	<p>To increase access to quality inclusive child care and out-of-school care for children and youth throughout the state of Washington.</p>

STATE	OBJECTIVES - YEAR 2
MASSACHUSETTS	<ul style="list-style-type: none"> • To determine data collection needs as they relate to child care and children with disabilities. • To develop a public awareness campaign that facilitates buy-in from key stakeholders and legislators.
PUERTO RICO	<ul style="list-style-type: none"> • Promote that children with disabilities enjoy their right to the same quality of life as their typically developing peers. • To help the community be aware of and value the potential that children with disabilities have. • To promote that all children have equal access to quality education, health services, and cultural and recreational experiences. • To facilitate changes in the services systems to strengthen the quality of life, the opportunity to make decisions and self-determination of families of children with disabilities. • To assume the leadership role in the collection, analysis, design and dissemination of information relevant to the processes of public policy regarding the promotion of inclusion. • To organize a network of institutions agencies, organization and individuals of diverse fields and abilities with a common agenda, to promote the inclusion of people with disabilities. • To develop initiatives directed to promote the rights of people with disabilities and their families.
WASHINGTON DC	<ul style="list-style-type: none"> • Providing available, affordable, accessible child care through 21. • Providing high quality, developmentally appropriate, culturally competent services. • Providing ongoing training and support. • Funding and providing comprehensive services. • Supporting families and staff. • Paying people well.
FLORIDA	<ul style="list-style-type: none"> • Inclusion booklet and provider survey will be mailed to providers. Return date deadline is August 2, 1999. Data analysis • Continuation of collaboration and accountability of the Inclusion Advisory Council through regularly scheduled meeting. • To increase the awareness of the need, benefits and requirements of inclusive settings for children. • To ensure that before and after school programs are financially and programmatically capable of serving children and young adults with disabilities and special health care needs
ILLINOIS	<ul style="list-style-type: none"> • Recruitment of identified stakeholders for the Team and/or work groups. • Identify and evaluate the current state system, assessing both gaps and needed changes. • Increase public awareness throughout the state of Illinois, including those providers not in the "system".
LOUISIANA	<ul style="list-style-type: none"> • To increase awareness of the general public on issues around inclusion and child care needs for families of children with special needs. • To produce and implement an innovative quality inclusion training programs for all early childhood professionals and parents consistent with the needs of their program. • To develop a collaborative partnership beginning with existing resources to support and to promote the opportunities for inclusion of all children. • To explore/integrate and blend funding and support sources for direct inclusion activities.
MISSOURI	<ul style="list-style-type: none"> • To decrease child care licensing regulatory barriers to inclusion of children with special needs. • To increase consumer education about finding quality child care and the need for inclusion of all children in child care settings. • To increase sharing and networking efforts across programs which deliver services to children and families in order to support inclusive child care. • To increase access to relevant data regarding the inclusion of children with special needs in child care.

STATE	OBJECTIVES - YEAR 2
COLORADO	<ul style="list-style-type: none"> • Develop a plan of action that addresses coordination of existing and needed resources for inclusive child care and education in Colorado. • Upon completion of the Map to Inclusive Child Care Plan, information will be disseminated statewide. • Support child care providers so they can provide quality services to all children (resources, training, consultative services, training materials, resource teams, immediate assistance, etc.) • Identify sources of funding to support implementation of the Map Project Plan through continued collaboration with all key stakeholders.
NEVADA	<ul style="list-style-type: none"> • Data: Collect data on family needs and provider issues related to inclusion. • Resources: Identify and access existing resources both fiscal and human/organizational to support inclusion. • School: By September 1, 2000, representatives of the Map to Inclusive Child Care Team will facilitate the expansion and development of programs in 7 of Nevada's 17 school districts that support a functioning model where preschool children with disabilities receive inclusive services in licensed child care facilities in collaboration with licensed school district staff. • Quality: Work with the Quality Training and Licensing Subcommittee to develop a five-year plan to improve licensing standards and incorporate issues of inclusion in the following child care quality components: teacher ratio, group size, training requirements and certification, and environments and materials.
WASHINGTON	<ul style="list-style-type: none"> • Identify and facilitate potential and existing linkages among successful/quality service providers who help families and providers caring for children and youth with special needs. • Develop a plan to educate and inform the general public and private sector about quality inclusive child care by March 1, 2000. • By July 1, 2000 we will embed issues of inclusiveness in the Washington State Training and Registry System (STARS) training.

Year 3 States	Vision	Mission
Alaska	On behalf of all children, we envision caring, learning communities that support and respect each person's potential and nurtures their joy and creativity.	On behalf of all children, we are committed to ensuring access to safe, nurturing, inclusive child care with a positive learning environment.
Arizona	All children are happy playing and learning together. There is affordable, accessible, accredited, developmentally appropriate, quality child care. There is adequate public and private support and training for families, children and staff to assure automatic inclusion for all children.	To realize our vision through shared resources and collective spirit!
Connecticut	All children will have equal access to an array of quality care and education options regardless of their disability, family income, social status, culture or language.	To create an inclusive early care and education system through public awareness, training, technical assistance, and collaboration with public and private agencies, community resources, family and policy makers.
Maine	Maine is a Child Care System will provide comprehensive seamless services; support a full array of services for children and families; ensure a continuum of appropriate training and support; achieve access to services; be fully funded; share vision, leadership, resources and accountability; and benefit children and families.	Maine's Map to Inclusive Child Care assures that the needs of children with disabilities (special needs?, differing abilities?) and their families are met as we collaboratively create a culturally responsive system that provides universal access to child care.
Minnesota	Communities weaving the common threads of knowledge, respect and sensitivity to create and sustain high-quality culturally responsive child care in which all children and their families belong and are nurtured.	The MAP team, with our partners, will build and maintain pathways to assure inclusive child care thrives throughout Minnesota.
Montana	In Montana, we share a vision that celebrates diversity and provides the necessary resources to ensure high quality choices for all children and their families.	Our mission is to educate and empower all Montanans in developing positive beliefs increasing knowledge and resources, and providing quality early childhood experiences that respond to the uniqueness of all children and their families.
Nebraska	We envision that all children thrive, learn and play together in optimally inclusive quality environments.	Our mission is to increase the availability and accessibility of quality child care for children with special needs.
Ohio	Families will have access to affordable, appropriate and quality child care choices to meet their individual needs.	The Ohio MAP Team will be dedicated to ensuring that community-sponsored quality child care is available and accessible to all families in Ohio.
Virgin Islands	We envision inclusive quality developmentally appropriate child care in a safe healthy environment in which all children are children first and comprehensive services are provided to meet each child's and family's needs.	To conduct community awareness and promote creation/expansion of quality inclusive child care options for all children.
West Virginia	West Virginia shows genuine respect and value for all children, including children who needs present special challenges. Children and families have the choices and information they need to access, utilize and benefit from all community settings. Community providers receive the support they need in helping children succeed through a statewide integrated system.	The role of the Map team is to: 1. Increase community awareness regarding the need for inclusive child care. 2. To promote integration of existing and the development of new collaborative efforts.
Wisconsin	All families have easy access to a range of high quality care and education services where all children are welcome and respected.	To assure that the interests of children with special needs and their families are integrated into planning, implementation, and evaluation efforts related to care and education services.

STATE	OBJECTIVES - YEAR 3
CONNECTICUT	<ul style="list-style-type: none"> • Develop a budget; identify partners and audience to create a framework for a statewide regional on-site technical assistance system. • Identify the stakeholders in Connecticut and invite key stakeholders to attend the May 30th meeting. • Plan on paper what would be reviewed at the National Institute.
MAINE	<ul style="list-style-type: none"> • Meet on a regular basis. • Publish calendar and other social marketing. • Identify effective practices (successes). • Make recommendations for Start ME Right. • Identify policies that appear to be in conflict. • Have a representative from child care on Children's Cabinet. • Explore doing a legislative summit on inclusive child care. • Compile existing data into a defensible statement of need.
VIRGIN ISLANDS	<ul style="list-style-type: none"> • To increase and maintain public awareness. Target audience: parents, families, child care centers, private and public agencies, businesses and corporations, churches, organizations, and clubs.
WEST VIRGINIA	<ul style="list-style-type: none"> • Increase community awareness regarding the need for inclusive child care. • To promote the integration of existing and the development of new collaborative efforts. • Quality child care communities.
MINNESOTA	<ul style="list-style-type: none"> • Identifying community resources. • Providing public awareness education and training. • Facilitating linkages between community partners and families. • Working toward effective systems change.
OHIO	<ul style="list-style-type: none"> • The team will have its own booth at the Ohio State Fair kicking off its Awareness Campaign for inclusive child care. • Resources: Solicit commitments for additional resources. • Create Map to Inclusive Child Care Web Page. • Data: Create and analyze the needs assessment using a survey and sample of what has been done.
NEBRASKA	<ul style="list-style-type: none"> • Marketing: Collaborate with the Early Childhood Training Center on its public engagement campaign to change the public will to advocate for and demand investment in high quality child care. • Become the Early Childhood Interagency Coordinating Council's (ECICC) task force on inclusive child care. • Quality: Develop a definition of quality for children, for child care, for child care for children with special needs and design quality indicators of child care for serving children with special needs. • Fiscal: to obtain monies with emphasis on state tobacco dollars to give incentives to provide quality child care. • Development and Support: Take steps to develop a process for replicating a consultative model to support child care providers and potential providers who are working with children with special needs.
ARIZONA	<ul style="list-style-type: none"> • Increase public awareness and education. • Increase support for child care providers. • Increase inclusion training for child care providers. • Identification of licensing/Administrative/and funding barriers. • Increase information that is available to parents.

STATE	OBJECTIVES - YEAR 3
WISCONSIN	<ul style="list-style-type: none"> • Buy In: To generate "buy in" for a broad based mission including our vision, assumptions and principles related to supports for Wisconsin's young children and their families. • To provide sufficient funding for implementing the system of supports for young children and their families. • Build a state level infrastructure and a network of state and community stakeholders that will act in partnership to ensure creation of a unified Early Childhood Care and Education System. • To ensure quality programs and developmentally appropriate services for all young children and their families. • To establish professional development structures and methods so as to attract, retain, and reward a quality workforce. • To ensure the provision of quality and appropriate services to children with disabilities in community settings.
MONTANA	<ul style="list-style-type: none"> • Produce a resource publication. • Raise Public Awareness: <ol style="list-style-type: none"> a. Develop/disseminate a press release to outline strategy(ies) of Map to Inclusive Child Care team b. Endorsement of partners for Map strategies. c. Development of Media Strategy (funding dependent). d. Legislative goals. e. Implement media campaign. f. Develop a set of questions for candidates. • Collaboration: Identify partners and engage them in dialogue and information sharing that leads to a shared mission of inclusion experiences for young children in Montana. • Training: <ol style="list-style-type: none"> a. Present one session at the Early Childhood Conference in Great Falls in October 2000, which features Map process and outcomes. b. Contact the keynote speaker for the conference and request inclusion to be embedded into his/her presentation. c. Everyone attending today who will present at the conference will embed inclusion into their presentation. d. Present a 5-hour "train the trainer" at the Early Childhood conference in October on "How to Embed Inclusion." e. Produce an informative variety of "tips sheets" for discussion and handout at the required trainings providers will attend this year and request presenters to use them. Also give to partner agencies. f. Request the Early Childhood Project staff to embed inclusion into their "Adult Learning" handout and as part of the "training session application." • Strategy <ol style="list-style-type: none"> a. Make child care an identified resource in IFSP/IEP planning process. b. Inform family support specialist (training/awareness) c. Point of entry (R&R) needs support to help all families with referrals. d. Revise the child care subsidy special needs rate.
ALASKA	<ul style="list-style-type: none"> • To integrate inclusion into all training opportunities. • By September 30, 2000, prevention associates will serve as a central location to compile professional development opportunities (in birth to 5 year old topics related to inclusion) for all interested people statewide (ILP, Child Care Resource and Referral, University, School District, Head Start, Etc.) • To develop a list of question consumers can ask local candidates about their support for inclusive child care and what they are willing to support by July 10, 2000. • To create financial incentives, professional development opportunities and recognition for child care providers who increase child care capacity for children with special needs. • To prepare and make recommendations to the MHTA for funding to improve accessibility in child care homes and centers.

Appendix I



Map to Inclusive Child Care

CALL- INSTRUCTIONS
for Teleconference of
Wednesday, July 15, 1998, 2:00 PM to 3:30 PM (EDT)

"How can we promote successful inclusion in family child care?"

We received your registration and we are delighted that you will be participating in the first national teleconference / discussion of the Map to Inclusive Child Care Project.

Call Conference Call USA at (312) 461-0943

We are enclosing an agenda for the teleconference call and handouts contributed by the speakers and facilitator. If you are inviting others to sit in on the call from your location, we encourage you to make sufficient copies of the handouts.

Please access the telephone conference call 5 to 10 minutes before the conference begins, and call Conference Call USA at (312) 461-0943. Inform the Conference Call USA staff that you are part of the "UCP Map Project" call being chaired by Dale Fink. If you call 5 to 10 minutes before the meeting, that allows the teleconference staff to confirm that you are registered and to notify the MAP Project staff that you are on the line.

Your telephone will automatically be muted, until the Question and Comment period is announced. At that time, you may participate in the discussion by pressing the number " 1 " button on your telephone keypad, which will put you in line for a comment or a question. (Press the " # " button to take yourself out of the queue.)

We are not distributing an evaluation form. However, upon completion of the call, the Map staff will be eager to hear feedback on any aspects of the teleconference call.

- For comments related to the contents or format of this call, or ideas for the contents and format of future calls, please address to Dale Fink (see contact information below).
- For comments related to the audio quality, the registration process, or other technical or organizational aspects related to the call, please address to Susan Chen (c/o Mary Beth Bruder's contact information, see below)

Thank you for participating!

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Map to Inclusive Child Care Project

"How can we promote successful inclusion in family child care?"

(An audio teleconference discussion)

Wednesday, July 15, 1998
2:00 to 3:30 Eastern Daylight Time

SPEAKER CONTACT LIST

SPEAKER	MAILING ADDRESS	PHONE, FAX, E-MAIL
Dale B. Fink	RD 2 Box 54 Pownal, VT 05261	(802) 823-9394 fax (802) 823-9350 dfink@ucpa.org
Daphne Cole	402 Andes Drive Columbia, TN 38401	(931) 381-4032 (phone and fax)
LaVerne Coleman	1110 N. Kealing Indianapolis, IN 46201	(317) 637-9276 no fax
Cyndi LaCroix	RR1 Box 1030 Moretown, VT 05660-9410	(802) 244-5239 no fax
Alda Jones	Family Connections UVSC/Continuing Education Orem, UT	(801) 222-8220 temporary fax: (801) 764-7325
Vicki Smead	The Arc of Multnomah 619 S.W. 11th Ave., #234 Portland, OR 97205	(503) 223-7279 fax (503) 223-1488 vsmead@mail.thearcmult. org
Sandy Gellert	National Child Care Information Center 243 Church St., NW, 2nd Fl Vienna, VA 22180	(800) 616-2242 fax (800) 716-2242 sgellert@nccic.org
Sandra Morris	Child Care Plus; M.U.A.R.I.D. University of Montana 52 Corbin Hall Missoula, MT 59812	(406) 243-5467, (800) 235- 4122 fax (406) 243-4730 slmorris@selway.umt.edu

Map to Inclusive Child Care Project

"How can we promote successful inclusion in family child care?"

(An audio teleconference discussion)

Wednesday, July 15, 1998

2:00 to 3:30 Eastern Daylight Time

LIST OF REGISTRANTS*

California

Ginger Barnhart Oakland, CA

Indiana

Linda Hankins Indianapolis, IN
Karen Pedevilla Granger, IN
Donna Roberts Indianapolis, IN
Deen Weinschrott Indianapolis, IN

Maryland

Arna Griffith Baltimore, MD
Jacqueline Richter Baltimore, MD
Sandra Skolnik Baltimore, MD
Nancy Lantz Baltimore, MD

New Jersey

Rhonda Moore-Younger Hillside, NJ
Sandy Sheard Trenton, NJ

New Mexico

Kay Bhakta Roswell, NM
Barbara Clivner Santa Fe, NM
Diana DelCampo Las Cruces, NM
Mette Pedersen Albuquerque, NM
Paula Pesits Albuquerque, NM
Kyle Smith Albuquerque, NM

Utah

Sheryl Allen Bountiful, UT
Tonia Gray Logan, UT
Tracy Halverson Salt Lake City, UT
Debbie Justice St. George, UT
Susan Ord Salt Lake City, UT

Vermont

Patricia Prelock Burlington, VT

Subcontractors

Abbey Griffin Zero to Three
Ruth-Ann Rasbold Federation for Children with Special Needs
Lynn White National Child Care Association
Terry Whitney National Conference of State Legislatures

Other

Terry Gnezda National Child Care Information Center

NOTE: * = (as of 7/9/98, 5:00 PM E.D.T.)

Map to Inclusive Child Care Project

"How can we promote successful inclusion in family child care?"

(An audio teleconference discussion)

Wednesday, July 15, 1998

2:00 to 3:30 Eastern Daylight Time

AGENDA

- I. INTRODUCTION/FRAMING THE TELECONFERENCE (Dale Fink)
 - A. Where are we in the Map Project?
 - B. Why begin with family child care?
 - C. Preview of our speakers, agenda, handouts
 - D. Procedure for joining the discussion
 - E. Confidentiality
- II. PERSONAL PERSPECTIVES OF FAMILY CHILD CARE PROVIDERS
 - A. Daphne Cole, Tennessee Map team member
 - B. Cyndi LaCroix, Vermont Map team member
 - C. LaVerne Coleman, Indiana Map team member
 - D. Discussion with all 3 providers
- III. REGIONAL PERSPECTIVES FROM CHILD CARE RESOURCE AND REFERRAL AGENCIES
 - A. Alda Jones, Utah Map team member, Director, Family Connections, Orem, Utah
 - B. Vicki Smead, Oregon Map team member, Director, Arc of Multnomah County, Portland, Oregon
- IV. NATIONAL PERSPECTIVES
 - A. Sandy Gellert, National Child Care Information Center
 - B. Sandra Morris, Child Care Plus
- V. RESPONSES, QUESTIONS, COMMENTS
 - A. Participants invited to share their own experiences
 - B. Ideas for state-level action
- VI. WRAP-UP



Map to Inclusive Child Care

CALL- INSTRUCTIONS

for Teleconference of

Wednesday, August 12, 1998, 3:00 - 4:30 PM (EDT)

**"Focus on infants and toddlers:
Opportunities and challenges of inclusion
in center-based child care"**

We received your registration and we are delighted that you will be participating in the second national teleconference / discussion of the Map to Inclusive Child Care Project.

Call Conference Call USA at (312) 461-0943

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Thank you for participating!

Mary Beth Bruder, Ph.D.

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Fax: (202) 776-0414
E-Mail: jtimmes@ucpa.org

● “Focus on infants and toddlers: Opportunities and challenges of inclusion in center-based child care?”

Wednesday August 12, 1998
3:00 to 4:30 PM, Eastern Daylight Time

Child care directors, inclusion project directors, university and national specialists in infant/toddler care and inclusion:

- ◆ Carole Brown, Kennedy Institute
- ◆ Vicki Youcha, George Washington University Grad School
- ◆ Abbey Griffin, ZERO to THREE
- ◆ Corinne Garland, Child Development Resources

*Dale Fink, Co-Director, Map to Inclusive Child Care Project,
will act as facilitator and discussion leader.*

• Add your voice to those above. • Start preparing now for your state's strategic planning. • Consider:

- Center-based child care is licensed by the state and often by a local licensing agency.
 - Because they serve many children, they offer excellent opportunities for Child Find and early intervention services to identify and work with children and families more efficiently.
 - Large national child care studies most often look at center-based care, and the results have been poor. Infants and toddlers are most likely to have poor quality care. 23% of babies under 36 months and 18.3% of infants under 12 months are in center-based care (1993 Census data).
 - Child care staff are among the lowest paid workers in the country, earning on avg. \$12,058 per year with no benefits.
 - Centers are under-staffed and their staff are un-trained especially for work with infants and toddlers in groups.
 - Licensing requirements are generally set at the minimum floor for health and safety. As of 1995, only 30 states required *ratios* of 4:1 for babies 9 months old; but 15 states allowed unacceptable *ratios* of 10:1. 19 states still have no *group size* requirements.
 - Very few states mention children with disabilities or the ADA in their state licensing requirements.
-

Map to Inclusive Child Care Project

Focus on infants and toddlers: Opportunities and challenges of inclusion in center-based child care (An audio teleconference discussion)

Wednesday, August 12, 1998
3:00 - 4:30 PM Eastern Daylight Time

SPEAKER CONTACT LIST

SPEAKER	MAILING ADDRESS	PHONE, FAX, and E-MAIL
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Vicki Youcha	Assistant Professor of Early Childhood Special Education George Washington University Graduate School 1775-B Duke Street Alexandra, VA 22314	Tel. (703) 299-0293 Fax (703) 299-0295 vyoucha@gwu.edu Primary resource: www.usdoj.gov/crt/ada
Abbey Griffin	Senior Associate ZERO to THREE: National Center for Infants, Toddlers and Families 734 15 Street, NW Washington, DC 20007	Tel. (202) 638-1144 Fax (202) 638-0851 A.Griffin@zerotothree.org
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Map to Inclusive Child Care Project

Focus on infants and toddlers: Opportunities and challenges of inclusion in center-based child care

LIST OF REGISTRANTS

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Ellen Broms	Sacramento, CA
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Nancy Remley	Sacramento, CA
Julie Schumacher	Stockton, CA
Pamm Shaw	Oakland, CA
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Pam Ray	Las Cruces
Kyle Smith	Albuquerque, N
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Alice Trujillo	Farmington, N

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Tonia Gray	Logan, UT
Tracy Halverson	Salt Lake City,
Debbie Justice	St. George, UT
Susan Ord	Salt Lake City,
Cathie Pappas	Salt Lake City,
Kathie Peterson	Alpine, UT

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Kathleen Paterson	Montpelier, VT
Patricia Prelock	Burlington, VT

LIST OF REGISTRANTS

((continued))

Subcontractors

Ruth-Ann Rasbold
Terry Whitney

Federation for Children with Special Needs
National Conference of State Legislatures

Other Participants

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Patti Boulanger
Gwendolyn Jones
Doreen McNicholas
Ann Schoonmaker
Mary Jeffers Schroder
Roy Walker
Ed Vreeswyk

National Child Care Information Center
National Child Care Information Center
National Child Care Information Center
DHHS / Admin. for Children and Families, Region III
DHHS / Admin. for Children and Families, Region VI
DHHS / Admin. for Children and Families, Region VI
DHHS / Admin. for Children and Families
DHHS / Admin. for Children and Families, Region III
DHHS / Admin. for Children and Families, Region X
DHHS / Admin. for Children and Families
DHHS / Admin. for Children and Families, Region III

Map to Inclusive Child Care Project

**Focus on infants and toddlers:
Opportunities and challenges of inclusion
in center-based child care**
(An audio teleconference discussion)

Wednesday, August 12, 1998
3:00 - 4:30 PM Eastern Daylight Time

AGENDA

- I. INTRODUCTION/FRAMING THE TELECONFERENCE (Dale Fink)
 - A. Announcement on the MAP Project
 - B. Review of the agenda and hand-outs
 - C. Procedures for joining the discussion
 - D. Confidentiality
- II. FEDERAL, STATE AND LOCAL PERSPECTIVES ON INCLUSION
 - A. Vicki Youcha, ADA: Opportunities that it offers and what is required?
 - B. Carole Brown, Personnel preparation plans and service delivery systems:
How well do they work? How can they support inclusion in center-based
child care?
 - C. Abbey Griffin, Child care funding, licensing, monitoring and training:
Overview of where we are
 - D. Corinne Garland, Inclusion is possible and beneficial: Innovative
approaches by states and communities
- III. FROM THE PERCEPTIVE OF PROGRAMS: WHAT ARE THE
OPPORTUNITIES AND THE CHALLENGES?
 - A. Abbey Griffin, Stories from real life in child care centers
 - B. Carole Brown, Making it work and helping others negotiate the system
 - C. Corinne Garland, Investments in training and strategies that work
 - D. Vicki Youcha, Examples of inclusion problems, case law on ADA (see
reference to Dept. of Justice (DOJ) homepage on "Speaker Contact List")
- IV. DISCUSSION
 - A. Participants invited to share their experiences and ideas, strategies
and plans
 - B. Ideas for state level action
- V. WRAP-UP (Dale Fink)



National Center for Infants, Toddlers and Families

FICC

THE FEDERAL INTERAGENCY COORDINATING COUNCIL

POSITION STATEMENT: CHILD CARE LEGISLATION AND
CHILDREN WITH DISABILITIES

The Federal Interagency Coordinating Council (FICC) recommends that the following guiding principles be incorporated into all legislation regarding child care, early care and education, or preschool education.

Non Discrimination

All children, including children with disabilities, need safe, affordable, quality child care and must be included in any child care legislation that is considered by Congress. Children with disabilities and special needs are still barred from a significant number of child care programs because of myths, fears and stereotypes. All child care legislation should include a clear statement that children with disabilities are entitled to equal access to child care in accordance with the Americans with Disabilities Act (ADA).

Affordability

The payment rates established by States to implement the Child Care Development Block Grant discourage providers from enrolling children with disabilities. Legislation should specify that States can set a reimbursement rate or other incentives in order to enable providers to enroll infants, toddlers and older children with disabilities in child care programs. (For example states could reimburse child care providers at 150% the usual and customary rate for each child with an identified disability.)

Quality

Many child care providers lack, but want, the information and supports necessary to effectively meet the child care needs of children with disabilities and their families. The FICC recommends that, in addition to the four percent quality set aside, an additional two percent of the Child Care Fund should be directed for special training and technical assistance for child care providers. Ten percent of this total amount (the 6%) should then be directed specifically for training and technical assistance to educate providers about their rights and

734 15th Street, N.W., Suite 1000, Washington, D.C. 20005-1013 • (202) 638-1144 • Fax: (202) 638-0851
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Formerly the National Center for Clinical Infant Programs

responsibilities under the Americans with Disabilities Act; to help centers adapt policies and procedures to accommodate the needs of children with disabilities; to help centers make reasonable accommodations to meet the needs of parents with disabilities; to assist parents of children with disabilities to locate and gain access to high quality child care; and to teach provider how to access specialized technical assistance from the early intervention and preschool programs for children with disabilities authorized by the Individuals with Disabilities Education Act, children's mental health programs, and programs for children with special health care needs authorized by the Maternal and Child Health Block Grants.

A number of legislative proposals have recommended "quality enhancements" grants to communities to support a variety of needed activities. The FICC endorses such proposals and recommends that in addition to including training activities to address the unique needs of children with disabilities "quality enhancement" grants also be used to coordinate existing services. Any legislation that provides scholarships for child care providers, must only be awarded for participation in qualified training programs, defined as those programs that meet state requirements and have a specific disability component.

Need for Data

In order to understand the exact problems with access to child care we need uniform data on child care for infants, toddlers and children with disabilities. The FICC recommends that legislation include a provision that requires The National Center on Child Care Statistics to collect uniform data on the numbers of children with disabilities in child care, the range of child care settings supporting children with disabilities, the ratio of children with disabilities to children without disabilities; the types of disabilities, and the numbers of children with disabilities on waiting lists. The Center should also examine the experiences of families of children with disabilities in accessing and maintaining appropriate child care. States should also be required to report the number of children with identified disabilities being served through Federal funds.

After School Care

Like all children, children with disabilities need a safe place to go after school. The 21st Century Community Learning Center Program or any other legislation to provide after school care child should include the same provision that is in Head Start legislation that at least 10% of the children served must be children with disabilities. Such legislation should also specify that States can set a higher reimbursement rate, or other incentives in order to enable providers to enroll children with disabilities in child care programs. (For example, states could reimburse centers at 150% the established rate for each child with an identified disability.)

Blending Disability and Typical Early Childhood Services

The Individuals with Disabilities Education Act (IDEA) requires that early intervention services for children ages birth to age three occur in "natural environments," defined as those places where typically developing children spend their time, including child care. IDEA likewise provides that preschool children be educated in the least restrictive environment. As a result of

these policies, traditional early intervention and preschool services and programs for children with disabilities are serving infants, toddlers, and preschoolers with disabilities in existing center-based or family child care programs, community based settings, Head Start, other public or private preschools, or public elementary schools. Also "disability only" programs are opening their doors to children without disabilities. The rich resources of skilled and experienced staff, therapists, social workers, and others working in conjunction with the regular early care and education professionals can increase the quality of care and provide all children a richer and more diverse learning environment. All legislation should promote the coordination between these two systems of care.

Coordination of Services

All child care legislation must recognize the collaboration required by federal, state and local agencies to provide comprehensive, quality services including child care for young children with disabilities and chronic illness and their families. The Departments of Education, Health and Human Services, Interior, Defense, and Agriculture and the Social Security Administration all administer programs for individuals with disabilities and must be included at the federal, state, and local levels. At the federal level the Federal Interagency Coordinating Council is charged by IDEA with ensuring that services are coordinated and that barriers to services and duplication of programs are eliminated or reduced. Similar coordinating bodies exist in all states and in some local communities. These inter agency coordinating councils should be used to monitor the development and implementation of a comprehensive early care and education system for all young children with disabilities birth through age eight. All child care legislation should direct federal and state agencies to coordinate all child care initiatives with the Federal Interagency Coordinating Council (FICC) or the State Interagency Coordinating Councils (SICC).

Increase Investment in IDEA Infants/Toddlers and Preschool programs as well as Head Start and Early Head Start to Strengthen the Federal Child Care Presence

Presently young children with disabilities may be enrolled simultaneously in a combination of two or more Federally supported programs in order to have their developmental, educational and child care needs met. The FICC recommends that financial resources be provided to increase enrollment and quality of services in all four programs named below. The goals should be:

- to increase enrollment to one million children in Head Start, to double the number of children enrolled in Early Head Start, and to provide commensurate resources to accomplish this goal.
- to continue to assist state education agencies and local school districts to provide special education and related services to preschool children with disabilities, by increasing the Federal share of financial support in the FY'99 budget. The re-authorized IDEA includes an authorization of \$500 million for the Section 619 Preschool Grants Program. On December 1, 1996, this program served more than 562,000 children.
- to continue to assist Part H/C Lead Agencies and local providers of early intervention services for our youngest children with disabilities and increasing the Federal share of

financial support to the \$400 million authorization level their families by included in the reauthorized IDEA. On December 1, 1996, this program was serving more than 186,000 infants and toddlers and their families.

- to continue to assist the State Children with Special Health Care Needs (SCSHCN) Agencies, local health providers, and families to assure health insurance and medical homes for young children with special health care needs; and to assure health and safety standards for children with disabilities in child care centers by increasing the Federal support for these programs.

The FICC recommends that policy-makers consider the integral relationship of these four programs to the early care and education of young children and increase the investment in all in a balanced fashion

Subject: Child Care-FICC Position Statement

Date: Wed, 6 May 1998

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Abbey Griffin, Ph. D.
Senior Associate

INFANTS AND TODDLERS: DEMOGRAPHIC AND CHILD CARE DATA

Number of Infants and Toddlers: approximately 10,000,000

Number of Infants and Toddlers in Child Care: approximately 6,000,000

A PORTRAIT OF YOUNG FAMILIES

Source: Zero to Three Parent Survey, 1997

- Sixty percent of children age zero to three currently are cared for on a regular basis by someone other than their parents. Only one in five have been cared for exclusively by their mother or father since birth.
- Non-parental care providers for this age group are about equally likely to be a grandparent or other family as they are to be a professional or non-family caregiver.
- Though most babies and toddlers today live in two-parent households, 14% are being raised by single parents.
- The majority of mothers of very young children work at a paid job: 40% full time and 19% part time; another 8% who aren't working now plan to return to the work force within the next six months.
- More young parents have only a high school education or less (37%) than have a college degree or more (29%).
- While three in 10 households with kids age zero to three are headed by a parent who works as a professional or executive, 44% are headed by skilled laborers.
- Though 25% of young families in this country have a household income of \$50,000 or more, 13% are barely making ends meet, reporting an annual household income that's roughly at or below the poverty level of \$15,000. (Note: This may be undercounted; the Census Bureau reports the 1996 young child (0-6) poverty rate as 22.7%)

HEALTH, NUTRITION, AND POVERTY INDICATORS

Source: Children's Defense Fund, 1998

- Prenatal care: In 1995, 4.2 percent of babies were born to mothers who did not receive prenatal care or did not receive it until their last trimester.
- Infant mortality: 29,583 babies died in 1995—a rate of 7.6 for every 1,000 live births. The infant mortality rate for Black babies (15.1 for every 1,000 live births) is decreasing but remains more than twice that for White babies (6.3 for every 1,000 live births).
- Immunization: 23 percent of children between 19 and 35 months of age are not fully vaccinated against dangerous but preventable diseases.
- WIC: 7.2 million infants, children, and pregnant women received benefits in FY 1997.

CHILD CARE ARRANGEMENTS (Children 0-3 of working mothers; 1993 Data)

Source: Casper, L. M. (1996). Who's minding our preschoolers? *Current Population Reports*.

P70-53. Washington, DC: U.S. Dept. of Commerce, Bureau of the Census.

- Center based: nearly 23% (18.3 percent of infants under 1 year)
- Family Child Care or non-relative in provider's home: 20%
- Non-relative in own home: 5.6%
- Father (while mother works): 17%
- Grandparents or other relatives: 28.5%

QUALITY RECOMMENDATIONS AND REQUIREMENTS

Zero to Three recommends:

- For children birth to 3, recommended group size: 6-8 children; 1:4 ratio of caregiver to children. No more than 6 children who are not yet mobile should be in a group.
- Staff should be certified by the Council for Early Childhood Professional Recognition with a Child Development Associates degree credential for infant/toddler caregivers or an equivalent credential that addresses comparable competencies (such as an associates or bachelors degree).
- Centers should be accredited by the National Association for the Education of Young Children and family child care by the National Association of Family Child Care. Both should be licensed by the state.

Yet, as of 1995:

- Only 30 states required ratios of 4:1 or less for 9 month olds: 11 states set the minimum at 5:1, 8 states at 6:1, and 1 state at 12:1. Nineteen states had no group size limitations.
- For 27 month olds, 15 states allowed ratios of 10:1 or more.
- 35 states had no pre-service requirement for center teachers; 46 states had no pre-service requirement for family child care providers.

Source: The Center for Career Development in Early Care and Education. (1995). Data on Licensing: Ongoing Training Hours and Child:Staff Ratios. Boston, MA: Wheelock College.

As of 1997:

- Thirty-two states required no prior training for child care teachers. They are among the lowest-paid workers in America, earning on average only \$12,058 per year, and receiving no benefits or paid leave.

Source: Children's Defense Fund

As of April, 1998:

- 8,863 people held CDA's in infant/toddler care.
- 5,730 (<10%) child care centers were accredited by NAEYC; 11,669 were involved in the pre-accreditation self-study process.
- 964 family child care providers held NAFCC accreditation (460 in self-study).
- 17 states pay more for higher quality (more training or accreditation required) care.

Sources: Council for Early Childhood Professional Recognition, NAEYC, NAFCC, Taking the Lead

OBSERVED QUALITY

Study of Family Child Care and Relative Care (1995) More than 1/2 of the children were <29 months; 3/4 of homes contained a toddler (12-29 months) and 1/3 included an infant.	Cost, Quality, and Child Outcomes Study: Center-Based Care for Infants & Toddlers (1995)
• inadequate care: 35%	• inadequate care 40%
• custodial care: 56%	• custodial care: 51.6%
• high quality care: 9%	• good-excellent care: 8.4%
• only 50% of children securely attached to caregiver	

CHILDCARE RESOURCES

National Child Care Information Center
243 Church St. N.W. 2nd Floor
Vienna, VA 22180
<http://nccic.org> 800-616-2242

National Resource Center for Health and Safety in Child Care:
Colorado School of Nursing
Health Sciences Center
<http://nrc.uchsc.edu> 800-598-5437
4200 East 9th Avenue fax: 303-315-5215
Campus Box 287
Denver, CO 80262

Consumer Products Safety Commission:
4330 East West Highway (Hearing Impaired) 800-638-2772
Bethesda, MD 20814 800-638-8270
<http://www.cpsc.gov>

American Academy of Pediatrics: 800-433-9016
141 North West Point Blvd.
Elk Grove Village, IL 60007-1098
<http://www.aap.org>

National SAFE KIDS Campaign 202-662-0600
1301 Pennsylvania Ave. N.W.
Suite 1000
Washington, D.C., 20004-1704
<http://www.safekids.org>

American Academy of Pediatrics: 847-228-5005
<http://www.aap.org>
141 Northwest Point Blvd.
P.O. Box 927
Elk Grove Village, IL 60009-0927

Association for the Care of Children's Health (ACCH): 609-224-1742
19 Mantua Road
Mount Royal, New Jersey 08061
<http://Look.net/ACCH/>

National Maternal and Child Health Clearinghouse: 703-356-1964
2070 Chain Bridge Road
Suite 450
Vienna, VA 22182-2536
<http://www.circsol.com/mch>

National Association for Children's Hospitals & Related Institutions: 703-684-1355
401 Wythe Street
Alexandria, VA 22314

National Center for Education in Maternal and Child Health:
2000 15th Street North Suite 701
Arlington, VA 22201-2617

703-524-7802

International Association of Infant Massage
US Chapter
1720 Willow Creek Circle, #516
Eugene, OR 97402

800-248-5432

National Sudden Infant Death Syndrome Resource Center:
2070 Chain Bridge Road Suite 450
Vienna, VA 22182-2536
<http://www.circsol.com/sids>

703-902-1249

National Perinatal Association:
3500 East Fletcher Ave. Suite 209
Tampa, FL 33613
<http://www.mindspring.com/~perinatal>

813-971-1008

National Perinatal Information Center:
1 State Street Suite 102
Providence, RI 02908
<http://www.npic.org>

401-274-0650

Appendix J

Child Care Bureau, Administration on Children, Youth and Families

Map to Inclusive Child Care Project



NATIONAL INSTITUTE AGENDA

Thursday, August 27, 1998

8:30 a.m.	Registration	
9:30 a.m.	Welcome and Introductions	Lillian Sugarman Mary Beth Bruder
	Messages from Child Care Bureau	Carmen Nazario Administration on Children, Youth and Families, Associate Commissioner for Child Care
	Keynote Address	Joan Lombardi Deputy Assistant Secretary for Policy & External Affairs, ACF
10:45 a.m.	Break	
11:00 a.m.	Families: Their Role in Ensuring Quality Child Care	Ruth-Ann Rasbold - Moderator Joan Christopher Haskell Garrett Marybeth Zahorchak
12:15 p.m.	Lunch	
1:30 p.m.	Financing Strategies for Child Care: Creative Solutions	Anne Mitchell
2:00 p.m.	State Team Meetings: Meeting the Challenges: Families and Finance	
3:45 p.m.	Afternoon Break	
4:00 p.m.	Summary of Family Finance Challenges: Across the States	Anne Mitchell
5:30 p.m.	Closing	

Child Care Bureau, Administration on Children, Youth and Families

Map to Inclusive Child Care Project



NATIONAL INSTITUTE AGENDA

Friday, August 28, 1998

- | | | |
|------------|--|--|
| 9:00 a.m. | Greetings from United Cerebral Palsy Assoc. and Subcontractors | |
| 9:20 a.m. | Policy and Legislation: The Keys to the Future | Terry Whitney - Moderator
George Jesien
James Campbell
Sheryl Allen |
| 10:30 a.m. | Break | |
| 10:45 a.m. | Special Interest Sessions: Messages to the Child Care Bureau | |
| | Families
Child Care Providers
Child Care Administrators
Health Care Representatives
Licensing Representatives
UCPA Affiliates | 619 and Part C
Representatives
Training Representatives
Head Start Representatives
Legislators and State Policy
Representatives |
| 12:00 p.m. | Lunch | |
| 1:15 p.m. | Building Capacity: Current Training Initiatives | Camille Catlett - Moderator
Colleen Dyrud
Nancy Hoffman
Margaret Mactavish
Marlene Welch |
| 2:30 p.m. | Break | |
| 2:45 p.m. | State Team Meetings: Meeting the Challenges of Policy and Capacity Building to Ensure Quality | |
| 4:15 p.m. | Summary of Policy and Capacity Challenges | Mary Beth Bruder |
| 5:30 p.m. | Closing | Carmen Nazario |

Map to Inclusive Child Care Project's

**National Institute
Holiday Inn Bethesda
Bethesda, Maryland**

STATE TEAM MEETINGS

Saturday, August 29, 1998

9:00 a.m. Tennessee

Indiana

New Mexico

Iowa

Utah

Map to Inclusive Child Care Project's
National Institute
Natcher Center – National Institutes of Health
Bethesda, Maryland

Parent Panel
CONTACT LIST

Thursday, August 27, 1998 — 10:45 a.m.

SPEAKER	MAILING ADDRESS	PHONE, FAX, and E-MAIL
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Marybeth Zahorchak	2601 Spring Valley Road Lancaster, PA 17601	Tel. (717) 531-7671

* = panel leader

Map to Inclusive Child Care Project's
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Bethesda, Maryland

Policy and Legislation Panel
CONTACT LIST

Friday, August 28, 1998 — 9:15 a.m.

SPEAKER	MAILING ADDRESS	PHONE, FAX, and E-MAIL
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James Campbell	House Ways and Means Committee Maryland House of Delegates 1329 ½ West 41st Street Baltimore, MD 21211-1550	Tel. (410) 366-8160
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Terry Whitney*	Senior Policy Analyst National Conference of State Legislatures 1560 Broadway, Suite 700 Denver, CO 80202	Tel. (303) 830-2200 Fax (303) 863-8003 Terry.Whitney@ncsl.org

* = panel leader

Map to Inclusive Child Care Project's
National Institute
Natcher Center – National Institutes of Health
Bethesda, Maryland

Building Capacity: Training Issues
CONTACT LIST

Friday, August 28, 1998 — 1:00 p.m.

SPEAKER	MAILING ADDRESS	PHONE, FAX, and E-MAIL
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Nancy Hoffman	Child Development Program Chairperson IVY Tech State College 4301 South Cowan Muncie, IN 47302	Tel. (765) 289-2291 Fax (765) 289-2291
Margaret Mactavish	State President Nat'l Assoc. for Education of Young Children University of New Mexico – Taos 115 Civic Plaza Taos, NM 87571	Tel. (505) 758-7667 Fax (505) 758-5898

* = panel leader

Marlene Welch

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Arundel Center North
Anne Arundel Community College
101 Crain Highway
Glen Burnie, MD 21061

Tel. (410) 541-2916

Fax (

Map to Inclusive Child Care National Institute

- 9:00 - 9:30 Welcome
- Frank Fuentes**, Acting Associate Commissioner
Child Care Bureau
Lillian Sugarman, Director Technical Assistance
Child Care Bureau
- 9:30 - 10:00 Supporting Inclusive Child Care: Perspectives for our Commissioners
- Pat Montoya**, Commissioner
Administration on Children, Youth and Families
Sue Swensen, Commissioner
Administration on Developmental Disabilities
- 10:00 - 10:30 The Federal Commitment to Inclusive Child Care
- Frank Fuentes**, Acting Associate Commissioner
Child Care Bureau
Bonnie Strickland,
Division of Services for Children with Special Health Care Needs
Rhonda Ingel,
Office of Special Education Programs
Mierrle Kanda, MD, Director Child Health and Disability Services
Head Start Bureau
- 10:30 - 10:45 Break
- 10:45 - 12:15 Year 1 State Accomplishments
- Mary Beth Bruder**, Map Project Director
Moderator
Kim Keiser (Vermont)
Sandy Sheard (New Jersey)
Barbara Tayman (Maryland)
Linda McReynolds (Tennessee)
Michael Conn-Powers (Indiana)
Pamela Ray (New Mexico)
John Hoffman (Iowa)
Susan Ord (Utah)
Pamm Shaw (California)
JaNell Welker (Oregon)

12:15 - 1:30

Lunch

1:30 - 2:15

Regional/State Team Meetings and Meeting of Future Map States

Region I	Massachusetts
Region II	Puerto Rico
Region III	District of Columbia
Region IV	Florida
Region V	Illinois
Region VI	Louisiana
Region VII	Missouri
Region VIII	Colorado
Region IX	Nevada
Region X	Washington

2:15 - 3:45

The Reality of Inclusive Child Care: Parent and Provider Perspectives

Justine Strickland, Moderator
Sheryl Taylor (Missouri), Parent
Jennifer Joy (Connecticut), Parent
Carmen Velez (Puerto Rico), Child Care Provider
Kathy Blair (Washington), Child Care Provider
Doreen Dubique (Massachusetts), Child Care Provider

3:45 - 4:00

Break

4:00 - 5:30

Job Alike Sessions

Families

RuthAnn Rasbold
Map Technical Assistance Staff
Regions I and III

Child Care Providers

Lynn White
Executive Director
National Child Care Association

Child Care Administrators

Frank Fuentes
Acting Associate Commissioner
Child Care Bureau

Health Care Representatives
Moniquin Huggins
Director Program Operations
Child Care Bureau

Licensing Representatives
Dale Fink
Map Consultant

619 Representatives
Sarah Mulligan
Map Technical Assistance Staff
Regions VIII, IX and X

Part C Representatives
Abbey Griffin
Senior Program Associate
Zero to Three

Mary Beth Bruder
Project Director
Division of child and Family Studies, University of Connecticut

Training Representative
Gabriela Freyre
Map Technical Assistance Staff
Region II

Nancy Gordon
Map Technical Assistance Staff
Regions IV and VI

Head Start Representatives
Ann Linchan
Director Program Operations
Head Start Bureau

Legislators
Terry Whitney
Senior Policy Analyst
National Conference of State Legislatures

5:30 - 7:00

Reception

Map to Inclusive Child Care
National Institute

9:00 - 10:15	Key Note Address Allan Bergman President and CEO Brain Injury Association Alexandria, VA																				
10:15 - 10:30	Break																				
10:30 - 11:30	Facilitating Quality Child Care: The Importance of the Legislative Process Terry Whitney , Moderator Chris Radogno , Illinois State Senator Beverly Bruce , Louisiana State Representative Maureen Ferris , Massachusetts Legislative Children's Caucus Suzanne Williams , Colorado State Representative																				
11:30 - 12:15	State Team Meetings and Year 1 State Liaisons Meeting <table><tbody><tr><td>Region I</td><td>Massachusetts</td></tr><tr><td>Region II</td><td>Puerto Rico</td></tr><tr><td>Region III</td><td>District of Columbia</td></tr><tr><td>Region IV</td><td>Florida</td></tr><tr><td>Region V</td><td>Illinois</td></tr><tr><td>Region VI</td><td>Louisiana</td></tr><tr><td>Region VII</td><td>Missouri</td></tr><tr><td>Region VIII</td><td>Colorado</td></tr><tr><td>Region IX</td><td>Nevada</td></tr><tr><td>Region X</td><td>Washington</td></tr></tbody></table>	Region I	Massachusetts	Region II	Puerto Rico	Region III	District of Columbia	Region IV	Florida	Region V	Illinois	Region VI	Louisiana	Region VII	Missouri	Region VIII	Colorado	Region IX	Nevada	Region X	Washington
Region I	Massachusetts																				
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Region V	Illinois																				
Region VI	Louisiana																				
Region VII	Missouri																				
Region VIII	Colorado																				
Region IX	Nevada																				
Region X	Washington																				
12:15 - 1:30	Lunch																				
1:30 - 2:45	Special Interest Sessions Americans with Disabilities Act: Implications for Child Care Abbey Cohen NCCIC																				

Preparation for Inclusion

Joanna Bogin

Division of Child and Family Studies, University of Connecticut

School Age Child Care

Dale Fink

Map Consultant

Establishing a Legislative Initiative

Allan Bergman

Brain Injury Association

Terry Whitney

NCSL

Child Care Subsidy Program: Opportunities for Children with Disabilities

Charlotte Brantley

Special Assistant to the Acting Associate Commissioner

Child Care Bureau

Collaboration for Children with Disabilities: Essential for Success

Barbara Saunders

Head Start Fellow

Child Care Bureau

Supporting Inclusion through Health Care Consultants

Evelyn Norton

Bureau Chief

Illinois Department of Human Services

TANF: A Child Care Challenge for Children with Disabilities

Liability: The Role of Insurance Coverage

Arthur Alston

Child Care Program Coordinator

Lupfer-Frakes Insurance

2:45 - 3:00

Break

3:00 - 4:00

Closing Key Note

Deb Zeigler

Final Agenda - Revised & Approved 6/21/00
National Institute MAP to Inclusive Child Care Project
Child Care for All: Taking It to Scale

July 9, 2000

9:00 AM - 4:00 PM

Facilitation Training for State Team Liaisons
(Required for Year 3 Liaisons; Optional for Year 1 & 2 Liaisons)

4:00 PM - 6:00 PM

Registration

July 10, 2000

8:00 - 9:00 AM

Registration and Networking

9:00 - 9:30 AM

Welcome & Overview
Charlotte Brantley, Associate Commissioner, Child Care Bureau
Administration on Children, Youth and Families

9:30 - 10:30 AM

Keynote Address
Child Care for All: Challenges and Opportunities for the Millennium
Allan Bergman

10:30 - 10:45 AM

Break

10:45 AM - 12:00 PM

Parent and Provider Perspectives Panel
Moderator: Chearoll Looby-Williams (Parent) (VI)
ME – Deborah Twomey (Parent)
CT – Pat Doolan (Provider)
NE – Carrie Witte (Provider)
VI – Michelle LaCoss (Parent)

12:00 - 1:30 PM

Lunch (on your own)

1:30 - 3:00 PM

- Topic Tracks (Facilitated Small Group)
- Training—Models and Curriculum
Facilitator: Dorinda Smith
IL – Robert Brocken
CT – Darlene Ragozzine
UT – Alda Jones
 - Technical Assistance Models including CCR&R's
Facilitator: Sarah Mulligan
CT - Joanna Bogin
MA – Peggie O'Hare
NJ – Diana Autin

- Legislation
 Facilitator: Allen Bergman
 FL – Susan Goldstein
 WA – Tory Clark Henderson
 LA – Beverly Bruce

- Funding Resources including Reimbursement Rates
 Facilitator: Joyce Butler
 CA – Pamm Shaw
 OR – JaNell Welker
 AZ – Connie Shorr

- Collaboration with Part B, Part C, and Head Start
 Facilitator: Sharon Walsh
 IA – Linda Cook Pletcher
 MT – Patti Russ
 TN – Linda McReynolds
 ME – Joanne Holmes

- Advocacy for Systems Change
 Facilitator: Ruth Ann Rasbold
 IN – Michael Conn-Powers
 ME – Martie Kendrick
 MO – Kathy Fuger
 VI – Michelle LaCoss

- TANF
 Co-Facilitators: Nancy Gordon & Ann Burek
 ME – David Stockford
 FL – Lou Ann Long
 OH – John Cunningham

- Legal Issues (ADA & IDEA)
 Facilitator: Abby Cohen
 ME – Lucille Zeph
 MA – Jaqui Shatos Carroll

- School-Age Child Care
 Facilitator: Dale Fink
 CO – Jennifer Burnham
 MN – Brian Hall
 CT – Pat Doolan

3:00 - 3:15

Break

3:15 - 5:30 PM

Individual State Team Meetings

5:30 - 7:00 PM

Reception

July 11, 2000

7:30 - 9:00 AM

Round Table Discussions—Issues Across States (Optional)
(Facilitated by MAP Staff)

- Child Care Providers
- Child Care Administrators
- Head Start Representatives
- Health Care Representatives
- Legislators
- Licensing Representatives
- Part C Representatives
- Parents
- Section 619 Representatives
- Training Representatives

9:00 - 9:15 AM

Welcome
Mary Beth Bruder, Project Director
MAP to Inclusive Child Care Project

9:15 - 9:45 AM

Presentation of: www.fed-icc.org
Bobbi Stettner-Eaton, Executive Director
Federal Interagency Coordinating Council

9:45 - 10:00 AM

Break

10:00 - 11:30 AM

Federal Partners Panel

Moderator: Karen Tvedt, Director, Policy Division
Child Care Bureau

Sue Swenson, Commissioner
Administration for Developmental Disabilities

Bobbi Stettner-Eaton, Executive Director
Federal Interagency Coordinating Council

Bonnie Strickland, Chief of Integrated Services Branch
Maternal and Child Health Bureau

Ann Burek, Senior Program Specialist
Office of Family Assistance, TANF

21st Century Community Learning Centers
Office of Elementary and Secondary Education

11:30 - 1:00 PM

Lunch (on your own)

1:00 - 3:30 PM

Small Group/Regional Meetings

3:30 - 3:45 PM

Break

3:45 - 4:30 PM

Closing Remarks

Olivia Golden

Assistant Secretary for Children and Families

Appendix K

**Map to Inclusive Child Care
Year 1 National Institute Consumer Satisfaction**

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Institute							
My objectives for the Institute were met.	1.5		26.2	52.3	20.0	3.89	.77
I feel I now have a better understanding of the information.		1.5	19.4	52.2	26.9	4.05	.73
The presenters/facilitators valued our input.		1.5	12.1	37.9	48.5	4.33	.75
All topics on the the agenda were addressed.			7.9	39.7	52.4	4.44	.64
Overall, the Institute was relevant to supporting opportunities for inclusive child care.			10.6	39.4	50.0	4.39	.68
Overall Logistics							
Time was well organized.	3.1	9.4	17.2	40.6	29.3	3.84	1.06
I found the physical environment to be comfortable.		4.5	10.4	31.3	53.7	4.34	.85
The day and time of the training was helpful to me.	6.2	9.2	24.6	32.3	27.7	3.66	1.16

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Keynote Speaker							
The information presented was new to me.	6.0	20.9	40.3	22.4	10.4	3.10	1.05
The information presented is relevant for supporting inclusive child care.	1.5		3.0	34.3	61.2	4.54	.70
The speaker motivated me for the Institute's activities.	1.5	1.5	13.8	33.8	49.2	4.28	.88
Family Panel							
A variety of family views and experiences were presented.			9.1	42.4	48.5	4.39	.65
The families shed light on new issues regarding inclusive child care.	1.5	12.1	34.8	36.4	15.2	3.52	.95
The issues presented are relevant to supporting inclusive child care.	1.5		7.6	43.9	47.0	4.36	.69
The panel communicated their ideas and opinions effectively.		4.7	4.7	40.6	50.0	4.36	.78
State Team Meetings							
The activity generated questions pertinent to my state's strategic plan.	4.9	4.9	16.4	32.8	41.0	4.00	1.11
I was able to voice my opinion during the meetings.		7.5	4.5	35.8	52.2	4.33	.88
I felt the team was able to openly discuss subjects.	1.5	4.5	14.9	26.9	52.2	4.24	.97
The facilitator was effective in providing flexibility and advancing the discussion.	1.5	6.0	16.4	34.4	41.8	4.09	.98

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Special Interest Groups							
Time was well organized.	6.1	6.1	22.7	34.8	30.3	3.77	1.13
I had an opportunity to discuss issues specific to my role.	3.1	9.2	20.0	32.3	35.4	3.88	1.10
Discussing issues with colleagues from different states was helpful.	1.5	7.6	10.6	40.9	39.4	4.09	.97
The facilitator was effective in providing both flexibility and advancing the discussion.	3.0	4.5	19.7	33.3	39.4	4.02	1.03
Finances							
The opportunities and information presented are new to me.	1.5	13.8	36.9	30.8	16.9	3.48	.99
The issues presented are important to supporting inclusive child care.		3.1	9.2	41.5	46.2	4.31	.77
The issues presented can be applied to our strategic plan.		6.7	18.3	48.3	26.7	3.95	.85
The presenter communicated the information effectively.	1.5	3.1	15.4	43.1	36.9	4.11	.89
Legislation/Policy Issues							
The opportunities and information presented are new to me.	4.4	17.6	29.4	32.4	16.2	3.38	1.09
The issues presented are important to supporting inclusive child care.		2.9	8.8	39.7	48.5	4.34	.77
The issues presented can be applied to our strategic plan.		3.0	12.1	36.4	48.5	4.30	.80
The panel communicated the information effectively.	1.5	7.4	7.4	36.8	47.1	4.21	.97

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Training and Capacity Building							
The opportunities and information presented are new to me.	9.1	18.2	37.9	22.7	12.1	3.11	1.13
The issues presented are important to supporting inclusive child care.		4.5	23.9	29.9	41.8	4.09	.92
The issues presented can be applied to our strategic plan.		9.5	31.7	31.7	27.0	3.76	.96
The speaker presented the information effectively.		9.2	26.2	46.2	18.5	3.74	.87

Map to Inclusive Child Care
National Institute (August 12, 1999)
Year 2

Statement	Percent Responding (N = 45)					Summary Statistics	
	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean	Standard Deviation
How did each agenda topic address issues of concern to you?							
Welcome		7.1	28.6	42.9	21.4	3.79	.87
Plenary Session - Supporting Inclusive Child Care: Perspectives from our Commissioners		8.9	20.0	46.7	24.4	3.87	.89
Panel: The Federal Commitment to Inclusive Child Care	2.2	4.4	33.3	44.4	15.6	3.67	.88
Report: Year 1 State Accomplishments	4.4	15.6	26.7	35.6	17.8	3.47	1.10
Regional Meetings	7.3	12.2	34.1	29.3	17.1	3.37	1.14
Session for Future Map States	11.1		33.3	22.2	33.3	3.67	1.32
Panel: The Reality of Inclusive Child Care: Parent Provider Perspectives		2.2	24.4	33.3	40.0	4.11	.86
Job Alike Sessions	2.6	12.8	17.9	30.8	35.9	3.85	1.14

Statement	Percent Responding					Summary Statistics	
	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean	Standard Deviation
How would you rate the sessions in the following areas?							
Appropriateness of session topics		7.3	26.8	43.9	22.0	3.81	.87
Usefulness of resource materials		7.1	19.0	50.0	23.8	3.91	.85
How do you rate hotel services and logistical arrangements?							
Location of Hotel	4.5	6.8	15.9	18.2	54.5	4.11	1.19
Hotel Accommodations		4.8	14.3	23.8	57.1	4.33	.90
Quality of Hotel Service	2.4	2.4	11.9	31.0	52.4	4.29	.94
Pre-registration	2.3	9.1	9.1	20.5	59.1	4.25	1.10
On-site registration			5.6	27.8	66.7	4.61	.60

Map to Inclusive Child Care
National Institute (August 13, 1999)
Year 2

Statement	Percent Responding					Summary Statistics	
	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean	Standard Deviation
How did each agenda topic address issues of concern to you?							
Welcome			17.5	42.5	40.0	4.23	.73
Panel - Facilitating Quality Child Care: The Importance of the Legislative Process	6.8	2.3	20.5	31.8	38.6	3.93	1.15
Regional Meetings	5.9	11.8	11.8	44.1	26.5	3.74	1.16
Session for Year 1 State Liaisons		12.5		12.5	75.0	4.50	1.07
Special Interest Sessions		8.6	31.4	14.3	45.7	3.97	1.07
Closing Keynote	6.3	9.4	31.3	34.4	18.8	3.50	1.11
How would you rate the sessions in the following areas?							
Appropriateness of session topics	2.5		25.0	40.0	32.5	4.00	.91
Usefulness of resource materials	2.5	2.5	25.0	40.0	30.0	3.93	.94

**Map to Inclusive Child Care
Year 3 National Institute Consumer Satisfaction**

Statement	Percent Responding					Summary Statistics		
	Did Not Attend 0	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Institute								
My objectives for the Institute were met.			7.0	20.9	65.1	7.0	3.72	.70
I feel I now have a better understanding of the information.			8.7	15.2	56.5	19.6	3.87	.83
The presenters/facilitators valued our input.			4.5	18.2	45.5	31.8	4.05	.83
All topics on the the agenda were addressed.			2.4	4.8	57.1	35.7	4.26	.67
Overall, the Institute was relevant and can be applied to my state's strategic plan.			9.1	18.2	45.5	27.3	3.91	.91
Logistics								
Time was well organized.			6.5	13.0	43.5	37.0	4.11	.88
I found the environment to be comfortable.		21.3	21.3	14.9	19.1	23.4	3.02	1.50
The size of the group was appropriate for individual sessions.				6.4	46.8	46.8	4.40	.61
The day and time of the training was helpful to me.		2.1	2.1	12.8	38.3	44.7	4.21	.91

Statement	Percent Responding						Summary Statistics	
	Did Not Attend 0	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Keynote Speaker - Day 1								
The speaker motivated me for the Institute's activities.				6.4	29.8	63.8	4.57	.62
The information was novel and timely.				6.5	34.8	58.7	4.52	.62
The topic was thought provoking.				2.2	33.3	64.4	4.62	.54
The information presented is relevant for supporting inclusive child care.				2.2	30.4	67.4	4.65	.53
Parent/Provider Panel								
The panel communicated their ideas and opinions effectively.	4.3		2.2	10.9	41.3	41.3	4.27	.76
A variety of views and experiences were presented.	4.3		6.4	12.8	40.4	36.2	4.11	.89
The panel shed light on new issues of inclusive child care.	4.4	2.2	6.7	40.0	24.4	22.2	3.61	1.00
The issues presented are relevant to supporting inclusive child care in my state.	4.3		4.3	19.6	41.3	30.4	4.02	.85
Topic Tracks								
Time was well spent.	4.3		8.5	10.6	40.4	36.2	4.09	.93
Speaking on a specific interest topic across states was helpful.	4.3			14.9	38.3	42.6	4.29	.73
I was able to bring up issues pertinent to my state.	4.3	2.1	8.5	31.9	29.8	23.4	3.67	1.02
I obtained information pertinent to my state's needs.	4.3		10.6	14.9	51.1	19.1	3.82	.89

Statement	Percent Responding						Summary Statistics	
	Did Not Attend 0	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
State Team Sessions								
Time was well utilized.	10.6		4.3	10.6	34.0	40.4	4.24	.85
The activities facilitated my team's cohesiveness.	10.9		2.2	13.0	32.6	41.3	4.27	.81
The activities furthered my team's strategic planning efforts.	10.9		2.2	6.5	37.0	43.5	4.37	.73
The facilitator was effective in providing both flexibility and advancing the discussion.	10.6		4.3	12.8	29.8	42.6	4.24	.88
Round Table Discussions(if attended)								
Time was well spent.	74.5		2.1	6.4	10.6	6.4	3.83	.94
I had the opportunity to discuss specific issues.	74.5			4.3	12.8	8.5	4.17	.72
Discussing issues with colleagues from different states was helpful.	74.5			4.3	12.8	8.5	4.17	.72
The facilitator was effective in providing both flexibility and advancing the discussion.	74.5		2.1	4.3	12.8	6.4	3.92	.90
Web Presentation - Day 2								
The speaker motivated me for the Institute's activities.	2.1	2.1	14.9	36.2	38.3	6.4	3.33	.90
The information was novel and timely.	2.1	2.1	21.3	25.5	40.4	8.5	3.33	.99
The topic was thought provoking.	2.1	4.3	14.9	8.3	34.0	6.4	3.24	.95
The information presented is relevant for supporting inclusive child care.	2.1		8.5	31.9	46.8	10.6	3.61	.80

Statement	Percent Responding						Summary Statistics	
	Did Not Attend 0	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Federal Partners Panel								
The panel communicated their ideas and opinions effectively.			6.3	20.8	39.6	33.3	4.00	.90
A variety of views and experiences were presented.			4.2	14.6	39.6	41.7	4.19	.84
The panel shed light on new issues of inclusive child care.		2.1	8.3	35.4	33.3	20.8	3.63	.98
The issues presented are relevant to supporting inclusive child care in my state.		2.1	8.3	22.9	41.7	25.0	3.79	.99
Regional Meetings								
Time was well utilized.	13.0	6.5	6.5	21.7	37.0	15.0	3.55	1.11
The activities facilitated cohesiveness between states within my region.	13.6	2.3	15.9	25.0	31.8	11.4	3.40	1.03
I obtained information pertinent to my state's needs.	13.0	4.3	10.9	21.7	41.3	8.7	3.45	1.01
The facilitator was effective in providing both flexibility and advancing the discussion.	14.0	2.3	7.0	16.3	41.9	18.6	3.78	.98
Keynote Speaker - Closing								
I found the speaker motivational.	50.0		2.4	2.4	21.4	23.8	4.33	.80
The information was novel and timely.	50.0		2.4	4.8	19.0	23.8	4.29	.85
The topic was thought provoking.	50.0		2.4	4.8	21.4	21.4	4.24	.83
The information presented is relevant for supporting inclusive child care.	50.0			4.8	23.8	21.4	4.33	.66

Statement	Percent Responding					Summary Statistics		
	Did Not Attend 0	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Institute Accommodations								
Pre-Registration materials		5.0	7.5	15.0	22.5	50.0	4.05	1.20
On-site registration.				2.8	27.8	69.4	4.67	.54
Location of hotel.					27.5	72.5	4.73	.45
Hotel accommodations		2.5	2.5	2.5	20.0	72.5	4.58	.87
Quality of hotel services.		2.5		5.0	17.5	75.0	4.63	.81

Appendix L

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		2.9	8.3	28.3	60.4	4.46	.77
Formulating the mission	0.3	1.9	9.3	32.2	56.4	4.43	.76
Present federal, state and local political contexts	0.6	3.6	29.8	41.7	24.3	3.86	.85
Opportunities		2.5	22.8	41.4	33.3	4.06	.81
Threats to momentum	1.2	3.3	35.5	36.7	23.4	3.78	.88
Objective setting and prioritizing		2.7	11.8	43.3	42.2	4.25	.77
Action planning	0.3	2.7	12.2	42.7	42.1	4.24	.79
Resource allocation	1.5	5.1	31.0	39.0	23.5	3.78	.91
Implementation steps	0.6	3.6	18.9	45.4	31.5	4.04	.84
Team Profile							
The functions, responsibilities and rationale for the team was clear.	0.3	3.8	14.2	42.9	38.8	4.16	.83
The atmosphere allowed for an open discussion of the issues.	0.5	0.5	1.8	25.8	71.4	4.67	.59
A consensus was achieved for the strategic plan.		1.3	8.9	36.2	53.6	4.42	.71
Members of the team appeared committed to implementing the strategic plan.		0.8	5.3	27.8	66.1	4.59	.63

Annual Part H and 619 Meeting- located at the Sheraton City Centre Hotel in Washington, DC. It occurred on March 23-25, 1998 and was attended by Dr. Mary Beth Bruder, Dr. Dale Fink and Ms. Johnna Timmes. The outcomes of this meeting included networking with Part H and 619 coordinators and the dissemination of information about the Map Project.

State Administrator's Meeting planning work group- located at the Child Care Bureau in Washington, DC. Ms. Johnna Timmes attended on April 1 and April 28, 1998. The outcome of these meetings was the planning of an Infant and Toddler Leadership Forum on September 14, 1998.

Intergenerational Child Care Leadership Forum located at the Washington Hilton, in Washington DC, Ms. Johnna Timmes attended on April 3, 1998. The outcomes reported include learning about current issues relating to intergenerational child care and learning of the advantages and disadvantages to shared site programs.

Subcontractor Meeting-located at the UCPA in Washington, DC. Dr. Mary Beth Bruder, Dr. Dale Fink and Ms. Johnna Timmes attended on April 21, 1998. The outcomes included updating subcontractors on current Map progress, announcing the selection of the ten Map states and discussing the future steps of the Map Project.

Infant Toddler Leadership Forum Planning Work Group - located at the Child Care Bureau in Washington DC. Ms. Johnna Timmes attended on April 22, 1998 and reported outcomes identical to this month's State Administrator's Meeting planning work group.

NSACA Annual Conference-located in Seattle, Washington. Dr. Dale Fink presented on the topic of Inclusive Child Care.

National Child Care Information Center located at the NCCIC in Vienna, Virginia. Ms. Johnna Timmes attended on May 4, 1998. The outcomes included gathering resource information and networking with NCCIC staff.

United Cerebral Palsy Annual Conference-located at the Fountainbleau Hilton in Miami, FL. Dr. Mary Beth Bruder, Dr. Dale Fink and Ms. Johnna Timmes attended the conference on May 14-16, 1998. Dr. Dale Fink presented a session on school age care, Ms. Johnna Timmes presented a session on inclusive practices and both Dr. Mary Beth Bruder and Dr. Dale Fink co-presented a session on the Map Project.

NEC*TAS Video Conference-located in Pittsburgh, PA. Dr. Mary Beth Bruder and Ms. Johnna Timmes attended on May 21, 1998. Dr. Bruder and Ms. Timmes presented current research and IFSP development for infant and toddlers in natural environments.

Infant and Toddler Leadership Forum planning meeting-located at the Child Care Bureau in Washington, DC. Ms. Johnna Timmes attended on May 27, 1998. The outcome included participation in development of agenda and content for Forum attendees.

Region IX ACF Child Care Meeting-located at the Holiday Inn Golden Gate in San Francisco, California. Ms. Johnna Timmes attended on June 17-19, 1998 and presented a session on the Map Project with the California team liaison.

Child Care Bureau TA Network Meeting-located at the Doubletree Hotel in Arlington, Virginia. Dr. Mary Beth Bruder, Dr. Dale Fink and Ms. Johnna Timmes attended on June 22-23, 1998. The outcomes included networking with other CCB TA contractors and learning about Head Start TA networks.

Federal Interagency Coordinating Council-located at the Holiday Inn Capital in Washington, DC. Ms. Johnna Timmes attended on June 25, 1998 and presented to the Council representatives about the Map Project.

Communities Can Meeting-located at the Department of Education in Washington, DC. Ms. Johnna Timmes attended on June 26, 1998. The outcomes included learning about federal initiatives and brainstorming ways for Map Project collaboration.

Annual State Child Care Administrators Meeting-located at Loews L'Enfant Plaza Hotel in Washington, DC. Dr. Mary Beth Bruder, Dr. Dale Fink and Ms. Johnna Timmes presented with select Map state team members on inclusive child care.

Healthy Child Care America-located at Loews L'Enfant Plaza Hotel in Washington, DC. Ms. Johnna Timmes presented on linkages established by Map state teams with HCCA grantees on July 29-30, 1998.

Year 2 Additional Activities

- ◆ Facilitation Training. Glenn Gabbard provided training on facilitation skills in Washington DC for all Map staff on April 8th and 9th, 1999. This training provided new skills acquisition as well as reinforcement of skills necessary for providing facilitation with the state teams.
- ◆ UCP Conference. Nancy Gordon attended a conference on April 15th and 16th, 1999. Six Map states from year one and year two were represented and outcomes from each of these states were discussed.
- ◆ Quality Child Care in the New Millennium. Jennifer Joy attended the Healthy Child Care America Conference in Vienna, Virginia on May 21st and 22nd, 1999. The conference provided a networking opportunity as well as dissemination of information about health as it relates to child care, including children with disabilities.
- ◆ Building Public Private Partnerships for Child Care. Dorinda Smith and Sarah Mulligan attended this conference on May 24th and 25th, 1999. Technical assistance staff provided a voice for Maps. This was also viewed as an opportunity to increase our knowledge base about the possibilities of Public Private Partnerships.
- ◆ Child Care and Head Start TA Networks Joint Meeting. On May 25th and 26th, 1999 in Washington, DC all Map staff attended this collaborative effort to begin developing regional and national relationships with our Head Start peers.
- ◆ Child Care Bureau Child Care Technical Assistance Network Meeting. On May 26th and 27th, 1999 the Child Care Bureau convened a one day seminar in Washington, DC as an opportunity for the members of the Child Care Technical Assistance Network to get to know one another. Outcomes from this meeting include: developing a strong relationship with our network colleagues, understanding of each technical assistance teams expertise and identifying ways we can utilize one another to successfully attain our mission.
- ◆ State Administrators Meeting. On August 9-11, 1999 the State Administrators Meeting was held at Loews L'Enfant Plaza Hotel in Washington, DC as an opportunity for State Administrators to discuss the issues related to child care within their states. This meeting also provided an opportunity to review current activities of the Child Care Bureau. The Map to Inclusive Child Care project presented a session on state inclusion activities. The session was facilitated by Mary Beth Bruder, Project

Director, Jennifer Joy, Project Coordinator, and Gabriela Freyre-Calish, Technical Consultant. The session included 10 participants from states that had participated in the Map project as well as state participants hoping to participate in the upcoming year.

- ◆ The Map to Inclusive Child Care National Institute. On August 12 and 13, 1999 the Map project held the National Institute at Loews L'Enfant Plaza Hotel in Washington, DC. Multiple topical sessions were facilitated by project staff. A detailed description of the Institute activities is contained under the section entitled Task 10.

Year 3 Additional Activities

National Leadership Forum of State Pre-Kindergarten, Child Care and Head Start held in Washington DC, October 25 – 26, 1999.

Jennifer Joy attended this two day working session. Twenty-one state teams attended this conference, which provided an opportunity to discuss inclusive child care with key stakeholders directly and indirectly involved with child care.

NAEYC National Conference held in New Orleans, Louisiana on November 9-10, 1999.

Nancy Gordon participated in a presentation at this conference as the Map to Inclusive Child Care representative from the Child Care Technical Assistance Network. Over 24,000 individuals attended the conference that provided an excellent opportunity for networking.

DEC Conference held in Washington, DC on December 9-11, 1999.

Jennifer Joy presented at the DEC Conference in a session with Bonnie Strickland from the Maternal Child Health Bureau, Bobbi Stettner-Eaton from the Office of Special Education, Jim O'Brien from the Head Start Bureau and Jill Harris from the Lt. Joseph P. Kennedy Institute. This provided an opportunity to discuss options for children with special needs in child care as well as looking at strategies for Federal agencies to work together to improve collaboration.

Mid-Winter Leadership Conference held on January 12, 2000 in Dallas, Texas.

Nancy Gordon facilitated a panel that included Map team members from Louisiana and New Mexico. The panel discussed the benefits of the Map project, continuation after technical assistance was completed and communication and collaboration with other states within their region.

New Directions, New Ideas...An Agenda for Children and Families in the 21st Century was held on January 23-26, 2000 in Atlanta, Georgia.

Nancy Gordon attended this conference to network with state teams. She also assisted NCCIC with their table and Pam Kautz invited her, the Region IV DSQIC to participate in a session answering questions related to Maps and inclusive child care practices.

NECTAS Meeting was held in Washington DC on January 30, 2000.

Mary Beth Bruder, Nancy Gordon, Ruth Ann Rasbold and Jennifer Joy attended this meeting. Mary Beth Bruder facilitated a discussion about the outcomes of the Map to Inclusive Child Care Project. Liaisons from Massachusetts and Florida were present to offer an update on their strategic plans and community events.

Expanding Child Care to Underserved Populations; Meeting the Needs of Rural Communities held February 23, 2000 in Washington DC.

Sarah Mulligan attended this forum presented by the Child Care Bureau. The day began with a presentation on the issues, which was then followed by work groups in the afternoon.

Tribal Child Care in 2000 held in Denver, Colorado on March 14-16, 2000.

Nancy Gordon attended the region VI and VIII Tribal Hub meeting. Nancy facilitated a session on the Map to Inclusive Child Care Project, offering strategies for increasing the inclusion of tribes in inclusive child care.

Biannual CCTAN Meeting held in Washington DC on March 21-22, 2000.

Nancy Gordon, Dorinda Smith and Jennifer Joy participated in the biannual meeting as representatives to the CCTAN from the Map to Inclusive Child Care Project. This meeting served as a networking session. The Child Care Bureau facilitated discussion about increasing communication between the network partners as well as the regional staff.

Systems Solutions: Building a Quality Early Care and Education System held in Brewster, Massachusetts on April 11-13, 2000.

Ruth Ann Rasbold presented at this region I child care meeting. Ruth Ann facilitated a panel presentation, which included participation from the Vermont and Massachusetts Map teams.

Ensuring Children Grow Up Safe and Healthy held in Portland, Oregon on April 30 – May 2, 2000.

Nancy Gordon attended this conference, which provided an opportunity to look at minimum standards for tribal child care programs. Many of the states participating in the Map project have recognized tribes within.

Continuing the Dialog – Quality Child Care for All Children held in Atlanta, Georgia on April 25-27, 2000.

Nancy Gordon presented with Lou Ann Long, Florida liaison and Linda McReynolds, Tennessee liaison on the purpose of the Map project, as well as the initiatives that are occurring as a result of the Map project.

Getting Back to Basics held in Philadelphia, Pennsylvania on May 9-10, 2000.

Nancy Gordon attended the Region III Child Care Meeting, which focused on policies and regulations, accountability and fraud, new software, building capacity, and TANF funding for child care.

Tribal and State Partnerships: Weaving Together for Quality Child Care held in Chicago, Illinois on May 31-June 2, 2000.

Dorinda Smith attended this Region V State and Tribal Child Care conference. Dorinda presented with Robert Brocken, Illinois liaison for the Map project.

Child Care 2000: Building Partnerships – A Strategy for Quality held in Kansas City, Missouri.

Dale Fink attended this region VII Child Care meeting as a representative from the Map to Inclusive Child Care project. Dale facilitated a session with Kathy Fuger from Missouri and Sally Clausen from Iowa. Together they identified the context of inclusive child care within the region, introduced the Map project and discussed the outcomes of their individual states.

Engaging Partners to Expand Availability and Improve Quality of Child Care held in San Francisco, California on may 16-18, 2000.

Nancy Gordon attended the Region IX State Child Care Administrators Meeting. Nancy presented with Abby Cohen, Joanne Everts and Pamm Shaw. Abby provided an update on the ADA while Joanne , a member of the Nevada Map team and Pamm, California Map liaison spoke about activities occurring within their states on inclusive child care.

Enhancing Early Care and Education Through Partnerships held in Seattle, Washington on June 13-15, 2000.

Sarah Mulligan attended the Region X Child Care meeting. The primary focus of the conference was partnerships. Sarah facilitated a panel presentation on inclusive child care. The panel included Terry Butler, Oregon liaison, Tory Clarke Henderson, Washington liaison and Mary Lorrence, Alaska team member. Each team member summarized his or her Map experience, highlighting the long term benefit of participating in this project.

Work Group of National Child Care Organizations held in Washington, DC on May 31, 2000.

Nancy Gordon attended this workshop representing the Map to Inclusive Child Care project. During this meeting, issues such as foster care, collaboration, before and after school care and nutrition and health were discussed.

Building a Brighter Future for Our Children was held in New York City, New York on July 18-20, 2000.

Nancy Gordon attended this Region II Child Care conference as the Map to Inclusive Child Care representative. Nancy moderated a panel discussion which included Ellie Cohen, New Jersey Map liaison, Frances

Ortiz, Puerto Rico Map liaison, and Velven Samuel, Virgin Islands Map liaison. One of the focuses of the discussion was how to continue inclusion efforts within the state or territory after the Map project is complete.

State Administrators Meeting was held in Washington, DC on August 13-16, 2000.

Mary Beth Bruder, Project Director attended the meeting and facilitated a session on inclusive child care. "Planning, managing and funding child care for children with disabilities". The panel participants included Frances Ortiz, Map liaison from Puerto Rico, Joan Christopher, Washington, Dc Map liaison and Barbara Ferguson-Kamara, Washington DC state administrator. The panel discussed their progress with the Map project and the ongoing activities of the Map teams to continue promoting inclusive child care.

Appendix M

Overall
(Year 1, Year 2, and Year 3)

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.	0.3	2.4	10.8	46.4	40.1	4.24	.76
All topics on the agenda were addressed.	0.3	2.8	9.8	38.8	48.3	4.32	.79
The facilitators were well prepared and organized.	0.5	1.0	4.5	18.8	75.2	4.67	.66
The facilitators were knowledgeable in the subject.	0.3	0.8	2.5	16.3	80.2	4.75	.56
The facilitators managed team discussions to keep on track towards a unified strategic plan.	1.3	1.5	5.8	22.5	68.9	4.56	.78
Overall, the process of the meeting was effective in creating a unified strategic plan.		2.1	7.2	37.0	53.7	4.42	.72
Logistics							
Time was well organized.	0.3	3.5	9.3	32.8	54.1	4.37	.81
I found the environment to be comfortable.	1.2	5.5	14.5	30.7	48.1	4.19	.96
The size of the group was appropriate for discussion and consensus.	0.2	2.5	4.5	33.6	59.2	4.49	.72
The day and time of the meeting fit my needs.	1.5	2.7	8.0	35.4	52.4	4.34	.86

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		2.9	8.3	28.3	60.4	4.46	.77
Formulating the mission	0.3	1.9	9.3	32.2	56.4	4.43	.76
Present federal, state and local political contexts	0.6	3.6	29.8	41.7	24.3	3.86	.85
Opportunities		2.5	22.8	41.4	33.3	4.06	.81
Threats to momentum	1.2	3.3	35.5	36.7	23.4	3.78	.88
Objective setting and prioritizing		2.7	11.8	43.3	42.2	4.25	.77
Action planning	0.3	2.7	12.2	42.7	42.1	4.24	.79
Resource allocation	1.5	5.1	31.0	39.0	23.5	3.78	.91
Implementation steps	0.6	3.6	18.9	45.4	31.5	4.04	.84
Team Profile							
The functions, responsibilities and rationale for the team was clear.	0.3	3.8	14.2	42.9	38.8	4.16	.83
The atmosphere allowed for an open discussion of the issues.	0.5	0.5	1.8	25.8	71.4	4.67	.59
A consensus was achieved for the strategic plan.		1.3	8.9	36.2	53.6	4.42	.71
Members of the team appeared committed to implementing the strategic plan.		0.8	5.3	27.8	66.1	4.59	.63

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.	0.3	1.6	4.7	40.1	53.4	4.45	.68
The strategic plan clearly stipulates all members' responsibilities to its implementation.	1.9	8.5	29.9	33.7	26.0	3.73	1.00
The strategic plan is realistic to achieve.		2.5	18.0	48.9	30.6	4.08	.76
I believe the strategic plan will be implemented.	0.3	2.4	14.7	46.6	35.9	4.16	.78
I believe the strategic plan will benefit my state's needs for quality inclusive child care.	0.3	0.8	7.7	35.5	55.7	4.46	.70

Year 1 Overall

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.	0.3	2.4	10.8	46.4	40.1	4.24	.76
All topics on the agenda were addressed.	0.3	2.8	9.8	38.8	48.3	4.32	.79
The facilitators were well prepared and organized.	0.5	1.0	4.5	18.8	75.2	4.67	.66
The facilitators were knowledgeable in the subject.	0.3	0.8	2.5	16.3	80.2	4.75	.56
The facilitators managed team discussions to keep on track towards a unified strategic plan.	1.3	1.5	5.8	22.5	68.9	4.56	.78
Overall, the process of the meeting was effective in creating a unified strategic plan.		2.1	7.2	37.0	53.7	4.42	.72
Logistics							
Time was well organized.	0.3	3.5	9.3	32.8	54.1	4.37	.81
I found the environment to be comfortable.	1.2	5.5	14.5	30.7	48.1	4.19	.96
The size of the group was appropriate for discussion and consensus.	0.2	2.5	4.5	33.6	59.2	4.49	.72
The day and time of the meeting fit my needs.	1.5	2.7	8.0	35.4	52.4	4.34	.86

Year 1

Utah

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			5.3	52.6	42.1	4.37	.60
All topics on the agenda were addressed.		5.3		63.2	31.6	4.21	.71
The facilitators were well prepared and organized.				15.0	85.0	4.85	.37
The facilitators were knowledgeable in the subject.				15.0	85.0	4.85	.37
The facilitators managed team discussions to keep on track towards a unified strategic plan.				20.0	80.0	4.80	.41
Overall, the process of the meeting was effective in creating a unified strategic plan.				35.0	65.0	4.65	.49
Logistics							
Time was well organized.			5.0	20.0	75.0	4.70	.57
I found the environment to be comfortable.			5.0		95.0	4.90	.45
The size of the group was appropriate for discussion and consensus.		5.0		15.0	80.0	4.70	.73
The day and time of the meeting fit my needs.	5.0	5.0	5.0	30.0	55.0	4.25	1.12

Year 1 Additional Activities

White House Conference on Child Care. Ms. Michele Cook and Dr. Dale Fink attended the White House Conference at the U.S. Department of Agriculture site on October 23, 1997. In addition, both project staff members were invited and participated in the White House reception.

Administrative Work Group. Dr. Mary Beth Bruder and Ms. Patti Green-Roth attended a meeting of the Child Care Bureau, the Administrative Work Group and other Child Care Bureau subcontractors on October 24, 1997. This meeting included a debriefing of the White House Conference. It also provided an opportunity to gain input on the selection criteria and application process for the selection of the 10 states for the Map to Inclusive Child Care Project.

During November of 1997 additional activities that occurred was the approval and dissemination of an informational flyer about the project. The handout was disseminated at the Council for Exceptional Children, Division of Early Childhood International Meeting in New Orleans. Approximately 500 of these flyers were distributed at this meeting

National Child Care Association- located at the Riveria Hotel in Las Vegas, Nevada. Ms. Johnna Timmes attended this meeting on March 6-8, 1998. The outcomes of this meeting included learning more about subcontractors and a visit to a private child care provider site that included children with disabilities.

State Administrators Meeting planning work group- located at the Child Care Bureau in Washington, DC. Ms. Johnna Timmes attended this meeting on March 11, 1998. The outcomes of this meeting included the development of agenda ideas and a potential speakers list for the SAM, July 25-31, 1998 at L'enfant Plaza. It was suggested that the Map project sponsor a breakout session entitled, Meeting the Needs of Children with Disabilities in After School Care.

Preschool Enrichment Team (CC&R) Regional Child Care Conference --located in Holyoke, Massachusetts on March 18, 1998. Dr. Dale Fink presented on the topic of Inclusive Child Care. The outcomes of this meeting included disseminating information about the Map Project, learning about current issues in inclusion from participants from three states and networking with people involved in collaboration between public schools and private child care.

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.	0.3	1.6	4.7	40.1	53.4	4.45	.68
The strategic plan clearly stipulates all members' responsibilities to its implementation.	1.9	8.5	29.9	33.7	26.0	3.73	1.00
The strategic plan is realistic to achieve.		2.5	18.0	48.9	30.6	4.08	.76
I believe the strategic plan will be implemented.	0.3	2.4	14.7	46.6	35.9	4.16	.78
I believe the strategic plan will benefit my state's needs for quality inclusive child care.	0.3	0.8	7.7	35.5	55.7	4.46	.70

Year 1

New Mexico

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.		7.7		84.6	7.7	3.92	.64
All topics on the agenda were addressed.		7.1	28.6	28.6	35.7	3.93	1.00
The facilitators were well prepared and organized.				14.3	85.7	4.86	.36
The facilitators were knowledgeable in the subject.				21.4	78.6	4.79	.43
The facilitators managed team discussions to keep on track towards a unified strategic plan.		7.1		64.3	28.6	4.14	.77
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.		7.1	7.1	57.1	28.6	4.07	.83
I found the environment to be comfortable.		21.4	35.7	35.7	7.1	3.29	.91
The size of the group was appropriate for discussion and consensus.		7.1	7.1	64.3	21.4	4.00	.78
The day and time of the meeting fit my needs.				35.7	64.3	4.64	.50

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			7.1	21.4	71.4	4.64	.63
Formulating the mission			7.1	28.6	64.3	4.57	.65
Present federal, state and local political contexts			28.6	28.6	42.9	4.14	.86
Opportunities		7.1	14.3	42.9	35.7	4.07	.92
Threats to momentum	10.0	20.0	30.0	20.0	20.0	3.20	1.32
Objective setting and prioritizing				46.2	53.8	4.54	.52
Action planning				38.5	61.5	4.62	.51
Resource allocation		27.3	18.2	36.4	18.2	3.46	1.13
Implementation steps		8.3	16.7	58.3	16.7	3.83	.84
Team Profile							
The functions, responsibilities and rationale for the team was clear.	7.7	15.4	23.1	46.2	7.7	3.31	1.11
The atmosphere allowed for an open discussion of the issues.			7.7	53.8	38.5	4.31	.63
A consensus was achieved for the strategic plan.			15.4	46.2	38.5	4.23	.73
Members of the team appeared committed to implementing the strategic plan.				38.5	61.5	4.62	.51

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.		7.7		46.2	46.2	4.31	.86
The strategic plan clearly stipulates all members' responsibilities to its implementation.		15.4	30.8	38.5	15.4	3.54	.97
The strategic plan is realistic to achieve.			7.7	61.5	30.8	4.23	.60
I believe the strategic plan will be implemented.			30.8	38.5	30.8	4.00	.82
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			15.4	23.1	61.5	4.46	.78

Year 1

Tennessee

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.					100.0	5.00	.00
All topics on the agenda were addressed.					100.0	5.00	.00
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.				25.0	75.0	4.75	.50
The facilitators managed team discussions to keep on track towards a unified strategic plan.					100.0	5.00	.00
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.					100.0	5.00	.00
I found the environment to be comfortable.					100.0	5.00	.00
The size of the group was appropriate for discussion and consensus.					100.0	5.00	.00
The day and time of the meeting fit my needs.							

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision					100.0	5.00	.00
Formulating the mission					100.0	5.00	.00
Present federal, state and local political contexts					100.0	5.00	.00
Opportunities				50.0	50.0	4.50	.71
Threats to momentum					100.0	5.00	.00
Objective setting and prioritizing					100.0	5.00	.00
Action planning			50.0		50.0	4.00	1.41
Resource allocation					100.0	5.00	.00
Implementation steps							
Team Profile				25.0	75.0	4.75	.50
The functions, responsibilities and rationale for the team was clear.					100.0	5.00	.00
The atmosphere allowed for an open discussion of the issues.					100.0	5.00	.00
A consensus was achieved for the strategic plan.					100.0	5.00	.00
Members of the team appeared committed to implementing the strategic plan.							

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.					100.0	5.00	.00
The strategic plan clearly stipulates all members' responsibilities to its implementation.					100.0	5.00	.00
The strategic plan is realistic to achieve.					100.0	5.00	.00
I believe the strategic plan will be implemented.					100.0	5.00	.00
I believe the strategic plan will benefit my state's needs for quality inclusive child care.					100.0	5.00	.00

Year 1

Vermont

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			28.6	42.9	28.6	4.00	.82
All topics on the agenda were addressed.			25.0	50.0	25.0	4.00	.76
The facilitators were well prepared and organized.				62.5	37.5	4.38	.52
The facilitators were knowledgeable in the subject.				57.1	42.9	4.43	.54
The facilitators managed team discussions to keep on track towards a unified strategic plan.				62.5	37.5	4.38	.52
Overall, the process of the meeting was effective in creating a unified strategic plan.			12.5	62.5	25.0	4.13	.64
Logistics							
Time was well organized.		12.5	12.5	37.5	37.5	4.00	1.07
I found the environment to be comfortable.				62.5	37.5	4.38	.52
The size of the group was appropriate for discussion and consensus.			12.5	37.5	50.0	4.38	.74
The day and time of the meeting fit my needs.			12.5	37.5	50.0	4.38	.74

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		33.3	50.0	16.7		2.83	.75
Formulating the mission		16.7	50.0	33.3		3.17	.75
Present federal, state and local political contexts		16.7	66.7	16.7		3.00	.63
Opportunities		14.3	14.3	42.9	28.6	3.86	1.07
Threats to momentum		16.7	50.0	33.3		3.17	.75
Objective setting and prioritizing			33.3	33.3	33.3	4.00	.89
Action planning				71.4	28.6	4.29	.49
Resource allocation		16.7	33.3	33.3	16.7	3.50	1.05
Implementation steps				85.7	14.3	4.14	.38
Team Profile							
			28.6	57.1	14.3	3.86	.69
The functions, responsibilities and rationale for the team was clear.				42.9	57.1	4.57	.54
The atmosphere allowed for an open discussion of the issues.				57.1	42.9	4.43	.54
A consensus was achieved for the strategic plan.				28.6	71.4	4.71	.49
Members of the team appeared committed to implementing the strategic plan.							

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			16.7	50.0	33.3	4.17	.75
The strategic plan clearly stipulates all members' responsibilities to its implementation.			12.5	50.0	37.5	4.25	.71
The strategic plan is realistic to achieve.				87.5	12.5	4.13	.35
I believe the strategic plan will be implemented.				87.5	12.5	4.13	.35
I believe the strategic plan will benefit my state's needs for quality inclusive child care.				37.5	62.5	4.63	.52

Year 1

New Jersey

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				23.1	76.9	4.77	.44
All topics on the agenda were addressed.			7.7	38.5	53.8	4.46	.66
The facilitators were well prepared and organized.				30.8	69.2	4.69	.48
The facilitators were knowledgeable in the subject.				7.7	92.3	4.92	.28
The facilitators managed team discussions to keep on track towards a unified strategic plan.				30.8	69.2	4.69	.48
Overall, the process of the meeting was effective in creating a unified strategic plan.				7.7	92.3	4.92	.28
Logistics							
Time was well organized.				46.2	53.8	4.54	.52
I found the environment to be comfortable.			7.7	23.1	69.2	4.54	.88
The size of the group was appropriate for discussion and consensus.				23.1	76.9	4.77	.44
The day and time of the meeting fit my needs.		15.4		23.1	61.5	4.31	1.11

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			7.7	7.7	84.6	4.77	.60
Formulating the mission				23.1	76.9	4.77	.44
Present federal, state and local political contexts			15.4	53.8	30.8	4.15	.67
Opportunities			15.4	30.8	53.8	4.39	.77
Threats to momentum			33.3	41.7	25.0	3.92	.79
Objective setting and prioritizing			7.7	38.5	53.8	4.46	.66
Action planning			7.7	30.8	61.5	4.54	.66
Resource allocation			16.7	33.3	50.0	4.33	.78
Implementation steps				38.5	61.5	4.62	.51
Team Profile							
			7.7	23.1	69.2	4.62	.65
The functions, responsibilities and rationale for the team was clear.				23.1	76.9	4.77	.44
The atmosphere allowed for an open discussion of the issues.				46.2	53.8	4.54	.52
A consensus was achieved for the strategic plan.				23.1	76.9	4.77	.44
Members of the team appeared committed to implementing the strategic plan.							

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.		7.7	38.5	23.1	30.8	3.77	1.01
The strategic plan clearly stipulates all members' responsibilities to its implementation.			15.4	61.5	23.1	4.08	.64
The strategic plan is realistic to achieve.				61.5	38.5	4.39	.51
I believe the strategic plan will be implemented.				38.5	61.5	4.62	.51
I believe the strategic plan will benefit my state's needs for quality inclusive child care.							

Year 1

Maryland

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			5.6	61.1	33.3	4.28	.58
All topics on the agenda were addressed.		10.5	21.1	42.1	26.3	3.84	.96
The facilitators were well prepared and organized.			5.3	47.4	47.4	4.42	.61
The facilitators were knowledgeable in the subject.			5.3	26.3	68.4	4.63	.60
The facilitators managed team discussions to keep on track towards a unified strategic plan.			10.5	10.5	78.9	4.68	.67
Overall, the process of the meeting was effective in creating a unified strategic plan.			10.5	36.8	52.6	4.42	.69
Logistics							
Time was well organized.		5.3	15.8	47.4	31.6	4.05	.85
I found the environment to be comfortable.			10.5	31.6	57.9	4.47	.70
The size of the group was appropriate for discussion and consensus.			5.3	52.6	42.1	4.37	.60
The day and time of the meeting fit my needs.		5.3	10.5	31.6	52.6	4.32	.89

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			5.3	36.8	57.9	4.53	.61
Formulating the mission			5.3	42.1	52.6	4.47	.61
Present federal, state and local political contexts			42.1	47.4	10.5	3.68	.67
Opportunities		5.3	15.8	68.4	10.5	3.84	.69
Threats to momentum		5.6	22.2	50.0	22.2	3.89	.83
Objective setting and prioritizing			18.8	56.3	25.0	4.06	.68
Action planning			35.7	42.9	21.4	3.86	.77
Resource allocation			41.7	50.0	8.3	3.67	.65
Implementation steps			57.1	35.7	7.1	3.50	.65
Team Profile							
The functions, responsibilities and rationale for the team was clear.			16.7	44.4	38.9	4.22	.73
The atmosphere allowed for an open discussion of the issues.			10.5	31.6	57.9	4.47	.70
A consensus was achieved for the strategic plan.			5.3	52.6	42.1	4.37	.60
Members of the team appeared committed to implementing the strategic plan.			5.3	31.6	63.2	4.60	.61

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.		5.3	5.3	52.6	36.8	4.21	.79
The strategic plan clearly stipulates all members' responsibilities to its implementation.	11.8	11.8	29.4	23.5	23.5	3.35	1.32
The strategic plan is realistic to achieve.		6.3	25.0	43.8	25.0	3.88	.89
I believe the strategic plan will be implemented.		5.6	27.8	50.0	16.7	3.78	.81
I believe the strategic plan will benefit my state's needs for quality inclusive child care.		5.3	5.3	47.4	42.1	4.26	.81

Year 1
Indiana

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			25.0	62.5	12.5	3.88	.64
All topics on the agenda were addressed.		12.5	37.5	37.5	12.5	3.50	.93
The facilitators were well prepared and organized.			37.5	37.5	25.0	3.88	.84
The facilitators were knowledgeable in the subject.		25.0	12.5	25.0	37.5	4.63	.52
The facilitators managed team discussions to keep on track towards a unified strategic plan.		12.5	12.5	50.0	25.0	3.88	.99
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.			25.0	62.5	12.5	3.88	.64
I found the environment to be comfortable.				62.5	37.5	4.38	.52
The size of the group was appropriate for discussion and consensus.			12.5	25.0	62.5	4.50	.76
The day and time of the meeting fit my needs.			12.5	25.0	62.5	4.50	.76

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				42.9	57.1	4.57	.54
Formulating the mission			33.3	33.3	33.3	4.00	.89
Present federal, state and local political contexts			57.1	42.9		3.43	.54
Opportunities			100.0			3.00	.00
Threats to momentum			100.0			3.00	.00
Objective setting and prioritizing			28.6	42.9	28.6	4.00	.82
Action planning			28.6	57.1	14.3	3.86	.69
Resource allocation			83.3	16.7		3.17	.41
Implementation steps				85.7	14.3	4.14	.38
Team Profile							
The functions, responsibilities and rationale for the team was clear.			12.5	75.0	12.5	4.00	.54
The atmosphere allowed for an open discussion of the issues.				25.0	75.0	4.75	.46
A consensus was achieved for the strategic plan.			12.5	50.0	37.5	4.25	.71
Members of the team appeared committed to implementing the strategic plan.				25.0	75.0	4.75	.46

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			37.5	37.5	25.0	3.88	.84
The strategic plan clearly stipulates all members' responsibilities to its implementation.	12.5		37.5	12.5	37.5	3.63	1.41
The strategic plan is realistic to achieve.			12.5	75.0	12.5	4.00	.54
I believe the strategic plan will be implemented.				62.5	37.5	4.38	.52
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			25.0	50.0	25.0	4.00	.76

Year 1

Iowa

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.		10.5	26.3	36.8	21.1	3.72	.96
All topics on the agenda were addressed.			10.5	63.2	26.3	4.16	.60
The facilitators were well prepared and organized.	5.3	5.3	10.5	36.8	42.1	4.05	1.13
The facilitators were knowledgeable in the subject.		10.5	10.5	21.1	57.9	4.26	1.05
The facilitators managed team discussions to keep on track towards a unified strategic plan.	10.5	10.5	10.5	36.8	31.6	3.68	1.34
Overall, the process of the meeting was effective in creating a unified strategic plan.		5.3	26.3	52.6	15.8	3.79	.79
Logistics							
Time was well organized.	5.3	10.5	15.8	42.1	26.3	3.74	1.15
I found the environment to be comfortable.	5.3	10.5	36.8	26.3	21.1	3.47	1.12
The size of the group was appropriate for discussion and consensus.			10.5	47.4	42.1	4.32	.67
The day and time of the meeting fit my needs.			10.5	42.1	47.4	4.37	.68

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			26.7	33.3	40.0	4.13	.83
Formulating the mission			26.7	40.0	33.3	4.07	.80
Present federal, state and local political contexts			40.0	33.3	26.7	3.87	.83
Opportunities			37.5	25.0	37.5	4.00	.89
Threats to momentum			50.0	35.7	14.3	3.64	.75
Objective setting and prioritizing		12.5	25.0	50.0	12.5	3.63	.89
Action planning		12.5	25.0	50.0	12.5	3.63	.89
Resource allocation			43.8	37.5	18.8	3.75	.78
Implementation steps		18.8	25.0	43.8	12.5	3.50	.97
Team Profile							
The functions, responsibilities and rationale for the team was clear.		10.5	15.8	52.6	21.1	3.84	.90
The atmosphere allowed for an open discussion of the issues.			5.3	21.1	73.7	4.68	.58
A consensus was achieved for the strategic plan.		5.3	15.8	42.1	36.8	4.11	.88
Members of the team appeared committed to implementing the strategic plan.			21.1	31.6	47.4	4.26	.81

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			5.3	31.6	63.2	4.58	.61
The strategic plan clearly stipulates all members' responsibilities to its implementation.		21.1	52.6	21.1	5.3	3.11	.81
The strategic plan is realistic to achieve.		15.8	21.1	47.4	15.8	3.63	.96
I believe the strategic plan will be implemented.		10.5	26.3	42.1	21.1	3.74	.93
I believe the strategic plan will benefit my state's needs for quality inclusive child care.		5.3	10.5	42.1	42.1	4.21	.86

Year 1

Utah

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			5.3	52.6	42.1	4.37	.60
All topics on the agenda were addressed.		5.3		63.2	31.6	4.21	.71
The facilitators were well prepared and organized.				15.0	85.0	4.85	.37
The facilitators were knowledgeable in the subject.				15.0	85.0	4.85	.37
The facilitators managed team discussions to keep on track towards a unified strategic plan.				20.0	80.0	4.80	.41
Overall, the process of the meeting was effective in creating a unified strategic plan.				35.0	65.0	4.65	.49
Logistics							
Time was well organized.			5.0	20.0	75.0	4.70	.57
I found the environment to be comfortable.			5.0		95.0	4.90	.45
The size of the group was appropriate for discussion and consensus.		5.0		15.0	80.0	4.70	.73
The day and time of the meeting fit my needs.	5.0	5.0	5.0	30.0	55.0	4.25	1.12

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				31.6	68.4	4.68	.49
Formulating the mission			44.4	44.4	55.6	4.56	.51
Present federal, state and local political contexts			31.3	50.0	18.8	3.88	.72
Opportunities	11.8	5.9	47.1	23.5	11.8	3.18	1.13
Threats to momentum		5.0	5.0	45.0	45.0	4.30	.80
Objective setting and prioritizing		10.0	10.0	45.0	35.0	4.05	.95
Action planning	5.6	16.7	16.7	38.9	22.2	3.56	1.20
Resource allocation	5.6	5.6	22.2	50.0	16.7	3.67	1.03
Implementation steps							
Team Profile							
The functions, responsibilities and rationale for the team was clear.		5.0		35.0	60.0	4.50	.76
The atmosphere allowed for an open discussion of the issues.			10.0	35.0	55.0	4.45	.69
A consensus was achieved for the strategic plan.				30.0	70.0	4.70	.47
Members of the team appeared committed to implementing the strategic plan.							

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			5.0	35.0	60.0	4.55	.61
The strategic plan clearly stipulates all members' responsibilities to its implementation.	10.5	10.5	31.6	31.6	15.8	3.32	1.20
The strategic plan is realistic to achieve.			27.8	61.1	11.1	3.83	.62
I believe the strategic plan will be implemented.			16.7	61.1	22.2	4.06	.64
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			5.6	11.1	83.3	4.78	.55

Year 1

California

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.	7.7	23.1	15.4	53.8		3.15	1.07
All topics on the agenda were addressed.	7.1	7.1	35.7	42.9	7.1	3.36	1.01
The facilitators were well prepared and organized.		7.1	14.3	42.9	35.7	4.07	.92
The facilitators were knowledgeable in the subject.	7.1	14.3	14.3	42.9	21.4	4.43	.85
The facilitators managed team discussions to keep on track towards a unified strategic plan.		7.1	35.7	42.9	14.3	3.57	1.22
Overall, the process of the meeting was effective in creating a unified strategic plan.						3.64	.84
Logistics							
Time was well organized.		7.1	21.4	57.1	14.3	3.79	.80
I found the environment to be comfortable.	7.1	14.3	21.4	35.7	21.4	3.50	1.23
The size of the group was appropriate for discussion and consensus.		20.0	6.7	66.7	6.7	3.60	.91
The day and time of the meeting fit my needs.	13.3	6.7	33.3	33.3	13.3	3.27	1.22

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		15.4	15.4	38.5	30.8	3.85	1.07
Formulating the mission		7.7	30.8	46.2	15.4	3.69	.86
Present federal, state and local political contexts		8.3	33.3	58.3		3.50	.67
Opportunities			50.0	41.7	8.3	3.58	.67
Threats to momentum		8.3	66.7	8.3	16.7	3.33	.89
Objective setting and prioritizing		7.7	38.5	15.4	38.5	3.85	1.07
Action planning		7.7	30.8	46.2	15.4	3.69	.86
Resource allocation	8.3	8.3	41.7	33.3	8.3	3.25	1.06
Implementation steps		7.7	46.2	30.8	15.4	3.54	.88
Team Profile							
The functions, responsibilities and rationale for the team was clear.		21.4	28.6	42.9	7.1	3.36	.93
The atmosphere allowed for an open discussion of the issues.	6.7		6.7	46.7	40.0	4.13	1.06
A consensus was achieved for the strategic plan.		15.4	23.1	38.5	23.1	3.69	1.03
Members of the team appeared committed to implementing the strategic plan.		6.7	6.7	40.0	46.7	4.27	.88

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.	7.1	7.1	28.6	50.0	7.1	3.43	1.02
The strategic plan clearly stipulates all members' responsibilities to its implementation.		23.1	46.2	30.8		3.08	.76
The strategic plan is realistic to achieve.			46.2	53.8		3.54	.52
I believe the strategic plan will be implemented.	7.7		38.5	53.8		3.39	.87
I believe the strategic plan will benefit my state's needs for quality inclusive child care.		7.7	23.1	38.5	30.8	3.92	.95

Year 1
Oregon

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.		9.1	36.4	36.4	18.2	3.64	.92
All topics on the agenda were addressed.		27.3		45.5	27.3	3.73	1.19
The facilitators were well prepared and organized.			9.1	36.4	54.5	4.46	.69
The facilitators were knowledgeable in the subject.			18.2	36.4	45.5	4.27	.79
The facilitators managed team discussions to keep on track towards a unified strategic plan.			20.0	70.0	10.0	3.90	.57
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.		9.1	45.5	36.4	9.1	3.46	.82
I found the environment to be comfortable.	9.1	18.2	45.5	18.2	9.1	3.00	1.10
The size of the group was appropriate for discussion and consensus.		18.2		54.5	27.3	3.91	1.04
The day and time of the meeting fit my needs.			9.1	54.5	36.4	4.27	.65

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			27.3	27.3	45.5	4.18	.87
Formulating the mission		10.0	30.0	30.0	30.0	3.80	1.03
Present federal, state and local political contexts			44.4	44.4	11.1	3.67	.71
Opportunities			33.3	16.7	50.0	4.17	.98
Threats to momentum			100.0			3.00	.00
Objective setting and prioritizing		10.0	30.0	50.0	10.0	3.60	.84
Action planning			18.2	72.7	9.1	3.91	.54
Resource allocation			55.6	33.3	11.1	3.56	.73
Implementation steps			36.4	54.5	9.1	3.73	.65
Team Profile							
			30.0	50.0	20.0	3.90	.74
The functions, responsibilities and rationale for the team was clear.		18.2		27.3	54.5	4.18	1.17
The atmosphere allowed for an open discussion of the issues.			10.0	60.0	30.0	4.20	.63
A consensus was achieved for the strategic plan.				45.5	54.5	4.55	.52
Members of the team appeared committed to implementing the strategic plan.							

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.		9.1	36.4	45.5	9.1	3.55	.82
The strategic plan clearly stipulates all members' responsibilities to its implementation.			36.4	45.5	18.2	3.82	.75
The strategic plan is realistic to achieve.		9.1	9.1	54.5	27.3	4.00	.89
I believe the strategic plan will be implemented.				54.5	45.5	4.46	.52
I believe the strategic plan will benefit my state's needs for quality inclusive child care.							

Year 2

Overall

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.		0.8	10.1	40.3	48.8	4.37	.70
All topics on the agenda were addressed.		1.5	8.5	28.5	61.5	4.50	.72
The facilitators were well prepared and organized.	0.7	1.5	3.7	12.5	81.6	4.73	.67
The facilitators were knowledgeable in the subject.	0.7		2.9	12.5	83.8	4.79	.56
The facilitators managed team discussions to keep on track towards a unified strategic plan.	1.5		5.2	19.3	74.1	4.64	.72
Overall, the process of the meeting was effective in creating a unified strategic plan.		2.3	5.4	31.0	61.2	4.51	.71
Logistics							
Time was well organized.		3.7	6.7	25.2	64.4	4.50	.78
I found the environment to be comfortable.	1.5	2.2	10.9	29.2	56.2	4.37	.87
The size of the group was appropriate for discussion and consensus.	0.7		3.6	21.2	74.5	4.69	.62
The day and time of the meeting fit my needs.	1.5	2.9	9.5	27.0	59.1	4.39	.89

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		4.8	3.2	22.2	69.8	4.57	.77
Formulating the mission	0.8	2.4	4.1	24.4	68.3	4.57	.76
Present federal, state and local political contexts		5.0	23.3	38.3	33.3	4.00	.88
Opportunities		3.3	18.7	39.8	38.2	4.13	.83
Threats to momentum	0.9	3.5	26.1	38.3	31.3	3.96	.89
Objective setting an prioritizing		3.2	4.8	45.2	46.8	4.36	.72
Action planning	0.8	2.5	13.4	37.8	45.4	4.24	.84
Resource allocation	0.9	4.5	28.6	38.4	27.7	3.88	.90
Implementation steps	0.9	1.7	19.8	39.7	37.9	4.12	.85
Team Profile							
The functions, responsibilities and rationale for the team was clear.		2.3	15.0	37.6	45.1	4.26	.79
The atmosphere allowed for an open discussion of the issues.	0.7			21.5	77.8	4.76	.53
A consensus was achieved for the strategic plan.		0.8	9.5	31.0	58.7	4.48	.70
Members of the team appeared committed to implementing the strategic plan.		0.8	5.3	23.3	70.7	4.64	.62

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.		0.8	2.4	38.9	57.9	4.54	.59
The strategic plan clearly stipulates all members' responsibilities to its implementation.	1.7	6.9	23.3	36.2	31.9	3.90	.99
The strategic plan is realistic to achieve.		1.7	13.4	46.2	38.7	4.22	.74
I believe the strategic plan will be implemented.		0.8	9.8	45.5	43.9	4.33	.68
I believe the strategic plan will benefit my state's needs for quality inclusive child care.	0.8		8.0	31.2	60.0	4.50	.71

Year 2

Massachusetts

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				21.4	78.6	4.79	.43
All topics on the agenda were addressed.				7.1	92.9	4.93	.27
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.				7.1	92.9	4.93	.27
The facilitators managed team discussions to keep on track towards a unified strategic plan.				6.7	93.3	4.93	.26
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.					100.0	5.00	.00
I found the environment to be comfortable.		6.7	13.3	26.7	53.3	4.27	.96
The size of the group was appropriate for discussion and consensus.				6.7	93.3	4.93	.26
The day and time of the meeting fit my needs.			6.7	6.7	86.7	4.80	.56

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				20.0	80.0	4.80	.41
Formulating the mission				28.6	71.4	4.71	.47
Present federal, state and local political contexts			15.4	38.5	46.2	4.31	.75
Opportunities		7.7	7.7	30.8	53.8	4.31	.95
Threats to momentum	10.0		20.0	30.0	40.0	3.90	1.29
Objective setting and prioritizing		7.7		38.5	53.8	4.38	.87
Action planning			8.3	33.3	58.3	4.50	.67
Resource allocation		11.1	11.1	44.4	33.3	4.00	1.00
Implementation steps			8.3	33.3	58.3	4.50	.67
Team Profile							
The functions, responsibilities and rationale for the team was clear.			7.7	23.1	69.2	4.62	.65
The atmosphere allowed for an open discussion of the issues.			25.0		100.0	5.00	.00
A consensus was achieved for the strategic plan.				13.3	86.7	4.50	.90
Members of the team appeared committed to implementing the strategic plan.						4.87	.35

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			10.0	40.0	50.0	4.40	.70
The strategic plan clearly stipulates all members' responsibilities to its implementation.			20.0	30.0	50.0	4.30	.82
The strategic plan is realistic to achieve.			10.0	60.0	30.0	4.20	.63
I believe the strategic plan will be implemented.			9.1	45.5	45.5	4.23	.67
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			8.3	16.7	75.0	4.67	.65

Year 2

Puerto Rico

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				9.1	90.9	4.91	.30
All topics on the agenda were addressed.				9.1	90.9	4.91	.30
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.					100.0	5.00	.00
The facilitators managed team discussions to keep on track towards a unified strategic plan.				18.2	81.8	4.82	.41
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.			9.1	18.2	72.7	4.64	.67
I found the environment to be comfortable.			9.1		90.9	4.82	.60
The size of the group was appropriate for discussion and consensus.				9.1	90.9	4.91	.30
The day and time of the meeting fit my needs.		9.1	9.1	27.3	54.5	4.27	1.01

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				18.2	81.8	4.82	.41
Formulating the mission				18.2	81.8	4.82	.41
Present federal, state and local political contexts		9.1	18.2	27.3	45.5	4.09	1.04
Opportunities				36.4	63.6	4.64	.51
Threats to momentum				27.3	72.7	4.73	.47
Objective setting and prioritizing				18.2	81.8	4.82	.41
Action planning				18.2	81.8	4.82	.41
Resource allocation				18.2	81.8	4.82	.41
Implementation steps				18.2	81.8	4.82	.41
Team Profile							
The functions, responsibilities and rationale for the team was clear.			9.1	27.3	63.6	4.55	.69
The atmosphere allowed for an open discussion of the issues.				9.1	90.9	4.91	.30
A consensus was achieved for the strategic plan.				27.3	72.7	4.73	.47
Members of the team appeared committed to implementing the strategic plan.				18.2	81.8	4.82	.41

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			10.0	30.0	60.0	4.50	.71
The strategic plan clearly stipulates all members' responsibilities to its implementation.				18.2	81.8	4.82	.41
The strategic plan is realistic to achieve.				30.0	70.0	4.70	.48
I believe the strategic plan will be implemented.				27.3	72.7	4.73	.47
I believe the strategic plan will benefit my state's needs for quality inclusive child care.				9.1	90.9	4.91	.30

Year 2

Washington, DC

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				16.7	83.3	4.83	.39
All topics on the agenda were addressed.			10.0	10.0	80.0	4.70	.67
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.				8.3	91.7	4.92	.29
The facilitators managed team discussions to keep on track towards a unified strategic plan.					100.0	5.00	.00
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.				8.3	91.7	4.92	.29
I found the environment to be comfortable.			8.3	33.3	58.3	4.50	.67
The size of the group was appropriate for discussion and consensus.				8.3	91.7	4.92	.29
The day and time of the meeting fit my needs.				25.0	75.0	4.75	.45

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				8.3	91.7	4.92	.29
Formulating the mission				8.3	91.7	4.92	.29
Present federal, state and local political contexts		8.3		25.0	66.7	4.50	.90
Opportunities				41.7	58.3	4.58	.51
Threats to momentum			8.3	33.3	58.3	4.50	.67
Objective setting and prioritizing				33.3	66.7	4.67	.49
Action planning				36.4	63.6	4.64	.50
Resource allocation			10.0	40.0	50.0	4.40	.70
Implementation steps			9.1	27.3	63.6	4.55	.69
Team Profile							
The functions, responsibilities and rationale for the team was clear.			16.7	16.7	66.7	4.50	.80
The atmosphere allowed for an open discussion of the issues.					100.0	5.00	.00
A consensus was achieved for the strategic plan.			8.3	8.3	83.3	4.75	.62
Members of the team appeared committed to implementing the strategic plan.				8.3	91.7	4.92	.29

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				25.0	75.0	4.75	.45
The strategic plan clearly stipulates all members' responsibilities to its implementation.			45.5	18.2	36.4	3.91	.94
The strategic plan is realistic to achieve.			18.2	54.5	27.3	4.09	.70
I believe the strategic plan will be implemented.			8.3	58.3	33.3	4.25	.62
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			8.3	33.3	58.3	4.50	.67

Year 2
Florida

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			27.3	45.5	27.3	4.00	.77
All topics on the agenda were addressed.		9.1	18.2	45.5	27.3	3.91	.94
The facilitators were well prepared and organized.		18.2	9.1	45.5	27.3	3.82	1.08
The facilitators were knowledgeable in the subject.			18.2	63.6	18.2	4.00	.63
The facilitators managed team discussions to keep on track towards a unified strategic plan.		9.1	12.2	54.5	18.2	3.73	1.10
Overall, the process of the meeting was effective in creating a unified strategic plan.		20.0	20.0	40.0	20.0	3.60	1.07
Logistics							
Time was well organized.		27.3		63.6	9.1	3.55	1.04
I found the environment to be comfortable.			18.2	45.5	36.4	4.18	.75
The size of the group was appropriate for discussion and consensus.				54.5	45.5	4.45	.52
The day and time of the meeting fit my needs.		9.1		45.5	45.5	4.27	.90

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		18.2		36.4	45.5	4.09	1.14
Formulating the mission		22.2	22.2	22.2	33.3	3.67	1.22
Present federal, state and local political contexts		30.0	30.0	30.0	10.0	3.20	1.03
Opportunities		18.2	27.3	45.5	9.1	3.45	.93
Threats to momentum		20.0	50.0	20.0	10.0	3.20	.92
Objective setting and prioritizing		18.2	9.1	54.5	18.2	3.73	1.01
Action planning		18.2	27.3	36.4	18.2	3.55	1.04
Resource allocation		20.0	50.0	20.0	10.0	3.20	.92
Implementation steps		10.0	30.0	40.0	20.0	3.70	.95
Team Profile							
The functions, responsibilities and rationale for the team was clear.							
		18.2	18.2	36.4	27.3	3.73	1.10
The atmosphere allowed for an open discussion of the issues.							
				63.6	36.4	4.36	.50
A consensus was achieved for the strategic plan.							
			11.1	55.6	33.3	4.22	.67
Members of the team appeared committed to implementing the strategic plan.							
				45.5	54.5	4.55	.52

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				63.6	36.4	4.36	.50
The strategic plan clearly stipulates all members' responsibilities to its implementation.		20.0	10.0	50.0	20.0	3.70	1.06
The strategic plan is realistic to achieve.		9.1		63.6	27.3	4.09	.83
I believe the strategic plan will be implemented.			18.2	63.6	18.2	4.00	.63
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			18.2	45.5	36.4	4.18	.75

Year 2

Illinois

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				60.0	40.0	4.40	.52
All topics on the agenda were addressed.				20.0	80.0	4.80	.42
The facilitators were well prepared and organized.				10.0	90.0	4.90	.32
The facilitators were knowledgeable in the subject.				10.0	90.0	4.90	.32
The facilitators managed team discussions to keep on track towards a unified strategic plan.				30.0	70.0	4.70	.48
Overall, the process of the meeting was effective in creating a unified strategic plan.				66.7	33.3	4.33	.50
Logistics							
Time was well organized.				40.0	60.0	4.60	.52
I found the environment to be comfortable.			20.0	30.0	50.0	4.30	.82
The size of the group was appropriate for discussion and consensus.			10.0	10.0	80.0	4.70	.67
The day and time of the meeting fit my needs.				60.0	40.0	4.40	.52

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		10.0		20.0	70.0	4.50	.97
Formulating the mission			10.0	30.0	60.0	4.50	.71
Present federal, state and local political contexts			20.0	60.0	20.0	4.00	.67
Opportunities			30.0	50.0	20.0	3.90	.74
Threats to momentum		10.0	50.0	40.0		3.30	.67
Objective setting and prioritizing			10.0	40.0	50.0	4.40	.70
Action planning			20.0	30.0	50.0	4.30	.82
Resource allocation			30.0	50.0	20.0	3.90	.74
Implementation steps			11.1	33.3	55.6	4.44	.73
Team Profile							
The functions, responsibilities and rationale for the team was clear.			20.0	50.0	30.0	4.10	.74
The atmosphere allowed for an open discussion of the issues.				30.0	70.0	4.70	.48
A consensus was achieved for the strategic plan.			10.0	20.0	70.0	4.60	.70
Members of the team appeared committed to implementing the strategic plan.			10.0	20.0	70.0	4.60	.70

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				88.9	11.1	4.11	.33
The strategic plan clearly stipulates all members' responsibilities to its implementation.			25.0	62.5	12.5	3.88	.64
The strategic plan is realistic to achieve.			37.5	37.5	25.0	3.88	.83
I believe the strategic plan will be implemented.			25.0	50.0	25.0	4.00	.76
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			25.0	50.0	25.0	4.00	.76

Year 2

Louisiana

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			6.7	33.3	60.0	4.53	.64
All topics on the agenda were addressed.				20.0	80.0	4.80	.41
The facilitators were well prepared and organized.			6.3	25.0	68.8	4.62	.62
The facilitators were knowledgeable in the subject.				18.8	81.3	4.81	.40
The facilitators managed team discussions to keep on track towards a unified strategic plan.			6.3	25.0	68.8	4.62	.62
Overall, the process of the meeting was effective in creating a unified strategic plan.			6.3	18.8	75.0	4.69	.60
Logistics							
Time was well organized.		6.7	6.7	20.0	66.7	4.47	.92
I found the environment to be comfortable.	12.5	12.5	25.0	25.0	25.0	3.38	1.36
The size of the group was appropriate for discussion and consensus.				25.0	75.0	4.75	.45
The day and time of the meeting fit my needs.			12.5	43.8	43.8	4.31	.70

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			6.3	25.0	68.8	4.63	.62
Formulating the mission			6.3	12.5	81.3	4.75	.58
Present federal, state and local political contexts			12.5	25.0	62.5	4.50	.73
Opportunities			18.8	25.0	56.3	4.37	.81
Threats to momentum			20.0	33.3	46.7	4.27	.80
Objective setting and prioritizing			6.3	43.8	50.0	4.44	.63
Action planning			7.1	35.7	57.1	4.50	.65
Resource allocation			30.8	23.1	46.2	4.15	.90
Implementation steps			23.1	30.8	46.2	4.23	.83
Team Profile							
The functions, responsibilities and rationale for the team was clear.			12.5	37.5	50.0	4.37	.72
The atmosphere allowed for an open discussion of the issues.				6.3	93.8	4.94	.25
A consensus was achieved for the strategic plan.				26.7	73.3	4.73	.46
Members of the team appeared committed to implementing the strategic plan.				13.3	86.7	4.87	.35

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				26.7	73.3	4.73	.46
The strategic plan clearly stipulates all members' responsibilities to its implementation.			9.1	27.3	63.6	4.55	.69
The strategic plan is realistic to achieve.				25.0	75.0	4.75	.45
I believe the strategic plan will be implemented.				25.0	75.0	4.75	.45
I believe the strategic plan will benefit my state's needs for quality inclusive child care.				21.4	78.6	4.79	.43

Year 2

Missouri

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			30.0	60.0	10.0	3.80	.63
All topics on the agenda were addressed.			28.6	42.9	28.6	4.00	.78
The facilitators were well prepared and organized.			20.0	33.3	46.7	4.27	.80
The facilitators were knowledgeable in the subject.			14.3	35.7	50.0	4.36	.74
The facilitators managed team discussions to keep on track towards a unified strategic plan.			28.6	28.6	42.9	4.14	.86
Overall, the process of the meeting was effective in creating a unified strategic plan.			20.0	60.0	20.0	4.00	.67
Logistics							
Time was well organized.			33.3	53.3	13.3	3.80	.68
I found the environment to be comfortable.			13.3	46.7	40.0	4.27	.70
The size of the group was appropriate for discussion and consensus.			20.0	40.0	40.0	4.20	.77
The day and time of the meeting fit my needs.		13.3	6.7	33.3	46.7	4.13	1.06

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		25.0	25.0	50.0		3.25	.96
Formulating the mission		25.0	25.0	50.0		3.25	.96
Present federal, state and local political contexts				100.0		4.00	.00
Opportunities			16.7	50.0	33.3	4.17	.75
Threats to momentum			40.0	60.0		3.66	.55
Objective setting and prioritizing			16.7	66.7	16.7	4.00	.63
Action planning			14.3	71.4	14.3	4.00	.58
Resource allocation			25.0	75.0		3.75	.46
Implementation steps			11.1	88.9		3.89	.33
Team Profile							
The functions, responsibilities and rationale for the team was clear.			30.8	53.8	15.4	3.85	.69
The atmosphere allowed for an open discussion of the issues.				61.5	38.5	4.38	.51
A consensus was achieved for the strategic plan.				63.6	36.4	4.36	.50
Members of the team appeared committed to implementing the strategic plan.			7.7	23.1	69.2	4.62	.65

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				38.5	61.5	4.62	.51
The strategic plan clearly stipulates all members' responsibilities to its implementation.		9.1	27.3	63.6		3.55	.69
The strategic plan is realistic to achieve.				53.8	46.2	4.46	.52
I believe the strategic plan will be implemented.				46.2	53.8	4.54	.52
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			7.7	30.8	61.5	4.54	.66

Year 2

Colorado

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				60.0	40.0	4.40	.52
All topics on the agenda were addressed.			10.0	30.0	60.0	4.50	.71
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.				10.0	90.0	4.90	.32
The facilitators managed team discussions to keep on track towards a unified strategic plan.				10.0	90.0	4.90	.32
Overall, the process of the meeting was effective in creating a unified strategic plan.				30.0	70.0	4.70	.48
Logistics							
Time was well organized.			10.0		90.0	4.80	.63
I found the environment to be comfortable.				20.0	80.0	4.80	.42
The size of the group was appropriate for discussion and consensus.					100.0	5.00	.00
The day and time of the meeting fit my needs.			30.0	10.0	60.0	4.30	.95

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				30.0	70.0	4.70	.48
Formulating the mission				30.0	70.0	4.70	.48
Present federal, state and local political contexts			12.5	37.5	50.0	4.38	.74
Opportunities		11.1	11.1	33.3	44.4	4.11	1.05
Threats to momentum		11.1	22.2	22.2	44.4	4.00	1.12
Objective setting and prioritizing				60.0	40.0	4.40	.52
Action planning			20.0	30.0	50.0	4.30	.82
Resource allocation			25.0	25.0	50.0	4.25	.89
Implementation steps			12.5	37.5	50.0	4.38	.74
Team Profile							
The functions, responsibilities and rationale for the team was clear.				40.0	60.0	4.60	.52
The atmosphere allowed for an open discussion of the issues.				10.0	90.0	4.90	.32
A consensus was achieved for the strategic plan.			10.0	10.0	80.0	4.70	.68
Members of the team appeared committed to implementing the strategic plan.			20.0	20.0	60.0	4.40	.84

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				20.0	80.0	4.80	.42
The strategic plan clearly stipulates all members' responsibilities to its implementation.			10.0	30.0	60.0	4.50	.71
The strategic plan is realistic to achieve.				30.0	70.0	4.70	.48
I believe the strategic plan will be implemented.			10.0	40.0	50.0	4.40	.70
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			11.1	44.4	44.4	4.33	.71

Year 2
Nevada

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			7.1	28.6	64.3	4.57	.65
All topics on the agenda were addressed.				28.6	71.4	4.71	.47
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.					100.0	5.00	.00
The facilitators managed team discussions to keep on track towards a unified strategic plan.				20.0	80.0	4.80	.41
Overall, the process of the meeting was effective in creating a unified strategic plan.				35.7	64.3	4.64	.50
Logistics							
Time was well organized.				13.3	86.7	4.87	.35
I found the environment to be comfortable.				53.3	46.7	4.47	.52
The size of the group was appropriate for discussion and consensus.				26.7	73.3	4.73	.46
The day and time of the meeting fit my needs.			26.7	20.0	53.3	4.27	.88

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				13.3	86.7	4.87	.35
Formulating the mission				26.7	73.3	4.73	.46
Present federal, state and local political contexts			33.3	53.3	13.3	3.80	.68
Opportunities			6.7	60.0	33.3	4.27	.59
Threats to momentum			13.3	53.3	33.3	4.20	.68
Objective setting and prioritizing			6.7	46.7	46.7	4.40	.63
Action planning		7.1	21.4	57.1	14.3	3.79	.80
Resource allocation		6.7	40.0	46.7	6.7	3.53	.74
Implementation steps		6.7	40.0	33.3	20.0	3.67	.90
Team Profile							
The functions, responsibilities and rationale for the team was clear.			26.7	46.7	26.7	4.00	.76
The atmosphere allowed for an open discussion of the issues.				20.0	80.0	4.80	.41
A consensus was achieved for the strategic plan.			6.7	26.7	66.7	4.60	.63
Members of the team appeared committed to implementing the strategic plan.			6.7	20.0	73.3	4.67	.62

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				40.0	60.0	4.60	.51
The strategic plan clearly stipulates all members' responsibilities to its implementation.		7.1	42.9	42.9	7.1	3.50	.76
The strategic plan is realistic to achieve.			28.6	50.0	21.4	3.93	.73
I believe the strategic plan will be implemented.			14.3	57.1	28.6	4.14	.66
I believe the strategic plan will benefit my state's needs for quality inclusive child care.				28.6	71.4	4.71	.47

Year 2

Washington

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.		4.5	22.7	63.6	9.1	3.77	.69
All topics on the agenda were addressed.		4.8	14.3	52.4	28.6	4.05	.80
The facilitators were well prepared and organized.	4.5			9.1	86.4	4.73	.88
The facilitators were knowledgeable in the subject.	4.5				95.5	4.82	.85
The facilitators managed team discussions to keep on track towards a unified strategic plan.	4.5			13.6	81.8	4.68	.89
Overall, the process of the meeting was effective in creating a unified strategic plan.		4.5	9.1	45.5	40.9	4.23	.81
Logistics							
Time was well organized.		4.5	4.5	31.8	59.1	4.45	.80
I found the environment to be comfortable.			4.5	13.6	81.8	4.77	.53
The size of the group was appropriate for discussion and consensus.	4.5		4.5	22.7	68.2	4.50	.96
The day and time of the meeting fit my needs.	9.1		4.5	13.6	72.7	4.41	1.22

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		9.1	9.1	22.7	59.1	4.32	.99
Formulating the mission	4.5			31.8	63.6	4.50	.91
Present federal, state and local political contexts		5.0	55.0	30.0	10.0	3.45	.76
Opportunities			50.0	35.0	15.0	3.65	.75
Threats to momentum			44.4	55.6		3.56	.51
Objective setting and prioritizing		4.5	4.5	54.5	36.4	4.23	.75
Action planning	5.3		15.8	36.8	42.1	4.11	1.05
Resource allocation	5.6	5.6	44.4	44.4		3.28	.83
Implementation steps	5.6		33.3	55.6	5.6	3.56	.86
Team Profile							
The functions, responsibilities and rationale for the team was clear.		4.5	9.1	40.9	45.5	4.27	.83
The atmosphere allowed for an open discussion of the issues.	4.5			22.7	72.7	4.59	.91
A consensus was achieved for the strategic plan.		4.8	19.0	57.1	19.0	3.90	.77
Members of the team appeared committed to implementing the strategic plan.		4.8	9.5	42.9	42.9	4.24	.83

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.		4.8	4.8	33.3	57.1	4.43	.81
The strategic plan clearly stipulates all members' responsibilities to its implementation.	10.0	20.0	30.0	30.0	10.0	3.10	1.17
The strategic plan is realistic to achieve.		5.0	30.0	50.0	15.0	3.75	.79
I believe the strategic plan will be implemented.		4.8	14.3	42.9	38.1	4.14	.85
I believe the strategic plan will benefit my state's needs for quality inclusive child care.	4.8		9.5	38.1	47.6	4.24	1.00

Year 3 Overall

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.		0.8	8.9	49.2	41.1	4.31	.67
All topics on the agenda were addressed.			3.9	43.0	53.1	4.49	.58
The facilitators were well prepared and organized.			3.1	11.5	85.5	4.82	.46
The facilitators were knowledgeable in the subject.			2.3	12.1	85.6	4.83	.43
The facilitators managed team discussions to keep on track towards a unified strategic plan.			4.7	19.4	76.0	4.71	.55
Overall, the process of the meeting was effective in creating a unified strategic plan.		0.8	3.9	35.7	59.7	4.54	.61
Logistics							
Time was well organized.		1.5	6.8	31.1	60.6	4.51	.69
I found the environment to be comfortable.		6.8	15.2	34.1	43.9	4.15	.92
The size of the group was appropriate for discussion and consensus.		2.3	4.5	37.9	55.3	4.46	.69
The day and time of the meeting fit my needs.	0.8	1.5	4.6	45.8	47.3	4.37	.72

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		0.8	9.4	34.6	55.1	4.44	.70
Formulating the mission		0.8	8.7	36.5	54.0	4.44	.69
Present federal, state and local political contexts	1.6	4.0	28.8	45.6	20.0	3.78	.87
Opportunities		1.6	22.4	44.8	31.2	4.06	.78
Threats to momentum		0.8	35.0	41.7	22.5	3.86	.77
Objective setting and prioritizing		0.8	12.6	43.3	43.3	4.29	.71
Action planning		1.5	6.9	42.3	49.2	4.39	.69
Resource allocation	1.7	3.4	28.8	42.4	23.7	3.83	.89
Implementation steps		3.9	13.4	48.0	34.6	4.13	.79
Team Profile							
The functions, responsibilities and rationale for the team was clear.		3.0	12.0	47.4	37.6	4.20	.76
The atmosphere allowed for an open discussion of the issues.			1.5	26.3	72.2	4.71	.49
A consensus was achieved for the strategic plan.		0.8	6.9	33.8	58.5	4.50	.66
Members of the team appeared committed to implementing the strategic plan.		0.8	6.1	29.0	64.1	4.57	.65

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.		1.6	2.3	42.6	53.5	4.48	.63
The strategic plan clearly stipulates all members' responsibilities to its implementation.		6.6	31.1	35.2	27.0	3.83	.91
The strategic plan is realistic to achieve.		2.5	18.9	45.1	33.6	4.10	.79
I believe the strategic plan will be implemented.		3.3	16.3	41.5	39.0	4.16	.81
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			6.5	40.3	53.2	4.47	.62

Year 3

Maine

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			11.1	44.4	44.4	4.33	.69
All topics on the agenda were addressed.			5.9	47.1	47.1	4.41	.62
The facilitators were well prepared and organized.			5.3		94.7	4.90	.46
The facilitators were knowledgeable in the subject.				5.3	94.7	4.95	.23
The facilitators managed team discussions to keep on track towards a unified strategic plan.				26.3	73.7	4.74	.45
Overall, the process of the meeting was effective in creating a unified strategic plan.			5.3	31.6	63.2	4.58	.61
Logistics							
Time was well organized.			5.3	52.6	42.1	4.39	.60
I found the environment to be comfortable.		21.1	36.8	26.3	15.8	3.37	1.01
The size of the group was appropriate for discussion and consensus.		5.3	15.8	42.1	36.8	4.11	.88
The day and time of the meeting fit my needs.			15.8	52.6	31.6	4.16	.69

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			10.5	36.8	52.6	4.42	.69
Formulating the mission			5.3	36.8	57.9	4.53	.61
Present federal, state and local political contexts			55.6	33.3	11.1	3.56	.71
Opportunities			41.2	35.3	23.5	3.82	.81
Threats to momentum		6.7	46.7	40.0	6.7	3.47	.74
Objective setting and prioritizing			21.1	42.1	36.8	4.16	.77
Action planning			10.5	52.6	36.8	4.26	.65
Resource allocation		6.3	50.0	31.3	12.5	3.50	.82
Implementation steps			15.8	52.6	31.6	4.16	.69
Team Profile							
The functions, responsibilities and rationale for the team was clear.		5.3	5.3	52.6	36.8	4.21	.79
The atmosphere allowed for an open discussion of the issues.				36.8	63.2	4.63	.50
A consensus was achieved for the strategic plan.			5.3	47.4	47.4	4.42	.61
Members of the team appeared committed to implementing the strategic plan.			5.3	36.8	57.9	4.53	.61

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.		5.6	5.6	33.3	55.6	4.39	.85
The strategic plan clearly stipulates all members' responsibilities to its implementation.		11.1	44.4	22.2	22.2	3.56	.98
The strategic plan is realistic to achieve.			17.6	47.1	35.3	4.18	.73
I believe the strategic plan will be implemented.			23.5	35.3	41.2	4.18	.81
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			11.8	23.5	64.7	4.53	.72

Year 3

Montana

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				20.0	80.0	4.80	.42
All topics on the agenda were addressed.				30.0	70.0	4.70	.48
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.					100.0	5.00	.00
The facilitators managed team discussions to keep on track towards a unified strategic plan.				10.0	90.0	4.90	.32
Overall, the process of the meeting was effective in creating a unified strategic plan.					100.0	5.00	.00
Logistics							
Time was well organized.			10.0		90.0	4.80	.63
I found the environment to be comfortable.			10.0	20.0	70.0	4.60	.70
The size of the group was appropriate for discussion and consensus.					100.0	5.00	.00
The day and time of the meeting fit my needs.			10.0	50.0	40.0	4.10	1.20

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				30.0	70.0	4.70	.48
Formulating the mission				20.0	80.0	4.80	.42
Present federal, state and local political contexts			20.0	60.0	20.0	4.00	.67
Opportunities			30.0	40.0	30.0	4.00	.82
Threats to momentum			40.0	30.0	30.0	3.90	.88
Objective setting and prioritizing				22.2	77.8	4.78	.44
Action planning				30.0	70.0	4.70	.48
Resource allocation			33.3	55.6	11.1	3.78	.67
Implementation steps			10.0	60.0	30.0	4.20	.63
Team Profile							
The functions, responsibilities and rationale for the team was clear.			10.0	20.0	70.0	4.60	.70
The atmosphere allowed for an open discussion of the issues.			10.0		90.0	4.80	.63
A consensus was achieved for the strategic plan.				10.0	90.0	4.90	.32
Members of the team appeared committed to implementing the strategic plan.				20.0	80.0	4.80	.42

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				20.0	80.0	4.80	.42
The strategic plan clearly stipulates all members' responsibilities to its implementation.			42.9	28.6	28.6	3.86	.90
The strategic plan is realistic to achieve.				40.0	60.0	4.60	.52
I believe the strategic plan will be implemented.				30.0	70.0	4.70	.48
I believe the strategic plan will benefit my state's needs for quality inclusive child care.				30.0	70.0	4.70	.48

Year 3

Nebraska

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			5.0	75.0	20.0	4.15	.49
All topics on the agenda were addressed.				57.1	42.9	4.43	.51
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.				14.3	85.7	4.86	.36
The facilitators managed team discussions to keep on track towards a unified strategic plan.				42.9	57.1	4.57	.51
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.			4.8	42.9	52.4	4.48	.60
I found the environment to be comfortable.		14.3	19.0	38.1	28.6	3.81	1.03
The size of the group was appropriate for discussion and consensus.				66.7	33.3	4.33	.48
The day and time of the meeting fit my needs.			4.8	61.9	33.3	4.24	.70

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			19.0	42.9	38.1	4.19	.75
Formulating the mission			10.0	45.0	45.0	4.35	.67
Present federal, state and local political contexts	4.8	9.5	38.1	38.1	9.5	3.38	.97
Opportunities		4.8	28.6	42.9	23.8	3.86	.85
Threats to momentum			38.1	42.9	19.0	3.81	.75
Objective setting and prioritizing		5.0	15.0	45.0	35.0	4.10	.85
Action planning		10.0	5.0	35.0	50.0	4.25	.97
Resource allocation	10.0	5.0	45.0	25.0	15.0	3.30	1.13
Implementation steps		15.0	30.0	30.0	25.0	3.65	1.04
Team Profile							
The functions, responsibilities and rationale for the team was clear.			28.6	42.9	28.6	4.00	.78
The atmosphere allowed for an open discussion of the issues.				28.6	71.4	4.71	.46
A consensus was achieved for the strategic plan.			25.0	25.0	50.0	4.25	.85
Members of the team appeared committed to implementing the strategic plan.			25.0	25.0	50.0	4.25	.85

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			10.0	40.0	50.0	4.40	.68
The strategic plan clearly stipulates all members' responsibilities to its implementation.		15.0	50.0	30.0	5.0	3.25	.79
The strategic plan is realistic to achieve.		5.0	40.0	40.0	15.0	3.65	.81
I believe the strategic plan will be implemented.		10.5	15.8	63.2	10.5	3.74	.81
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			10.0	55.0	35.0	4.25	.64

Year 3

Alaska

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			7.1	42.9	50.0	4.43	.65
All topics on the agenda were addressed.			7.1	28.6	64.3	4.57	.65
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.				21.4	78.6	4.79	.43
The facilitators managed team discussions to keep on track towards a unified strategic plan.				28.6	71.4	4.71	.47
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.				28.6	71.4	4.71	.47
I found the environment to be comfortable.		7.1	28.6	35.7	28.6	3.86	.95
The size of the group was appropriate for discussion and consensus.				35.7	64.3	4.64	.50
The day and time of the meeting fit my needs.		7.1	14.3	28.6	50.0	4.21	.96

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			7.1	35.7	57.1	4.50	.65
Formulating the mission			14.3	50.0	35.7	4.21	.70
Present federal, state and local political contexts			35.7	50.0	14.3	3.79	.70
Opportunities			14.3	71.4	14.3	4.00	.56
Threats to momentum			42.9	35.7	21.4	3.79	.80
Objective setting and prioritizing				50.0	50.0	4.50	.52
Action planning				50.0	50.0	4.50	.52
Resource allocation			7.1	71.4	21.4	4.14	.54
Implementation steps				64.3	35.7	4.36	.50
Team Profile							
The functions, responsibilities and rationale for the team was clear.		14.3		50.0	35.7	4.07	1.00
The atmosphere allowed for an open discussion of the issues.				14.3	85.7	4.86	.36
A consensus was achieved for the strategic plan.				35.7	64.3	4.64	.50
Members of the team appeared committed to implementing the strategic plan.				7.1	92.9	4.93	.27

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			14.3	35.7	64.3	4.64	.50
The strategic plan clearly stipulates all members' responsibilities to its implementation.				71.4	14.3	4.00	.56
The strategic plan is realistic to achieve.				46.2	53.8	4.54	.52
I believe the strategic plan will be implemented.				35.7	64.3	4.64	.50
I believe the strategic plan will benefit my state's needs for quality inclusive child care.				28.6	71.4	4.71	.47

Year 3

Arizona

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			18.2	63.6	18.2	4.00	.63
All topics on the agenda were addressed.			9.1	45.5	45.5	4.36	.67
The facilitators were well prepared and organized.			10.0	20.0	70.0	4.60	.70
The facilitators were knowledgeable in the subject.			33.3	11.1	55.6	4.22	.97
The facilitators managed team discussions to keep on track towards a unified strategic plan.				70.0	30.0	4.30	.48
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.			9.1	27.3	63.6	4.55	.69
I found the environment to be comfortable.				27.3	72.7	4.73	.47
The size of the group was appropriate for discussion and consensus.				36.4	63.6	4.64	.51
The day and time of the meeting fit my needs.				36.4	63.6	4.64	.51

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			9.1	45.5	45.5	4.36	.67
Formulating the mission			9.1	45.5	45.5	4.36	.67
Present federal, state and local political contexts	9.1	9.1	9.1	63.6	9.1	3.55	1.13
Opportunities			30.0	70.0		3.70	.48
Threats to momentum			40.0	50.0	10.0	3.70	.68
Objective setting and prioritizing			36.4	45.5	18.2	3.82	.75
Action planning			30.0	40.0	30.0	4.00	.82
Resource allocation		20.0	30.0	50.0		3.30	.82
Implementation steps		11.1	33.3	55.6		3.44	.73
Team Profile							
The functions, responsibilities and rationale for the team was clear.			9.1	81.8	9.1	4.00	.45
The atmosphere allowed for an open discussion of the issues.		10.0	20.0	50.0	20.0	4.55	.52
A consensus was achieved for the strategic plan.			10.0	60.0	30.0	3.80	.92
Members of the team appeared committed to implementing the strategic plan.						4.20	.63

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				63.6	36.4	4.36	.51
The strategic plan clearly stipulates all members' responsibilities to its implementation.		12.5	25.0	50.0	12.5	3.63	.92
The strategic plan is realistic to achieve.		25.0	12.5	50.0	12.5	3.50	1.07
I believe the strategic plan will be implemented.		11.1	33.3	33.3	22.2	3.67	1.00
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			11.1	44.4	44.4	4.33	.71

Year 3

Connecticut

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				66.7	33.3	4.33	.50
All topics on the agenda were addressed.			11.1	66.7	22.2	4.11	.60
The facilitators were well prepared and organized.			10.0	40.0	50.0	4.40	.70
The facilitators were knowledgeable in the subject.			10.0	40.0	50.0	4.40	.70
The facilitators managed team discussions to keep on track towards a unified strategic plan.			20.0	40.0	40.0	4.20	.79
Overall, the process of the meeting was effective in creating a unified strategic plan.			10.0	50.0	40.0	4.30	.68
Logistics							
Time was well organized.			20.0	50.0	30.0	4.10	.74
I found the environment to be comfortable.			10.0	50.0	40.0	4.30	.68
The size of the group was appropriate for discussion and consensus.				60.0	40.0	4.40	.52
The day and time of the meeting fit my needs.			10.0	40.0	50.0	4.40	.70

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				25.0	75.0	4.75	.50
Formulating the mission				25.0	75.0	4.75	.50
Present federal, state and local political contexts			33.3	33.3	33.3	4.00	1.00
Opportunities			12.5	25.0	62.5	4.50	.76
Threats to momentum			28.6	57.1	14.3	3.86	.69
Objective setting and prioritizing			10.0	50.0	40.0	4.30	.68
Action planning				60.0	40.0	4.40	.52
Resource allocation			57.1	28.6	14.3	3.57	.79
Implementation steps				60.0	40.0	4.40	.52
Team Profile							
The functions, responsibilities and rationale for the team was clear.			10.0	60.0	30.0	4.20	.63
The atmosphere allowed for an open discussion of the issues.				50.0	50.0	4.50	.53
A consensus was achieved for the strategic plan.				50.0	50.0	4.50	.53
Members of the team appeared committed to implementing the strategic plan.				30.0	70.0	4.70	.48

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				66.7	33.3	4.33	.50
The strategic plan clearly stipulates all members' responsibilities to its implementation.		22.2	22.2	55.6		3.33	.87
The strategic plan is realistic to achieve.			22.2	55.6	22.2	4.00	.71
I believe the strategic plan will be implemented.			33.3	44.4	22.2	3.89	.78
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			11.1	44.4	44.4	4.33	.71

Year 3

Minnesota

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			10.0	20.0	70.0	4.60	.70
All topics on the agenda were addressed.				30.0	70.0	4.70	.48
The facilitators were well prepared and organized.					100.0	5.00	.00
The facilitators were knowledgeable in the subject.					100.0	5.00	.00
The facilitators managed team discussions to keep on track towards a unified strategic plan.				20.0	80.0	4.80	.42
Overall, the process of the meeting was effective in creating a unified strategic plan.				40.0	60.0	4.60	.52
Logistics							
Time was well organized.			10.0	20.0	70.0	4.60	.70
I found the environment to be comfortable.			10.0	30.0	60.0	4.50	.71
The size of the group was appropriate for discussion and consensus.				22.2	77.8	4.78	.44
The day and time of the meeting fit my needs.							

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				9.1	90.9	4.91	.30
Formulating the mission				9.1	90.9	4.91	.30
Present federal, state and local political contexts			9.1	36.4	54.5	4.46	.69
Opportunities			9.1	36.4	54.5	4.46	.69
Threats to momentum			20.0	30.0	50.0	4.30	.82
Objective setting and prioritizing				45.5	54.5	4.55	.52
Action planning				27.3	72.7	4.73	.47
Resource allocation			18.2	18.2	63.6	4.46	.82
Implementation steps			9.1	27.3	63.6	4.55	.69
Team Profile							
The functions, responsibilities and rationale for the team was clear.							
			27.3	36.4	36.4	4.09	.83
The atmosphere allowed for an open discussion of the issues.							
			9.1	18.2	72.7	4.64	.67
A consensus was achieved for the strategic plan.							
				18.2	81.8	4.82	.41
Members of the team appeared committed to implementing the strategic plan.							
				18.2	81.8	4.82	.41

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			20.0	10.0	70.0	4.50	.85
The strategic plan clearly stipulates all members' responsibilities to its implementation.			10.0	40.0	50.0	4.40	.70
The strategic plan is realistic to achieve.			10.0	10.0	80.0	4.70	.68
I believe the strategic plan will be implemented.				10.0	90.0	4.90	.32
I believe the strategic plan will benefit my state's needs for quality inclusive child care.							

Year 3

Ohio

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				46.2	53.8	4.54	.52
All topics on the agenda were addressed.				21.4	78.6	4.79	.43
The facilitators were well prepared and organized.				7.1	92.9	4.93	.27
The facilitators were knowledgeable in the subject.				14.3	85.7	4.86	.36
The facilitators managed team discussions to keep on track towards a unified strategic plan.				7.1	92.9	4.93	.27
Overall, the process of the meeting was effective in creating a unified strategic plan.				28.6	71.4	4.71	.47
Logistics							
Time was well organized.			7.1		92.9	4.86	.54
I found the environment to be comfortable.			7.1	50.0	42.9	4.36	.63
The size of the group was appropriate for discussion and consensus.				28.6	71.4	4.71	.47
The day and time of the meeting fit my needs.				28.6	71.4	4.71	.47

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components							
I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision			7.1	28.6	64.3	4.57	.65
Formulating the mission			21.4	28.6	50.0	4.29	.83
Present federal, state and local political contexts			7.1	42.9	50.0	4.43	.65
Opportunities				50.0	50.0	4.50	.52
Threats to momentum			15.4	46.2	38.5	4.23	.73
Objective setting and prioritizing			7.7	30.8	61.5	4.54	.66
Action planning				42.9	57.1	4.57	.51
Resource allocation			7.7	46.2	46.2	4.39	.65
Implementation steps				46.2	53.8	4.54	.52
Team Profile							
The functions, responsibilities and rationale for the team was clear.							
The atmosphere allowed for an open discussion of the issues.							
A consensus was achieved for the strategic plan.							
Members of the team appeared committed to implementing the strategic plan.							
				50.0	50.0	4.50	.52
				21.4	78.6	4.79	.43
				23.1	76.9	4.77	.44
				21.4	78.6	4.79	.43

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.			7.1	28.6	64.3	4.57	.65
The strategic plan clearly stipulates all members' responsibilities to its implementation.			15.4	53.8	30.8	4.15	.69
The strategic plan is realistic to achieve.			14.3	57.1	28.6	4.14	.66
I believe the strategic plan will be implemented.				57.1	42.9	4.43	.51
I believe the strategic plan will benefit my state's needs for quality inclusive child care.							

Year 3

Virgin Islands

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.			33.3	33.3	33.3	4.00	1.00
All topics on the agenda were addressed.				20.0	80.0	4.80	.45
The facilitators were well prepared and organized.				20.0	80.0	4.80	.45
The facilitators were knowledgeable in the subject.				20.0	80.0	4.80	.45
The facilitators managed team discussions to keep on track towards a unified strategic plan.			25.0	50.0	25.0	4.00	.82
Overall, the process of the meeting was effective in creating a unified strategic plan.				40.0	60.0	4.60	.55
Logistics							
Time was well organized.		20.0			80.0	4.40	1.34
I found the environment to be comfortable.		20.0		20.0	60.0	4.20	1.30
The size of the group was appropriate for discussion and consensus.				40.0	60.0	4.60	.55
The day and time of the meeting fit my needs.							

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				20.0	80.0	4.80	.45
Formulating the mission				20.0	80.0	4.80	.45
Present federal, state and local political contexts			75.0	25.0		3.25	.50
Opportunities			50.0		50.0	4.00	1.16
Threats to momentum			66.7		33.3	3.67	1.16
Objective setting and prioritizing			33.3	33.3	33.3	4.00	1.00
Action planning			25.0	25.0	50.0	4.25	.96
Resource allocation			33.3	33.3	33.3	4.00	1.00
Implementation steps			25.0	25.0	50.0	4.25	.96
Team Profile							
The functions, responsibilities and rationale for the team was clear.				20.0	80.0	4.80	.45
The atmosphere allowed for an open discussion of the issues.				100.0		5.00	.00
A consensus was achieved for the strategic plan.			20.0	20.0	60.0	4.40	.89
Members of the team appeared committed to implementing the strategic plan.			20.0	20.0	60.0	4.40	.89

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				60.0	40.0	4.40	.55
The strategic plan clearly stipulates all members' responsibilities to its implementation.			40.0	40.0	20.0	3.80	.84
The strategic plan is realistic to achieve.			20.0	40.0	40.0	4.20	.84
I believe the strategic plan will be implemented.			25.0		75.0	4.50	1.00
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			25.0		75.0	4.50	1.00

Year 3

West Virginia

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.				40.0	60.0	4.60	.55
All topics on the agenda were addressed.				40.0	60.0	4.60	.55
The facilitators were well prepared and organized.				20.0	80.0	4.80	.45
The facilitators were knowledgeable in the subject.					100.0	5.00	.00
The facilitators managed team discussions to keep on track towards a unified strategic plan.				20.0	80.0	4.80	.45
Overall, the process of the meeting was effective in creating a unified strategic plan.							
Logistics							
Time was well organized.				20.0	80.0	4.80	.45
I found the environment to be comfortable.				80.0	20.0	4.20	.45
The size of the group was appropriate for discussion and consensus.				60.0	40.0	4.40	.55
The day and time of the meeting fit my needs.				60.0	40.0	4.40	.55

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision				40.0	60.0	4.60	.55
Formulating the mission				40.0	60.0	4.60	.55
Present federal, state and local political contexts				80.0	20.0	4.20	.45
Opportunities				25.0	75.0	4.75	.50
Threats to momentum				75.0	25.0	4.25	.50
Objective setting and prioritizing				60.0	40.0	4.40	.55
Action planning				60.0	40.0	4.40	.55
Resource allocation				80.0	20.0	4.20	.45
Implementation steps				60.0	40.0	4.40	.55
Team Profile							
The functions, responsibilities and rationale for the team was clear.				40.0	60.0	4.60	.55
The atmosphere allowed for an open discussion of the issues.				20.0	80.0	4.80	.45
A consensus was achieved for the strategic plan.				20.0	80.0	4.80	.45
Members of the team appeared committed to implementing the strategic plan.							

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.				20.0	80.0	4.80	.45
The strategic plan clearly stipulates all members' responsibilities to its implementation.				40.0	60.0	4.60	.55
The strategic plan is realistic to achieve.				20.0	80.0	4.80	.45
I believe the strategic plan will be implemented.				40.0	60.0	4.60	.55
I believe the strategic plan will benefit my state's needs for quality inclusive child care.				40.0	60.0	4.60	.55

Year 3

Wisconsin

Satisfaction With Strategic Planning Meeting

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Overall Meeting							
Objectives of the meeting were met.		8.3	25.0	58.3	8.3	3.67	.78
All topics on the agenda were addressed.			15.4	61.5	23.1	4.08	.64
The facilitators were well prepared and organized.			7.1	42.9	50.0	4.43	.65
The facilitators were knowledgeable in the subject.			14.3	35.7	50.0	4.36	.75
The facilitators managed team discussions to keep on track towards a unified strategic plan.		7.7	15.4	46.2	38.5	4.23	.73
Overall, the process of the meeting was effective in creating a unified strategic plan.				53.8	23.1	3.92	.86
Logistics							
Time was well organized.		14.3	14.3	28.6	42.9	4.00	1.11
I found the environment to be comfortable.			7.1	35.7	57.1	4.50	.65
The size of the group was appropriate for discussion and consensus.		7.1	14.3	21.4	57.1	4.29	.99
The day and time of the meeting fit my needs.				71.4	28.6	4.29	.47

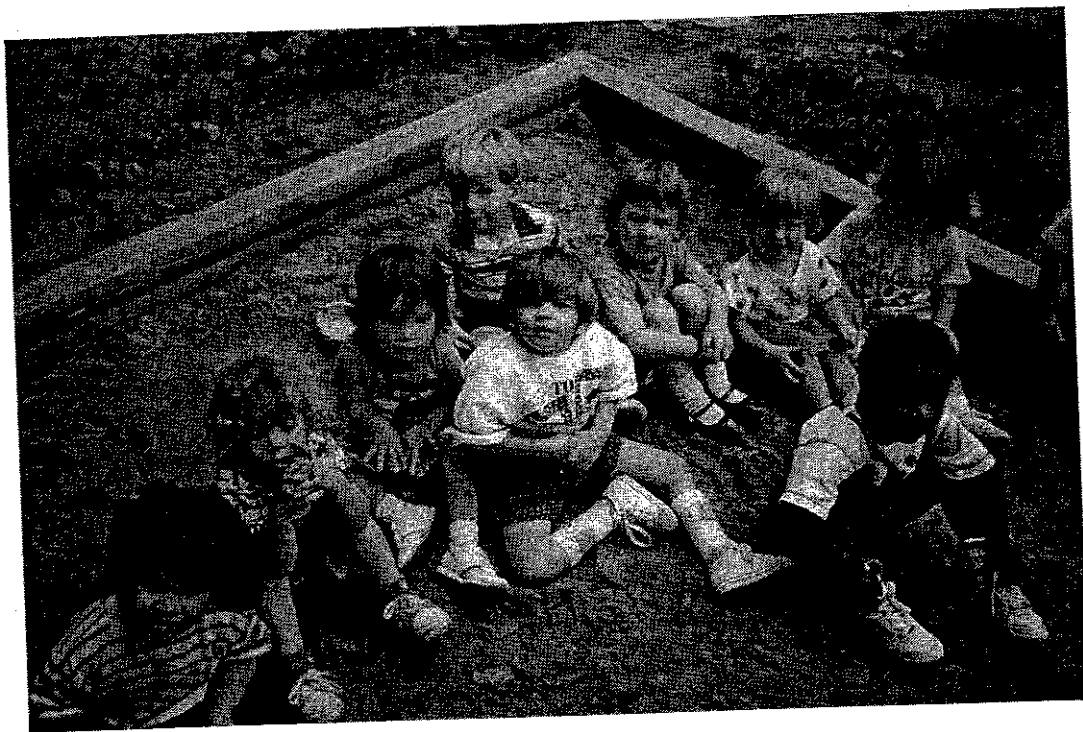
Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Meeting Components I found the following components of the meeting useful to the final design of my state's strategic plan:							
Creating a vision		7.7	23.1	46.2	23.1	3.85	.90
Formulating the mission		7.7	15.4	53.8	23.1	3.92	.86
Present federal, state and local political contexts		14.3	28.6	50.0	7.1	3.50	.86
Opportunities		7.7	23.1	46.2	23.1	3.85	.90
Threats to momentum			35.7	50.0	14.3	3.79	.70
Objective setting and prioritizing			23.1	46.2	30.8	4.08	.76
Action planning			14.3	42.9	42.9	4.29	.73
Resource allocation			27.3	45.5	27.3	4.00	.78
Implementation steps		7.7	15.4	46.2	30.8	4.00	.91
Team Profile							
The functions, responsibilities and rationale for the team was clear.		7.1	21.4	42.9	28.6	3.93	.92
The atmosphere allowed for an open discussion of the issues.				28.6	71.4	4.71	.47
A consensus was achieved for the strategic plan.				50.0	50.0	4.50	.52
Members of the team appeared committed to implementing the strategic plan.		7.1		50.0	42.9	4.29	.83

Statement	Percent Responding					Summary Statistics	
	Strongly Disagree 1	Mildly Disagree 2	Neutral 3	Mildly Agree 4	Strongly Agree 5	Mean	Standard Deviation
Outcomes							
The team's mission statement is clear, functional, and flexible.		7.1		57.1	35.7	4.21	.80
The strategic plan clearly stipulates all members' responsibilities to its implementation.			46.2	30.8	23.1	3.77	.83
The strategic plan is realistic to achieve.			38.5	53.8	7.7	3.69	.63
I believe the strategic plan will be implemented.		7.7	23.1	61.5	7.7	3.69	.75
I believe the strategic plan will benefit my state's needs for quality inclusive child care.			7.7	69.2	23.1	4.15	.56

Appendix N

MAP TO INCLUSIVE CHILD CARE

OUTCOMES FOR YEAR ONE



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BACKGROUND: MAP TO INCLUSIVE CHILD CARE PROJECT, YEAR ONE

The Map to Inclusive Child Care Project was launched by the Child Care Bureau in October, 1997. Participation was by application only. In its inaugural year, ten state teams were selected for participation: one from each of the federal regions as defined by the Department of Health and Human Services (DHHS).

The selections were announced in April of 1998. The Year One participants were as follows: Vermont (Region I), New Jersey (Region II), Maryland (Region III), Tennessee (Region IV), Indiana (Region V), New Mexico (Region VI), Iowa (Region VII), Utah (Region VIII), California (Region IX), Oregon (Region X).

From April 1998 through September 1999, technical assistance was offered to the Year One teams by the staff of the Map to Inclusive Child Care Project (i.e., the prime and subcontractors carrying out the project). The technical assistance for each team consisted of an initial telephone orientation conference call, facilitated meetings convened in each state (generally two full days in length) at which strategic planning took place, attendance at a National Institute in Bethesda, Maryland, in August 1998, and ongoing telephone contact from a member of the contractor or subcontractor staff assigned to work with each state, as well as from the Project Director, Dr. Mary Beth Bruder. Funds were made available to reimburse expenses of team members to attend strategic planning and the National Institute. Additional funds were made available to support an activity, event, or product (referred to as a "community event") chosen by the team in the course of strategic planning, and to compensate experts selected by the team from a consultant pool approved by the Child Care Bureau.

INTRODUCTION

This report describes the outcomes of the Map to Inclusive Child Care Project as viewed by members of the teams who participated during Year One. It does not contain a comprehensive narrative of project tasks and activities that a reader might expect to find in a Final Report. Nor does it have features that would be associated with an evaluation, either formative or summative, such as recommendations for future improvement, an itemization of what activities were most or least effective, or which tasks originally envisioned by the Child Care Bureau were accomplished. Neither does it assess the efficacy of the processes which led to the outcomes described.

It is hoped that a clear description of the outcomes achieved across the ten participating states in the Map Project will be useful to the sponsors of and participants in the project, to others involved in subsequent years of the project, and to anyone interested in the project's goals: the expansion of quality child care that addresses the individual needs of all children from birth through age 12, including those who have special needs and disabilities.

The ten state teams involved in this project carried out the bulk of their planning and activities separately within their home states, working independently of the other states involved in the project. This report, rather than detailing the outcomes one state at a time, casts a net across the achievements reported in all ten states, to examine the project outcomes in aggregate. What is gained is an overview that would be unavailable in a state-by-state account of the activities. A reader interested in a specific arena of policy or practice, such as training or public policy, can look under that heading and read about the kinds of activities undertaken by several different state teams in that area. This format allows readers to recognize themes and activities that resonated across many states, as well as work plans or initiatives that were distinctive from one state to another. Brief highlights of each state team's accomplishments are incorporated following the more in-depth thematic description of outcomes.

Table 1 displays the categories which we used as a framework for describing project outcomes, together with explanations of each. The categories were not pre-conceived but were conceptualized by attending to what Map team representatives said: in their written strategic plans; in presentations to the second National Institute of the Map project; and during interviews.

Promoting Inclusive Child Care and Continuing the Map Project

The project outcomes related to promoting inclusive child care are divided into five categories: Public Awareness, Training, On-site Support or Mentoring, Data Collection and Dissemination, and Public Policy. The fifth of these, Public Policy, is in turn divided into five sub-categories: legislation and state policy, regulatory revisions, linkages to early intervention or special education, linkages to health or disability resources, and new financial support for direct services. The right-hand column of Table 1 indicates in how many states we are reporting outcomes for each of the categories or sub-categories.

Listed under a separate heading in Table 1 are outcomes related to Continuing the Map Project. While actions taken to promote quality and inclusive child care were the more tangible outcomes of the project, many project participants interviewed for this report believed that the processes or structures they had put in place to continue working on these issues were equally important.

The format of the report follows the sequence of Table 1: one category or sub-category at a time, each outcome related to that category is described. The state outcomes are described in order by region, so that Vermont (Region I) is always listed first if they had an outcome within any given category, and Oregon (Region X) is always listed last--regardless of the apparent significance of the specific outcomes described.

The categories are not mutually exclusive, and one outcome often cuts across two or more categories. Some outcomes are recorded in more than one category, but when feasible, we listed it only in the one category where it most logically belonged.

Following the descriptions of outcomes related to promoting inclusive child care are descriptions of each state's plans (as best the team liaisons knew them when we gathered the information) for project continuation.

The next segment of the report is a highlights summary of what each state achieved during Year One of the Map to Inclusive Child Care Project. Following that, Appendix 1 provides background on how the information was gathered and Appendix 2 provides a complete listing of Map team members whose comments contributed to the findings.

Outcomes Not Solely Attributable to "Maps"

In several of the states participating in the project, task forces on inclusive child care or other inclusive child care initiatives undertaken by individual team members preceded or coincided with the launching of the Map to Inclusive Child Care Project. The Map team in these cases built their efforts onto those already taking place. Some of the activities had already been envisioned or started. It would be a mistake, therefore, to attribute every outcome we found solely to the existence of this project. In the enumerating of outcomes that follows, we have offered some indication of which outcomes were directly attributable to the Map project, and which were already underway. Those wanting a fuller understanding are encouraged to contact members of the individual state teams.

TABLE 1: FRAMING THE OUTCOMES OF THE MAP TO INCLUSIVE CHILD CARE PROJECT, YEAR ONE (1998-99)

Category	Explanation of category	No. of states
OUTCOMES RELATED TO INCLUSIVE CHILD CARE		
1. Public awareness	Promoting public awareness through workshops, print materials, media campaigns or other channels about the importance of quality child care that addresses the individual needs of children with (and without) disabilities, or the improved dissemination of information about already existing resources, programs or services	10
2. Training	Development of instructional opportunities for groups of providers, administrators, consumers, or others involved in developing quality and inclusive child care, ranging from workshops to full-scale credentialing systems	5
3. On-site support or mentoring	Individualized support for those providing inclusive child care, such as mentoring, on-site consultation and technical assistance, equipment lending libraries, or individualized telephone assistance	8
4. Data collection and dissemination	Collection, analysis, or dissemination of data related to the need for, provision of, and issues associated with inclusive child care	6
5. Public policy	Advocacy or implementation of policies through the executive or legislative branches of state government to increase the quality and availability of inclusive child care	10
• Legislation and state policy	Development of a legislative agenda, presentations to legislators or other policy makers, or revision of state agency policies and practices to reflect a greater commitment to inclusive child care	6
• Regulatory revisions	Revision of child care licensing standards or professional regulations to remove barriers to the participation of children with disabilities or enhance the quality of care	3
• Linkages to early intervention or special education	Efforts to increase the use of child care settings as least restrictive environments (LRE) for the delivery of special education services for 3 to 5 year olds, or as natural environments for serving infants and toddlers with special needs or to otherwise increase collaboration between child care and school districts or early intervention providers	4
• New linkages to health or disability resources	Efforts to bring resources to inclusive child care from sources not previously utilized such as public health, developmental disabilities, or Medicaid	6
• New financial supports for direct services	New or innovative uses of CCDF or other funds to pay for inclusive child care services	3
OUTCOMES RELATED TO PROJECT CONTINUATION		
1. Sustaining the Map network or activities	Mechanism or structure by which the Map activities, team, or network will continue beyond the end of the federal initiative	10

A DESCRIPTION OF THE PROJECT OUTCOMES RELATED TO INCLUSIVE CHILD CARE

Public Awareness

- ⇒ Vermont (Region I) was in the process of developing a Resource Guide targeted to families of children with disabilities and child care providers, to increase the awareness of the kinds of services available to these families, with specific emphasis on the state's efforts to make child care available to them in the natural environments they would attend if they had no special needs. They intended to use Map "community event" funds for printing of the guide.
- ⇒ New Jersey (Region II) Map team scheduled a statewide Summit on Inclusive Child Care for November 1, 1999. They also developed a 90 min. workshop on "How's and Why's of Inclusion" and presented it to at least 12 conferences during Year One of the project. They arranged for reprint and distribution of two guides to inclusive child care that had been previously available but out of circulation--one oriented to parents and one to child care providers. They planned joint conferences with Council for Exceptional Children (Division of Early Childhood) and with NJ Early Intervention Coalition on the use of child care as a natural environment.
- ⇒ Maryland (Region III) used its "community event" funding from the Map Project to pay for development of an initial brochure for the purpose of raising awareness about inclusive child care statewide and as a way of recruiting more providers to get involved. The brochure would include contact information for some of the resources already available within the state. This was viewed as the first piece of a longer term public awareness campaign. The brochure was to be geared to a diverse audience, including providers, families, and pediatricians. The team was also seeking to have information about Maps disseminated through existing publications, such as Baltimore's Child, and newsletters directed to child care providers and other service providers.
- ⇒ The Tennessee (Region IV) Map team succeeded in infusing images of children with disabilities and inclusion into a public awareness campaign on quality child care, called Jump Start, that had already been planned by the Department of Human Services. The campaign was kicked off by the Governor's office during the Month of the Young Child (April 1999) and was funded to continue through fiscal 2000. It included a wide array of elements, including print brochures, posters, bus displays, and public service announcements.

- ⇒ Indiana (Region V) designed and distributed a flier headlined, "Seek and demand quality child care for ALL children and youth." This was based on the Governor's Building Bright Beginnings for Children campaign, with its already existing slogan, "Seek and demand quality child care." Participating agencies on the team coordinated public awareness efforts planned under the auspices of other initiatives into a comprehensive package of public awareness resources. By the end of 1999, this package was expected to include separate brochures for families and child care providers about inclusive child care, and a video and informational booklet for providers built on the theme of "Welcoming ALL Children." In addition, the Map team was instrumental in shaping the agenda of a September 24, 1999, Voices for Children Leadership Summit entitled, "Putting Indiana on the Map with Quality Child Care." (Voices for Children is a collaboration of individuals, professionals, and organizations committed to promoting public policies that assure access and quality of services for children and families.)
- ⇒ New Mexico (Region VI) has developed three display boards with information about inclusive child care. The members of the Map team are using the display boards to raise awareness at many different conferences. They are also disseminating copies of a children's book promoting inclusion, called Someone Special Just Like You.
- ⇒ Iowa (Region VII) expected by the end of 1999 to reproduce and distribute a brochure on quality child care developed for parents by the American Academy of Pediatrics, customized with the contact information for the child care resource and referral agencies in the various regions of the state, and also a flier on inclusive child care produced by Child Care Plus at the University of Montana, with similarly customized contact information.
- ⇒ Utah (Region VIII) organized a traveling display for use in conferences and presentations, one to be stored at each of their six Child Care Resource & Referral agencies. (The first one was paid for by the Map "community event" funds and the other five came from leveraged contributions from other sources.) Three videos on inclusive child care and a TV/VCR to show them were included in the display kit. Also included were examples of adapted toys and materials and other books and resources. The team also designed a colorful brochure featuring the team's Vision Statement and goals, a definition of inclusion, and the phone numbers of the six Child Care Resource & Referral agencies. The funding for this as well as the training (see below, under training) came from the State Head Start Collaboration, the Governor's Council for People with Disabilities, the Division of Services for People with Disabilities, the Department of Workforce Services, and Baby Watch Early Intervention.

⇒ California (Region IX) was using its Map "community event" funding to develop a 10 minute video/slide show, with a soundtrack of original songs relating to inclusion, that could be taken to conferences. In addition, they were working to see that imagery and information related to inclusive child care would appear in three large-scale public awareness campaigns: (1) An Early Start campaign that was sponsored by Developmental Services (Part C); (2) A "Care About Quality" consumer education campaign launched by the state's Child Development Division using CCDF funds; (3) A multi-faceted, multi-media campaign being developed by the Proposition 10 Commission (see below, under new financial support for direct services). Also, individual Map team members conducted 30 presentations to different audiences concerning inclusive child care during Year One of the Project. In addition, the team helped to bring about the distribution to every Head Start, child care center, and family child care home in the state of a 40-page publication, the Spring 1999 issue of Bridges (from the Head Start Collaboration office), with detailed listings of resources, laws, and policies related to inclusive child care in California, as well as information about the Map. Plans were underway to spin off some of that information as a free-standing publication.

⇒ The Oregon (Region X) team designed a Tool Kit for child care providers. Included in the Tool Kit were information about resources that were available and where to call; the benefits of inclusive child care; "Tips for inclusive child care," how to partner with the child's educational or early intervention team; and "Frequently Asked Questions" about inclusive child care. The team also worked to ensure that materials emanating from other statewide public awareness activities concerned with services to children (e.g., "Five Steps to Selecting a Provider") acknowledged or highlighted children with disabilities and their families.

Training

- ⇒ The New Jersey (Region II) Map team designed a 6 hour inclusion training curriculum, with content that could be delivered as a whole or in separable units, depending on the needs of the specific target audience. They used Map "community event" funds to print the resulting manual, which they planned to distribute through training of trainers sessions throughout the state. They then worked with Beverly Lynn, the State Child Care administrator, to announce a RFP of \$130,000 for an organization to build on the training modules designed by the Map team and provide statewide training on inclusion, as well as on-site technical assistance. The New Jersey Statewide Parent Advocacy Network (SPAN) competed successfully for the award.
- ⇒ The Maryland (Region III) Map team has recommended to an existing task force that new credentials being developed for those working in center-based and family child care reflect some exposure to information about children with special needs and how to successfully include them. In addition, they were making plans to create a comprehensive training calendar that would combine trainings relevant to inclusive child care from multiple systems and sources. They were also working on a longer range plan to ensure that state training requirements addressed inclusion (see below, under regulatory revisions).
- ⇒ The Utah (Region VIII) Map team brought in Special Care Outreach trainers from Child Development Resources in Virginia to conduct training on inclusive child care at three different locations. In order to be accepted as one of the national dissemination sites for this federally funded project, the Utah team had to raise approximately \$6000 to cover the expenses of materials for the trainees as well as the travel and other costs of the trainers. (The sources of the funds are the same ones who funded the display boards; see above, under public awareness.) Approximately 80 people (mostly child care providers) took the 8-hour training, of whom 10 to 15 also received additional curriculum and instruction on how to replicate the training. Subsequently, two members of the Map team crafted a grant to the Governor's Council for People with Disabilities to cover expenses of additional trainings by those who had taken the replication training. This was successful, and a grant of approximately \$7000 was awarded. Replication training was already underway in the fall of 1999.
- ⇒ California's Early Intervention Technical Assistance Network (CEITAN), funded by Developmental Services (Part C), has expanded its training to focus on providing early intervention in natural environments, including child care. This training is provided to early intervention and child development program providers. Map team members play a key role in the development and implementation of this training.

- ⇒ California's Child Development Division (State Department of Education) invested \$250,000 in the aftermath of the Map strategic planning process to add a fifth module, covering the inclusion of infants and toddlers with disabilities, to an already developed four-module Training Program for Infant/Toddler Caregivers, a centerpiece of their statewide quality improvement efforts. The new funds would enable not only the development of the new module but also the implementation of the enhanced training to a cadre of endorsed trainers who had already completed the program. California's Child Development Division also allocated \$400,000 annually to initiate two separate outreach training efforts on inclusion, one for teams of preschool and the other for teams of school-age care providers.
- ⇒ California Map team members were featured presenters at four Institutes for administrators of subsidized child development programs across the state, serving from birth through school-age. These two-day institutes, which drew a total attendance of 240 participants, devoted one entire day to the issue of inclusion. The annual conference of the Child Development Division featured a pre-conference session on inclusive child care and approximately 10 workshops on inclusion.
- ⇒ Oregon (Region X) has put together a proposal for funds to make several existing models of training for child care providers more widely available. These include KICS, disseminated by the Arc of Multnomah County, and Project TRAC, from Western Oregon University, as well as Child Care Plus from Montana. Current plans are for the proposal to be forwarded to a private foundation which has already been identified as having an interest in this type of project.

On-Site Support or Mentoring

- ⇒ Vermont (Region I) secured a line item of \$250,000 from the state legislature in the 1999 session to continue the provision of a mentoring program for child care providers to increase their skills in serving children with special needs. This will build on a federally funded project called Creating Quality Child Care Environments, which was begun (and completed) under the direction of the University Affiliated Program at the University of Vermont. This will be an ongoing item in the budget of the Child Care Services division of the state's Department of Social and Rehabilitation Services. It will address overall quality, with an emphasis on serving individual needs. In a related activity, team members have submitted a request to the state Department of Labor to fund an apprenticeship program in child care.
- ⇒ The RFP that New Jersey (Region II) awarded to SPAN (see above, under training) also included funds for the development of on-site technical assistance to child care programs addressing children with special needs. In addition, New Jersey (Region II) allocated CCDF funds to set up a lending library of equipment and materials related to serving children with disabilities in licensed child care homes and centers, which will also be administered by SPAN.
- ⇒ In Maryland (Region III), Project ACT (All Children Together), operated by the Epilepsy Association (represented on the Map team), offered ongoing, on-site support to staff of regular preschool and school-age child care settings to assist the successful inclusion of all children with disabilities (not just those with epilepsy or seizure disorders). It was operating nearly on a statewide basis, with approximately \$200,000 annually from CCDF funds and other sources. Because it pre-existed Maps, it cannot be viewed as a project outcome. However, the members of the team viewed this existing model of mentorship and on-site support as an important part of their vision of inclusive child care, and their goal was to generate additional funding to make this kind of support more widely available.
- ⇒ Tennessee (Region IV) put its efforts into regional Child Care Resource Centers to provide information and technical assistance to child care providers. There were three them at the outset of Maps, and nine by the summer of 1999. The commitment to an initial round of funding for these 9 centers preceded the Map Project. However, the project brought a greater sense of focus to the effort and also enabled the team to leverage additional funding (see below, under public policy). The project reported 54 additional child care programs including children with disabilities in child care during 1998-99.

- ⇒ Iowa (Region VII) was investing approximately \$250,000 per year of CCDF funds in regional health consultants (one in each of their child care resource and referral network's five Service Delivery Areas) to work with child care providers (center-based and home-based) on matters relating to health and to the inclusion of children with special needs. (See additional information below, under new linkages to health or disability resources.) According to Don Kassar, recently retired as Iowa's State Child Care Administrator (and a Map team member), the increase of these positions from part-time to full-time as of July 1999 came as direct result of the Map's strategic planning process. The part-time positions were originally funded in 1997.
- ⇒ The Utah (Region VIII) Map team submitted an initial request to the legislature for the funding of inclusion specialists who would be available to provide ongoing technical assistance to support inclusive child care, possibly housed in the Child Care Resource & Referral agencies or perhaps somewhere else. (For additional information, see below, under legislation and state policy.)
- ⇒ California (Region IX) Department of Education's Child Development Division initiated a stipend program (unrelated to Map) in January 1999, which allocated \$1 million to pay for on-site training or technical assistance as requested by individual center-based programs or by clusters of family child care or license-exempt providers. The training or technical assistance would come from individuals who have completed the Training Program for Infant/Toddler Caregivers. It was anticipated that with the addition of the module on inclusive practices (see above, under Training), a portion of this on-site technical assistance would be addressing issues related to inclusion.
- ⇒ The California (Region IX) Department of Social Services developed a proposal during Year One of the Map to allocate funds for on-site support and training of family child care providers and child care center staff. (For additional information, see below, under legislation and state policy.)
- ⇒ The proposal generated by the Oregon (Region X) team for funds to expand training opportunities (see above, under training) also included a provision to develop community-level supports for inclusive child care, such as local networks who could be called upon for advice and information. The Oregon Include Child Care Pilot Project (see below, under new financial supports for direct services) helps individual child care centers or providers to access direct support by linking to early intervention, mental health, or other local resources.

Data Collection and Dissemination

- ⇒ Tennessee (Region IV) was convening nine focus groups (three in each of three regions) to improve their understanding of the needs of child care providers and the perspectives of families of children with disabilities. The regional child care resource centers (see above, under on-site support) were helping them to identify providers who had called with questions about inclusion to participate in the focus groups. The team anticipated formulating a legislative agenda after reviewing the data from their focus groups.
- ⇒ Indiana (Region V) developed a survey for families of children with special needs, and another for child care providers. They sought and found partnerships with anyone interested in helping with dissemination. More than 1000 families responded to surveys sent by Part C, Title V, Special Education, a United Cerebral Palsy affiliate, and other team members. The provider survey was printed in a newsletter already being disseminated to providers by the Bureau of Child Development.
- ⇒ Iowa (Region VII) contracted with Dr. Margaret Hanson of Iowa State University to collect information through a telephone survey of 400 child care providers and a series of 10-12 focus groups of parents of children with special needs. These respondents will be drawn from two out of Iowa's five child care resource and referral Service Delivery Areas (SDAs), one primarily rural and the other primarily urban. Findings will be presented to the Map team. The team leveraged \$66,000 of state funds (together with \$3000 from Map's "community event" funds) to support the data collection and analysis.
- ⇒ New Mexico (Region VI) pulled together data from existing sources and presented them in a way not previously available, and incorporated them into a position paper (see below, under legislation and state policy). The sources included the state's Training and Technical Assistance Centers, subsidized child care information, Developmental Disabilities Council, and TANF program.
- ⇒ The Utah (Region VIII) Map team relied on projections from existing statewide data to create a colorful state map showing how many children with disabilities were thought to reside in each county. This was disseminated at their presentation to a legislative committee.

- ⇒ Oregon (Region X) is hoping to generate important data from its Inclusive Child Care Pilot Project (see below, under new funding for direct services.) They are expecting to have data on the average cost of accommodating children with disabilities whose needs go above and beyond what might be considered "reasonable accommodations," the range of accommodations needed, the costs associated with specific types of accommodations, and whether such factors as family child care versus center-based care or rural versus urban or suburban affect the cost of accommodations. Even with only a small number of children already enrolled in the pilot, they have shared their data with the state's other subsidized child care programs--those associated with TANF and with low-income working families.

Public Policy

Legislation and state policy

- ⇒ New Jersey (Region II) Department of Human Services added a requirement to any federal and state grants for child care services that pass through their hands requiring the applicant to indicate what efforts they are making to successfully include children with and without disabilities in their facilities and programs. For instance, a 1999 RFP offering a total of \$2.8 million in the form of grants for repairs and equipment to enlarge licensed capacity required applicants to indicate how they would serve children with special needs.
- ⇒ Indiana (Region V) prepared a "State of the State report" on accessibility, affordability, and quality of child care for all children, including children with disabilities. This report drew together existing data as well as data generated from the Map team's own efforts (see above, under data collection). "The 1999 Report on the Status of Early Care and Education in Indiana" was a centerpiece of a September 24 Voices for Children Leadership Summit entitled, "Putting Indiana on the Map with Quality Child Care." The aim of the summit was to identify policy initiatives that would help close the gap between the team's vision and the current realities, as revealed in the State of the State report. (The Indiana team designated the summit as its Map "community event" and contributed its funding to the report and the summit.) Note: The report is available on request to persons outside Indiana from Dr. Michael Conn-Powers.
- ⇒ New Mexico (Region VI) developed a position paper on inclusive child care. A shorter, 2 page version, which they call a legislative "fact sheet," is geared for advocating with the state legislature and others. A longer version includes additional data and background useful to those involved in advocacy efforts. At least one presentation to a legislative committee was anticipated some time in the fall of 1999. The initial effort would be to bring greater awareness to the issue. Any recommendations regarding reimbursement, training, compensation, or other matters would be reserved until a later time.

- ⇒ Members of Utah (Region VIII) Map team made two presentations to legislative committees. They presented three specific requests to the Child Care Legislative Task Force: (1) That the state should allocate enough matching funds to be able to draw down all the funds to which it is entitled under the CCDF guidelines; (2) That 10% of CCDF funds should be directed to assure services to children with disabilities; (3) That as the state is drawing up rules on which recipients may be entitled to have their lifetime limits on drawing benefits from TANF waived, families whose children have disabilities should be recognized in that category. A second presentation was made to offer an overall report on Map's activities and to inform the legislature that a building block request for the funding of inclusion specialists had been initiated. Inclusion specialists would be individuals available to provide ongoing technical assistance to support inclusive child care, possibly housed in the Child Care Resource & Referral agencies or perhaps somewhere else. (In Utah, any time a new line item is to be created within the state budget, it must begin with a building block request.)
- ⇒ The California (Region IX) Department of Social Services submitted a "budget change proposal" (the first step for any department in initiating a new line item) during Year One of the Map to allocate \$4 million for on-site support and training of family child care providers and child care center staff to help them be more prepared to receive children with disabilities, with the focus on providers serving families participating in CalWORKs, the state's TANF program. Although this proposal was not retained in the final budget, its introduction was viewed by Map participants as a significant initial step in finding a way to access more resources for on-site support for the state's providers.
- ⇒ Oregon (Region X) made a policy commitment that a portion of every federal CCDF dollar for child care services will address the issue of inclusion and services for children with special needs. This will sometimes take the form of a requirement to be addressed in an RFP, and when no RFP is involved, it will be a generally acknowledged background understanding across the state agencies that are making program and funding decisions.

Regulatory revisions

- ⇒ Maryland (Region III) was considering the need and feasibility of incorporating into the state child care licensing regulations language that would require training on special needs or inclusion for center staff and registered home providers. This was viewed as a long term goal.

- ⇒ The Tennessee (Region IV) Map team was active in the state Standards Committee, which was reviewing and revising child care regulations. They were seeking to scrutinize all regulations to make sure that nothing would inhibit or interfere with the participation of children with special needs in regular licensed homes or centers.
- ⇒ Two important bills passed the legislature in 1998 in California (Region IX), as the Map team was being formed (thus, not an outcome of the project itself but of the efforts of several key players who became part of the Map team). The first allowed child care providers to administer the finger-prick test for children with diabetes (to test their blood sugar level). The second permitted them to administer inhaled medications through a nebulizer. The purpose of the laws was to ensure that children with diabetes or asthma would not be excluded from care due to providers being restricted due to licensing regulations from responding to their medical needs. The laws imposed a series of procedures and limitations for the safety of children and the protection of staff and providers. In the future, first aid training required for licensing will incorporate the topic of nebulizers. As this report was finalized in October 1999, additional licensing revisions were also being implemented easing the restrictions on the provision of G-tubes in child care settings. One goal of the Map team was to deal with additional licensing restrictions in a broad, pro-active way, rather than tackling them one procedure at a time, with each procedure becoming the focus of a lawsuit against California's Department of Social Services by family members of children with disabilities.

Linkages to early intervention or special education

- ⇒ The Vermont (Region I) Map team members crafted and signed a Memorandum of Understanding (MOU) among three key agencies that touch the lives of children with disabilities: Social and Rehabilitation Services--Child Care Services Division; Family, Infant and Toddler Project; and Department of Education--Essential Early Education Programs. The purpose, as stated in the MOU, was to "ensure appropriate accommodations to successfully include young children ages birth to six with disabilities or other special needs in community early care and education settings." The commitments from all three agencies were to support community-based inclusion in spirit and with dollars. It outlines in general terms the roles and obligations of families, providers, and the three agencies in bringing about appropriate accommodations for inclusive child care and early education. The team was subsequently inviting additional state agencies to become a part of the MOU.

- ⇒ The New Jersey (Region II) team attended meetings with the Department of Education to discuss the use of child care as a least restrictive environment appropriate for the delivery of preschool special education services by local school districts. Also, the New Jersey Map team helped to bring a focus on inclusion to a new state pre-K initiative that was launched in 30 local school districts as a result of litigation (the "Abbott case"). Many of the pre-K programs were to be contracted by local Boards of Education to child care centers, and the possibilities for increased inclusion of children with special needs in those settings were enormous. As a follow-up to their initial success at heightening the focus on inclusion of children with disabilities, the team was making plans to offer support and training to facilitators newly hired by the state as consultants to the affected districts.
- ⇒ In Tennessee (Region IV), the state's Education Department put in \$12,000 in fiscal 1999 to the regional Child Care Resource Centers which were helping to promote inclusive child care, and was anticipating a greater contribution the following year. Education was not one of the original funders. (See above, under on-site support).
- ⇒ The California (Region IX) Map team succeeded in getting inclusive child care placed as the lead topic on the agenda for one entire round of regional meetings conducted across the state in 7 different locations by the Department of Education, Division of Early Education (a unit which has since been reconfigured). Attending these meetings were representatives of public schools, Head Start, pre-K, child care, and child development programs. Also, the Special Education Division of the state Department of Education has been operating for several years a program called Connections, that brings preschool child care providers and their special education partners together for on-site technical assistance. This program is currently being expanded to reach early intervention providers and their community-based child care partners as well.

Linkages to health or disability resources

- ⇒ Vermont (Region I), as part of its MOU among three state agencies (see above, under new linkages to early intervention), put in writing the Vermont Department of Health's practice of paying up to half the costs of accommodations, when infants and toddlers eligible for early intervention participate in a setting that is a natural environment, such as child care.

- ⇒ Vermont (Region I) determined that some child care centers may be appropriately classified under current Medicaid rules as therapeutic day treatment programs, thus making payment for specialized assistance or services to an individual child with special needs as well as staff training Medicaid-reimbursable costs. An initial pilot was launched with one child care center to test out the feasibility of this source of support for inclusion. The expectation was to expand this practice to one center in each of the state's 12 districts, using NAEYC-accredited centers.
- ⇒ New Jersey (Region II) team members are looking into whether the extra costs involved in serving certain children with disabilities could be addressed by designating some family child care providers as "personal assistants," a category used by the Division of Developmental Disabilities, or by recognizing some centers or homes as providers of early intervention in natural environments to children with IFSPs.
- ⇒ A member of the Maryland (Region III) Maps team was seeking to have the Epilepsy Association's Project ACT, which provides support to inclusive child care, designated as her provider agency by the state's Developmental Disabilities Administration (DDA). This was viewed as a test case to determine whether DDA's family support funds could become a new source of support for inclusive child care for families who needed this kind of help, rather than more traditional types of respite care.
- ⇒ Backers of the regional Child Care Resource Centers in Tennessee (Region IV), including the Developmental Disabilities Council, were hoping to bring on board the state's department of Mental Health/Mental Retardation, which was not one of the original funders. The department wanted to first review the data from services to date and examine the results of the focus groups being conducted in fall 1999.
- ⇒ The Iowa (Region VII) Department of Human Services contracted with the state Department of Public Health, using CCDF funds, for three regional health consultants to child care settings (see above, under on-site support). The contract covered direct services and also a position at the state level to supervise the consultants and assist with on-the-job training and professional development. The work of the Map team helped to bring about a significant increase in this allotment as compared to the amount budgeted prior to the project's work.

- ⇒ The Healthy Child Care California team has been promoting the concept of Child Care Health Linkages, which they envision as eventually making available one health consultant and one mental health consultant in every county, with the sole responsibility of supporting child care providers. The success of the new laws allowing child care providers to do finger-prick tests and administer medications through nebulizers (see above, under regulatory revisions) is predicated in part on the existence of these kinds of supports. The Map team together with the Healthy Child Care team has pushed for legislation that would authorize a pilot project in a limited number of counties to implement this vision. Their first attempt was successful in passing both houses of the state Assembly, but was vetoed by Governor Wilson. In the fall of 1999, they were in the process of revising the legislation and making another attempt with a new governor.

New financial support for direct services

- ⇒ Utah (Region VIII) established in 1999 as a result of its Map activities two new financial mechanisms using CCDF funds to defray the direct costs of providing care to a child with special needs. A provider could apply for either or both, as the situation required. The first was a special rate that entitled the provider of care to a child eligible for subsidy to be paid at the state's highest established rate (i.e., the rate normally reserved for infant care in an accredited center), regardless of the age of the child. The second was a one-time grant of up to \$1000 which providers could request for equipment, toys, specialized training, or other one-time expenses. These were items that had been on the agenda in the past within the Department of Workforce Development. But according to State Child Care Administrator Cathie Pappas, the Map activity definitely speeded up the process of getting them approved and implemented.

- ⇒ Oregon (Region X) launched an Inclusive Child Care Pilot Project in 3 counties and 2 tribal areas (initially, the target area was smaller, but they widened it). The state has committed approximately \$150,000 to \$200,000 of CCDF funds per year for two years to address the individual needs of children with disabilities who might otherwise be legally excluded from child care because the accommodations they require reach the level of "undue burden" that puts them beyond the requirements of the law. The project is under the umbrella of the Oregon Developmental Disabilities Council, and the full-time project director is Terry Butler, who was the liaison for the Oregon Map. The project protocol requires him to meet with families and with home-based providers or center-based staff and consider their requests for higher rates on a case-by-case basis, with a built-in review after 6 months. There is no specific pre-conceived minimum or maximum rate. Children of families who fall within the CCDF guidelines (85% of median income) may apply for the special rate, regardless of whether they are eligible for subsidized child care. The first 10 children accessing the special rate ranged in age from a toddler to a 16 year old.
- ⇒ Several members of the California (Region IX) team were involved in dialogue with sponsors of the state's Proposition 10, who were preparing to allocate over \$700 million annually in funds from an increased cigarette tax brought about by a citizen referendum to support the "creation of a seamless system of integrated and comprehensive early childhood development programs and services." Thanks in part to the presence of the Map, the guidelines developed by a state commission were very strong in identifying the importance of services that addressed children with disabilities alongside their typically developing peers. Decisions about 80% of the expenditures were to be made at the county level, pursuant to the statewide guidelines. There were possibilities of applying for funding related to inclusive child care both from the state commission and from individual county commissions. (There was also a signature drive in progress to use the citizens' referendum process to repeal the new tax.)

PROJECT CONTINUATION OUTCOMES

- ⇒ The committees formed by the Map team in Vermont (Region I) will continue to function in the foreseeable future, but with expanded membership and evolving tasks, and not necessarily using the "Map" lexicon. The Early Childhood Workgroup, which preceded the Map to Inclusive Child Care Project, remains the broader umbrella under which these committees function.
- ⇒ The New Jersey (Region II) team will remain in place as the Map to Inclusive Child Care Project for the foreseeable future, with its current liaison, Sandy Sheard, authorized to spend as much of her time as necessary to continue to move along the state's inclusive child care efforts. The team composition (as modified during Year One) will remain intact. A mailing has been targeted to recruit new members to join the committees and task groups.
- ⇒ The Maryland (Region III) Map team held a second round (two full days) of strategic planning in June 1999. At this time, they committed themselves to continuing work as a Map team through December 2000. With funds from their state department of education (Section 619), they were able to fund an experienced, out-of-state facilitator with expertise both in the area of inclusive child care and in group process to guide the June meeting.
- ⇒ The Tennessee (Region IV) Map team set a timetable of December 1999, to decide on a structure that would best allow them to continue to bring attention to the issue of inclusive child care. They were expecting data back by November from their focus groups (see above, under data collection), and then would decide on next steps.
- ⇒ The Indiana (Region V) team anticipated one final meeting following the September 24, 1999, Voices for Children Leadership Summit. Unless an individual or agency came forward with unanticipated resources to keep the team functioning, this would bring closure to the Maps effort in Indiana.

- ⇒ New Mexico (Region VI) team members signed a commitment statement in August 1999 for one year of continuing activities, similar to the commitment statement required during the application process for all Maps participants. The statement expressed a willingness to attend a minimum of 2 quarterly meetings, bring the display board and children's book promoting inclusion to conferences, and participate in one of the existing committees of the Map network. Meanwhile, the Maps team has been formally recognized within the Child Care Services Bureau of the New Mexico Children, Youth, and Families Department as an Advisory Committee.
- ⇒ Iowa (Region VII) anticipated long-term continuation of the Map network and commitment to inclusive child care. They planned to look at several models, each of which involved having one person positioned as the "point person" or "resource person" that would be visible statewide. This person could be housed within the child care resource and referral system, affiliated with the Developmental Disabilities Council, or possibly with the Parent Training and Information (PTI) network.
- ⇒ The Utah (Region VIII) Map was anticipating convening a meeting in October 1999 to review their progress to date, to hear reports from their committees, and to make a decision about what level of future commitment or what structure would best allow them to carry their agenda forward.
- ⇒ In California (Region IX), the Map project has received a strong financial and organizational commitment from the state's Child Development Division, with the allocation of approximately \$200,000 to support the continuation of the Map. Some priorities of the team in the coming year are: (1) to develop a report on barriers to successful inclusive child care and possible solutions; (2) to cultivate stronger connections with local child care planning councils (a mandated statewide mechanism by which local policies and practices are implemented in California). The funds will support (among other things) a portion of state liaison Pamm Shaw's salary, the development of the report on barriers and solutions, and continued team meetings on a quarterly basis.
- ⇒ The Oregon (Region X) Map team is now called the Inclusive Child Care Advisory Group, and is a permanent Subcommittee to the Child Care and Education Coordinating Council, which oversees the CCDF funds in the state. It is co-chaired by a parent and by the executive director of a disability organization.

BRIEF HIGHLIGHTS OF OUTCOMES BY STATE

Vermont (Region I)

- ⇒ The team crafted and signed a Memorandum of Understanding (MOU) among three key agencies that touch the lives of children with disabilities: Social and Rehabilitation Services--Child Care Services Division (CCSD); Family, Infant and Toddler Project; Department of Education--Essential Early Education Programs. The purpose was to ensure appropriate accommodations to successfully include young children ages birth to six with disabilities or other special needs in community early care and education settings.
- ⇒ The team determined that some child care centers may become classified under current Medicaid rules as therapeutic day treatment programs, thus making the payment for such services as well as staff training a Medicaid-reimbursable cost. A pilot has been initiated with one NAEYC accredited child care center to test out the feasibility of this source of support for inclusion. The intention is to expand this to include one accredited center in each of 12 service districts throughout the state.
- ⇒ The team secured a line item of \$250,000 from the state legislature in the 1999 session to continue the provision of a mentoring program for child care providers that will build on a previously completed federally funded project called Creating Quality Child Care Environments. This will be a continuing item in the budget of the CCSD.
- ⇒ The team was in the process of developing a Resource Guide targeted to families of children with disabilities and child care providers.

New Jersey (Region II)

- ⇒ The New Jersey (Region II) Map team developed a 90 min. workshop on "How's and Why's of Inclusion" and presented it to at least 12 conferences during Year One of the project. The team designed a six hour inclusion training curriculum, with an accompanying manual which they were beginning to distribute throughout the state. They scheduled a statewide Summit on Inclusive Child Care for November 1, 1999.
- ⇒ The team worked with Beverly Lynn, the State Child Care administrator, a Map team member, to announce a RFP of \$130,000 for an organization to provide training on inclusion as well as on-site technical assistance to child care programs addressing children with special needs. The New Jersey Statewide parent Advocacy Network (SPAN) competed successfully for the award.

- ⇒ They also allocated some CCDF funds to set up a lending library of equipment and toys related to inclusive child care, which will also be administered by SPAN.
- ⇒ New Jersey Department of Human Services added a requirement to federal and state grants for child care services requiring the applicant to indicate what efforts they are making to successfully include children with and without disabilities in their facilities and programs. For instance, a 1999 RFP offering a total of \$2.8 million in the form of grants for repairs and equipment to enlarge licensed capacity required applicants to indicate how they would serve children with special needs.

Maryland (Region III)

- ⇒ The team used its funding from the Map Project to pay for development of an initial brochure for the purpose of raising awareness about inclusive child care statewide and as a way of recruiting more providers to get involved. The brochure was to include contact information for some of the resources already available within the state. This was viewed as the first piece of a longer term public awareness campaign.
- ⇒ The team recommended to an existing task force that was developing a new state credential for those working in center-based and family child care that both credentials reflect some exposure to information about children with special needs and how to successfully include them. They were also working on a longer range plan to ensure that state licensing requirements required training related to inclusion.
- ⇒ The Maryland team held a second round (two full days) of strategic planning in June 1999. With funds from their state department of education, they were able to fund an experienced, out-of-state facilitator with expertise both in the area of inclusive child care and in group process to guide the June meeting. At this time, they committed themselves to continuing work as a Maps team through December 2000.

Tennessee (Region IV)

- ⇒ The team put its efforts into its network of regional Child Care Resource Centers to provide information and technical assistance to child care providers. The project reported 54 additional child care settings including children with disabilities during 1998-99.
- ⇒ New funding for the nine regional Child Care Resource Centers were leveraged as a direct outcome of the Maps efforts. The state's Education Department, which was not one of the original funders, put in \$12,000 in fiscal 1999 and was anticipating a significant increase to approximately \$20,000 in fiscal 2000.

- ⇒ The Map team succeeded in infusing images of children with disabilities and inclusion into a public awareness campaign on quality child care, called Jump-Start Their Future. It was kicked off in April 1999, in conjunction with the Month of the Young Child.
- ⇒ The Map team was active in the state Standards committee, which was reviewing and revising child care regulations. They were seeking to scrutinize all regulations to make sure that nothing would interfere with the participation of children with special needs in regular licensed homes or centers.
- ⇒ They planned to convene a total of nine focus groups of parents and providers during the fall of 1999 to improve their understanding of the needs of child care providers and the perspectives of families of children with disabilities. They anticipated formulating a legislative agenda after reviewing the data from the focus groups.

Indiana (Region V)

- ⇒ The Indiana (Region V) Map team developed a survey for families of children with special needs, and another for child care providers. Data from the surveys was analyzed and incorporated into a "State of the State report" on accessibility, affordability, and quality of child care for all children, including children with disabilities, drawing together previously existing data as well as the new data. This report was to be a centerpiece of a September 24, 1999, Voices for Children Leadership Summit entitled, "Putting Indiana on the Map with Quality Child Care." The aim of the summit was to identify policy initiatives that would help close the gap between the team's vision and the current realities, as revealed in the State of the State report.
- ⇒ Participating agencies on the team coordinated efforts planned under the auspices of other initiatives into a comprehensive package of public awareness resources. By the end of 1999, this package was expected to include separate brochures for families and child care providers about inclusive child care, and a video and informational booklet for providers built on the theme of "Welcoming ALL Children." The team designed and distributed a flier headlined, "Seek and demand quality child care for ALL children and youth," based on the governor's Building Bright Beginnings for Children campaign, with its already existing slogan, "Seek and demand quality child care."

New Mexico (Region VI)

- ⇒ New Mexico (Region VI) developed three display boards with information about inclusive child care that team members were planning to bring to a variety of conferences. The members of the Map team are also disseminating copies of a children's book promoting inclusion, called Someone Special Just Like You.
- ⇒ With help from the National Conference of State Legislatures, they developed a position paper on inclusive child care. They pulled together a variety of data from existing sources. A shorter, 2 page version, which they call a legislative "fact sheet," is geared for advocating with the state legislature and others. A longer version includes additional data and background useful to those involved in advocacy efforts.
- ⇒ New Mexico team members signed a commitment statement in August 1999 for one year of continuing activities, similar to the commitment statement required during the application process for all Maps participants. The Maps team has been formally recognized within the Child Care Services Bureau of the New Mexico Children, Youth, and Families Department as an Advisory Committee.

Iowa (Region VII)

- ⇒ Iowa (Region VII) used CCDF funds to put in place five health consultants (one in each of their child care resource and referral network's five Service Delivery Areas) to work with child care providers on matters relating to health and to the inclusion of children with special needs. These were originally funded in 1997 as part-time positions. Their increase to full-time as of July 1999 came as a result of the Map strategic planning process. The investment of CCDF dollars was approximately \$250,000 per year.
- ⇒ The Iowa team contracted with Dr. Margaret Hanson of Iowa State University to collect information through a telephone survey of 400 child care providers and a series of 10-12 focus groups of parents of children with special needs. These respondents were to be drawn from two out of Iowa's five child care resource and referral Service Delivery Areas (SDAs), one primarily rural and the other primarily urban. Findings would then be presented to the Map team. The team generated \$66,000 of state funds (together with \$3000 from Map's "community event" funds) to support the data collection and analysis.
- ⇒ The team expected by the end of 1999 to reproduce and distribute already existing brochures on quality child care for parents and providers from outside sources, customized for Iowa with contact information for the child care resource and referral agencies in the various regions.

- ⇒ Team leaders planned to look at several models for project continuation, with the hope of having one person positioned as the "point person" or "resource person" that would be visible on inclusive child care statewide. It was not yet determined where this person would be located within the state system.

Utah (Region VIII)

- ⇒ Utah (Region VIII) organized a traveling display for use in conferences and presentations. Three videos on inclusive child care and a TV/VCR to show them were included in the display kit. Also included were examples of adapted toys and materials and other books and resources. The team also designed a colorful brochure featuring the team's Vision Statement and goals, a definition of inclusion, and the phone numbers of the six Child Care Resource & Referral agencies.
- ⇒ The team brought in Special Care Outreach trainers from Child Development Resources in Virginia to conduct training on inclusive child care at three different locations. In order to be accepted as one of the national dissemination sites for this federally funded project, the Utah team had to raise approximately \$6000 to cover the expenses. Approximately 80 people (mostly child care providers) took the 8-hour training, of whom 10 to 15 also received additional curriculum and instruction on how to replicate the training. Subsequently, two members of the Map team crafted a grant to the Governor's Council for People with Disabilities to cover expenses of additional trainings by those who had taken the replication training. This was successful, and a grant of approximately \$7000 was awarded. Replication training was already underway in the fall of 1999.
- ⇒ Utah established in 1999 two new financial mechanisms to defray the direct costs of providing care to a child with special needs. The first was a special rate that entitled the provider to be paid at the state's highest established rate (i.e., the rate normally reserved for infant care in an accredited center), regardless of the age of the child. The second was a grant of up to \$1000 which providers could request for equipment, toys, specialized training, or other one-time expenses.

- ⇒ Members of the Map team made two presentations to legislative committees. One of the presentations notified the legislature that a building block request for the funding of inclusion specialists had been initiated. (In Utah, any time a new line item is to be created within the state budget, it must begin with a building block request.) Inclusion specialists would be individuals available to provide ongoing technical assistance to support inclusive child care. For its legislative presentation, the team created a colorful state map showing how many children with disabilities were thought to reside in each county. The country figures were projected from existing statewide data.

California (Region IX)

- ⇒ The team helped to bring about the writing and distribution to every Head Start, child care center, and family child care home in the state of the Spring 1999 issue of Bridges (from the state Head Start Collaboration office), which offered detailed listings of resources, laws, and policies related to inclusive child care, as well as information about the Map.
- ⇒ California's Child Development Division invested \$250,000 as a result of the Map strategic planning process to add a fifth module, covering the inclusion of infants and toddlers with disabilities, to an already developed four-module Training Program for Infant/Toddler Caregivers, a centerpiece of their statewide quality improvement efforts. The Child Development Division will allocate \$250,000 annually (and anticipates an increase to perhaps \$400,000 annually) to initiate two separate outreach training efforts on inclusion, one for preschool and one for school-age child care providers.
- ⇒ The California (Region IX) team was involved in dialogue with sponsors of the state's Proposition 10, allocating over \$700 million annually in funds from an increased cigarette tax brought about by a citizen referendum to support the "creation of a seamless system of integrated and comprehensive early childhood development programs and services." Thanks in part to the presence of the Map, the guidelines developed by a state commission were very strong in identifying the importance of services that addressed children with disabilities alongside their typically developing peers.

- ⇒ The California (Region IX) Map team succeeded in getting inclusive child care placed as the lead topic on the agenda at many important training and organizational events. One entire round of regional meetings conducted in 7 different locations by the Department of Education focused on inclusive child care, as did the annual Public Policy Symposium of the California Association for the Education of Young Children (CAEYC). Map representatives also appeared on the program at four institutes for administrators of subsidized child development programs across the state, which devoted one entire day to the issue of inclusion.
- ⇒ California (Region IX) was using its Map "community event" funding to develop a 10 minute video/slide show, with a soundtrack of original songs relating to inclusion, that could be taken to conferences. In addition, they were working to infuse inclusive child care into three ongoing large-scale public awareness campaigns initiated by Developmental Services (Part C), the Child Development Division, and the multi-media campaign being developed by the sponsors of Proposition 10.
- ⇒ The Map has received a strong financial and organizational commitment from the state's Child Development Division, with the allocation of approximately \$200,000 to support project continuation. The funds will support (among other things) a portion of state liaison Pamm Shaw's salary, the development of a major report on barriers and solutions, and continued team meetings on a quarterly basis.

Oregon (Region X)

- ⇒ Oregon (Region X) has made a policy commitment that a portion of every federal CCDF dollar for child care services, when feasible, will address the issue of inclusion and services for children with special needs.
- ⇒ Oregon launched an Inclusive Child Care Pilot Project in 3 counties and 2 tribal areas. The state has committed approximately \$150,000 to \$200,000 of CCDF funds per year for at least two years to address the individual needs of children with disabilities in this target area. Rates are determined on a case-by-case basis.
- ⇒ In addition to the direct services to children and families, they are hoping to generate important data from Pilot Project pertaining to the average cost of accommodating children with disabilities, the range of accommodations needed, the costs associated with specific types of accommodations, and whether such factors as family child care versus center-based care or rural versus urban or suburban affect the cost of accommodations.
- ⇒ The team designed a Tool Kit for child care providers. Among other items in the kit were information about resources that were available and where to call; the benefits of inclusive child care; and how to partner with the child's educational or early intervention team.

- ⇒ The team put together a proposal for funds to make several existing models of training for child care providers more widely available. These included KICS, disseminated by the Arc of Multnomah County, and Project TRAC, from Western Oregon University, as well as Child Care Plus from Montana. They had already identified and made contact with a likely funder for this effort.
- ⇒ The Oregon (Region X) Map team is now called the Inclusive Child Care Advisory Group, and is a permanent Subcommittee to the Child Care and Education Coordinating Council, which oversees the CCDF funds in the state. It is co-chaired by a parent and by the executive director of a disability organization.

APPENDIX 1. NOTES ON THE METHODS USED TO GATHER INFORMATION FOR THIS REPORT

The application process for participation in the Map to Inclusive Child Care Project required the State administrator responsible for the federal Child Care and Development Fund (CCDF) to sign off on his or her state's application, and to name an individual who would act as the state's liaison with the staff of the Map to Inclusive Child Care Project in the event the state was selected.

In preparing to write this report, I made initial contact with the liaisons from each of the ten Year One states in July, 1999, informing them that I would be seeking to interview them and others for a report on project outcomes. Each of the liaisons for the Year One teams or their designated representatives made a brief presentation at the Map's Second National Institute, August 12-13, 1999, in Washington, DC, summarizing their team's achievements during Year One. I was in attendance, and I used my notes from these presentations as the basis for follow-up interviews. I was able to conduct face-to-face interviews with several of the liaisons during the conference.

I conducted the remainder of the interviews by telephone between mid-August and the first week of October, 1999. For each state, I conducted interviews with a minimum of three and as many as six members of the Map team. I spoke with the project liaison and the State child care administrator; then I chose the other interview subjects in consultation with the project liaison. (In Vermont, Kim Keiser filled a dual role as State administrator and the project liaison. In New Mexico, the original State administrator, Irene Sanchez, had retired; I spoke with Michaela Rivera, to whom the current State child care administrator reports. Iowa's State administrator, Don Kassar, had recently retired; I interviewed him anyway. In California, the original State administrator, Janet Poole, had retired; Michael Jett, who is the administrator for the quality improvement unit, responded to my queries on behalf of the current State administrator, Michael Silver.)

In selecting other possible interview subjects, I tried to include at least one from each state who represented parents of children with disabilities. This did not always prove possible, as some parents did not return my calls, and in a couple of states, there were no parents of children with disabilities who had remained actively involved in the work of the Map. I selected additional interview subjects by asking the liaisons to name two or three team members who might provide some additional perspective that would contribute to my understanding of project outcomes.

I did not audiotape the interviews but relied on handwritten notes. In addition to the interviews, I had access to the written strategic plans that each team had drafted. For several states, I had access to other handouts or materials that the project had developed in the course of their activities.

I shared earlier drafts of the write-ups about each state with the state liaisons and asked them to verify their accuracy or suggest changes or additions. Any inaccuracies or omissions remaining in the report are my responsibility.

Dale Borman Fink, Ph.D..

finkdale@sover.net

APPENDIX 2. LIST OF MAP TEAM MEMBERS INTERVIEWED FOR THIS
REPORT

Vermont (Region I)

Kim Keiser (Liaison and State Child Care Administrator)
Director, Child Care Services Division
Department of Social and Rehabilitation Services
Waterbury

Maureen Sullivan
Center on Disability and Community Inclusion
University of Vermont University Affiliated Program
Burlington

K.C. Whitely
Head Start Collaboration Coordinator
Waterbury

New Jersey (Region II)

Diana Autin (parent)
Statewide Parent Advocacy Network (SPAN)
Newark

Diane Goettler
Division of Developmental Disabilities
New Jersey Department of Human Services
Trenton

Beverly Lynn (State Child Care Administrator)
Division of Family Development
New Jersey Department of Human Services
Trenton

Sandy Sheard (Liaison)
Dependent Care Project Manager
New Jersey Department of Human Services
Trenton

Gloria Stone-Mitchell
Child Care Director
Respond, Inc.
Camden

Maryland (Region III)

Nancy Lantz (liaison)
Executive Assistant, Child Care Administration
Baltimore

Pam Miller (Parent)
Marriottsville

Barbara Tayman (State Child Care Administrator)
Assistant Director, Office of Program Development
Child Care Administration
Baltimore

Tennessee (Region IV)

Linda McReynolds (liaison)
Executive Director, Signal Centers, Inc.
Chattanooga

Brenda Ramsey (State Child Care Administrator)
Director, Child Care Services
Dept. of Human Services
Nashville

Wanda Willis
Tennessee Developmental Disabilities Council
Nashville

Indiana (Region V)

Michael Conn-Powers
Center for Innovative Practices for Young Children at ISDD (University
Affiliated Program)
Bloomington

Tamyra Freeman (liaison)
Indiana Parent Information Network
Indianapolis

Lauralee Martin (State Child Care Administrator)
Deputy Director, Child Care Licensing & Funding
Bureau of Child Development
Indianapolis

Donna Roberts
United Cerebral Palsy of Greater Indiana
Indianapolis

New Mexico (Region VI)

Janet Alvarado
New Mexico Children, Youth, and Families Department
Office of Child Development
Las Cruces

Sarah Ann Cairns (Parent)
YWCA Child Care Resource & Referral
Albuquerque

Pam Ray (Liaison)
New Mexico Children, Youth, and Families Department
Child Care Services Bureau
Las Cruces

Michaela Rivera
New Mexico Children, Youth, and Families Department
Prevention and Intervention Division
Deputy for Early Care
Santa Fe

Iowa (Region VII)

Gina Greene (parent)
Part C Regional Coordinator
Exceptional Persons, Inc.
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MAP TO INCLUSIVE CHILD CARE

OUTCOMES FOR YEAR TWO



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Outcomes of Map to Inclusive Child Care Project, Year Two

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INTRODUCTION TO THE CHILD CARE BUREAU'S MAP TO INCLUSIVE CHILD CARE PROJECT, YEAR TWO

Map to Inclusive Child Care was the name given to a technical assistance initiative launched by the Child Care Bureau in October 1997 to expand child care opportunities for children with disabilities. Its aim, more specifically, was to stimulate activity within the states that would result in the increasing inclusion of children with disabilities within regular child care programs for infants, toddlers, preschoolers and school-aged children. It was one of seven technical assistance projects launched by the Child Care Bureau as of that time and the only one explicitly designed to address the participation of children with disabilities in child care.

In the second year of the project, as in the first year, applications were accepted only from state child care administrators. The applications were reviewed for compatibility with project guidelines, and one state or territory was chosen from each of the federal regions as defined by the Department of Health and Human Services (DHHS).

Technical assistance was offered to the selected teams by consultants recruited and trained by the prime contractor (University of Connecticut Health Center Division of Child and Family Studies) and subcontractors carrying out the project. The technical assistance for each team consisted of an initial telephone orientation conference call, facilitated meetings convened in each state (generally two full days in length) at which strategic planning took place, attendance at a National Institute in Washington, DC, in August 1999, and ongoing telephone contact from the assigned consultant, as well as from the Project Director, Dr. Mary Beth Bruder.

Funds were made available to reimburse expenses of team members to attend strategic planning and the National Institute and to compensate expert assistance utilized by some of the teams from a consultant pool approved by the Child Care Bureau. Additional funds were made available to support an activity, event, or product (referred to as a "state event") which each team was required to identify and carry out as a condition of its participation in the project. The teams in the course of their strategic planning meetings chose these "state events" or activities.

Outcomes of Map to Inclusive Child Care Project, Year Two

This report examines the outcomes of these efforts at team development and technical assistance in Year Two of the project. The Year Two participants, whose affiliation with the project commenced in February 1999, were as follows:

- Massachusetts (Region I)
- Puerto Rico (Region II)
- District of Columbia (Region III)
- Florida (Region IV)
- Illinois (Region V)
- Louisiana (Region VI)
- Missouri (Region VII)
- Colorado (Region VIII)
- Nevada (Region IX)
- Washington (Region X)

Outcomes of Map to Inclusive Child Care Project, Year Two

INTRODUCTION TO THIS REPORT

This report describes the outcomes of the Map to Inclusive Child Care Project as viewed by members of the teams who participated during Year Two. It is neither a comprehensive Final Report nor a summative or formative evaluation. It is hoped that a clear description of the outcomes achieved across the ten participating states will be useful to those who sponsored the project, those who participated in it, and to anyone else interested in the project's goals: the expansion of quality child care that addresses the individual needs of all children from birth through age 12, including those who have special needs or disabilities.

"STATES" INCLUDES OTHER ENTITIES

Eight of the teams selected were from states, while the teams selected from Regions II and III were from Puerto Rico and the District of Columbia, which are not states. At times, the text in this report will reflect this by referring to "states and other entities" or "states and territories." However, for conciseness and fluidity of language, the text will frequently use the word state to refer to all the participating teams. No disregard for the unique histories of Puerto Rico or the District of Columbia are intended by this rhetorical choice.

OUTCOMES NOT SOLELY ATTRIBUTABLE TO "MAPS"

It would be a mistake to attribute every outcome we describe in this report solely to the existence of the Child Care Bureau's Map to Inclusive Child Care Project. The extent to which any state's joining up with this project influenced the design of a particular state policy, the expansion of an existing allocation, or the improvement of a collaborative relationship is a matter of perception and perspective. The answer to the question "is this a result of your Map team's efforts?" was often not entirely apparent, even to those most directly involved. In several of the states participating in the project, committees or working groups on inclusive child care preceded or coincided with the state's involvement in the Map to Inclusive Child Care Project. The general indication from our interviews was that the Map affiliation and the Map resources and technical assistance acted as a kind of catalyst, sweetener, or booster that speeded up, expanded, or brought greater attention and credibility to activities that in some cases would have arisen independently of Map.

To leave unmentioned in this report important state initiatives related to inclusive child care would reduce its usefulness to the Child Care Bureau, Maps participants, and other readers. Therefore, we have opted to describe in this report any and all inclusive child care activities which team members have told us were important and in which they were involved, even if many of them cannot be described as "project outcomes."

Outcomes of Map to Inclusive Child Care Project, Year Two

Those readers wanting a fuller understanding of the precise role of the Child Care Bureau's Map to Inclusive Child Care Project in bringing about any specific outcomes are encouraged to contact members of the individual state teams.

Outcomes of Map to Inclusive Child Care Project, Year Two

AN OVERVIEW OF THE CONTENTS

1. STATE EVENTS

Section 1 describes the 10 "state events." One of the project's requirements was that each team select and carry out an activity or develop a product that would let residents of their state or territory know about the project and galvanize additional interest in addressing the challenges of inclusive child care.

Table 1 depicts these same outcomes in a more concise visual format.

2. STATE PROFILES

Section 2 is where readers will find the most detailed information about each state's activities and outcomes. It provides a profile of each state's activities. Each description places the Map activities in a broader context, identifying task forces and/or inclusive child care initiatives already formed or underway before the team joined the Map. It then describes significant activities related to inclusive child care that are currently underway and plans for continuation of the project.

The final segment of each profile is labeled "unanticipated outcomes and noteworthy comments from interviews." Here we have collected interesting comments or assessments about the project's impact of a subjective nature. Such comments should not be taken to represent the consensus of an entire team. In some instances, a comment could be the idiosyncratic perspective of a single team member. Even so, the sharing of such comments may help readers get a feel for the meaning of the project in the eyes of participants.

3. PROJECT OUTCOMES BY THEME

Section 3 casts a net across the achievements reported in all ten states, to examine the project outcomes thematically. A reader interested in a specific arena of policy or practice, such as public awareness, training, or public policy, can look under that heading and read about the kinds of activities undertaken by different state teams in that area. This format allows readers to recognize themes and activities that resonated across many states, as well as work plans or initiatives that were distinctive from one state to another. Please note that the descriptions offered in this section are sometimes abbreviated. For a more detailed presentation of a specific activity or outcome in any given state or territory, read the state's profile in Section 2.

4. A NUMERICAL PRESENTATION OF PROJECT ACTIVITIES

Table 2 is a visual display illustrating the number of Map teams that carried out activities within each of the thematic categories.

5. APPENDICES

Appendix 1 provides background on how the information was gathered. Appendix 2 lists Map team members who were interviewed for this report.

SECTION 1. "STATE EVENTS" IMPLEMENTED BY THE MAP TEAMS¹

TABLE 1: MAP-RELATED "STATE EVENTS"

STATE OR OTHER ENTITY	DESIGNATED MAP "EVENT"
Massachusetts (Region I)	<ul style="list-style-type: none"> • Video and Resource Guide
Puerto Rico (Region II)	<ul style="list-style-type: none"> • Public awareness campaign, with public service announcements, open houses, posters, and printed materials, starting with a formally declared "Week of Inclusive Child Care" beginning March 13, 2000
District of Columbia (Region III)	<ul style="list-style-type: none"> • Brochure to promote inclusive child care and identify resources for child care providers
Florida (Region IV)	<ul style="list-style-type: none"> • A day of pre-conference presentations on "Providing Child Care for Children with Disabilities" on July 20, 1999, in conjunction with the "1999 Summer Conference--Building the Future Together"
Illinois (Region V)	<ul style="list-style-type: none"> • Display boards, brochures, and fact sheets promoting inclusive child care
Louisiana (Region VI)	<ul style="list-style-type: none"> • A Map to Inclusive Child Care forum on February 17, 2000, in Baton Rouge
Missouri (Region VII)	<ul style="list-style-type: none"> • A public awareness campaign, with printed materials, posters, brochures, and a video kicked off in the rotunda of the State Capitol in April 2000
Colorado (Region VIII)	<ul style="list-style-type: none"> • A brochure and display boards highlighting resources for inclusive child care
Nevada (Region IX)	<ul style="list-style-type: none"> • Display boards promoting inclusive child care and distribution of the book, <u>Someone Special Just Like Me</u>, to every provider and center in the state, with initial launch at a statewide early childhood conference in April 2000
Washington (Region X)	<ul style="list-style-type: none"> • A review and analysis of child care mentor projects within the state, and recommendations on how to infuse such projects with information and activities related to inclusion

¹ Much greater detail about these "state events" is contained in the State Profiles, in Section 2.

**SECTION 2. STATE PROFILES SUMMARIZING ACTIVITIES
OF MAP AND OTHER INCLUSIVE CHILD CARE INITIATIVES
ONGOING WITHIN PARTICIPATING STATES**

MASSACHUSETTS (REGION I)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the state level?

- Yes. The "Working Together" group started 10 years earlier. Its mission was to enhance the development of parent professional collaboration in communities and support inclusive models of programs and services for young children with disabilities and their families. This group had sponsored statewide forums on several issues, including the topic of enrolling children with disabilities in community-based child care.

Statewide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- Child Care 2000, a model demonstration project funded by the federal Office of Special Education Programs, was operated by the Office of Child Care Services (OCCS), the agency that receives the federal child care and development funds. The aim of the project was to develop "Customized services for children with disabilities" at Child Care Resource and Referral agencies. After the initial years of developing the plans in two regions, they were moving these activities into the entire Child Care Resource and Referral system (6 regions with a total of 15 Child Care Resource and Referral agencies) at the time that their participation in the Map was initiated. The designation of Peggie O'Hare as liaison for Map grew from her role in spearheading this project.
- The emphasis on serving children eligible for Part C early intervention services in natural environments was also an important part of the context in which Massachusetts MAP operated. The Department of Public Health (DPH), Part C lead agency, was undergoing a federal audit before and during the time that Map participation began, and they were trying to move services out of specialized environments and into community settings such as Head Start and child care.

LOCATION OF LIAISON FOR THE MAP TEAM

- Office of Child Care Services

If different from location of State child care administrator, then where was child care administrator located?

- Same office as liaison.

DESCRIPTION OF THE MAP "STATE EVENT"

- The team was developing and disseminating a 5 to 10 min. video and accompanying Resource Guide. Both were near completion in June 2000.
- Approximately \$15,000 was contributed by Department of Public Health (DPH), \$5000 from OCCS, in addition to the \$3000 from Maps.
- Extra funds if any remaining from the above will be invested in duplication and distribution.
- The video is targeted to providers, parents, legislators, and others. It answers the question, "why inclusive child care?"
- The video will spotlight successful examples of inclusion of school-aged children as well as in infants, toddlers and preschoolers.
- The Resource Guide was being designed as a "flip book" targeted mostly to the direct providers of child care in homes and centers. Among the anticipated section titles were, "what are the benefits of inclusive child care," "ideas and tips on how to do it," "important laws and terminology," and "frequently asked questions." The last section would contain important state-wide resource numbers.
- Team members were not sure about having a kick-off event. At one time they planned to show it at New England AEYC but instead used the opportunity to gather ideas of what should be incorporated.
- A Dissemination Group was crafting ideas for training that could be piggy-backed onto the video.

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- Since the early 1990s, state regulations have required that 25% of the in-service training hours for all staff in licensed child care be related to serving children with disabilities.
- In contracted slots for subsidized child care, Massachusetts now offers through its lead child care agency, the OCCS, a "flex-pool" of funds from which providers may apply for extra funding for adaptive equipment and a variety of other purposes related to the inclusion of children with disabilities. No specific floor or ceiling has been placed on the amount that may be requested or that could be made available. It requires a specific documentation of the individual needs on a case-by-case basis. This form of support became available in February 2000. (OCCS purchases child care through two mechanisms: contracts with providers and vouchers. The "flex-pool" is only available to children whose care is funded through a contract.)

State Profiles

- OCCS and DPH have collaborated in funding and designing a plan in which each region will have a team of specialists to create linkages between children and families served under Part C and the natural environments, such as child care, where they are expected to receive services. An important focus of these teams will be to serve children with multiple needs under age three that used to be served in developmental day treatment centers. Now the funds formerly directed to those settings are flexible and can be applied to child care. Site-specific and child-specific training to promote inclusive child care for infants and toddlers is envisioned as part of the task of these regional teams. They will also help families link with the Child Care Resource and Referral system.
- Through the Child Care Resource and Referral Network, three distance learning courses have been made available to providers: one whose entire subject is inclusion, and two others (on infant/toddler care and school age care) which contain modules on inclusion. The concept for these courses was adapted from the distance education model of inclusive child care training developed by University of Montana Rural Institute on Disabilities after Massachusetts was one of their replication sites.
- Massachusetts School Age Coalition (MSAC) has placed the issue of inclusion in the forefront of all its activities; the school age representative on the MAP team was associated with the Disability Law Center and was spearheading a new initiative to involve adolescents with disabilities in out of school time programs.

CONTINUATION PLANS

- The MAP team from Massachusetts is the only one that found a new meaning for the project's name; it adopted the name "Make a Promise" as the translation of the acronym "MAP."
- Continuation as MAP is not certain beyond the task of disseminating of the video and resource guide.
- There are regional groups of advisors already in place as part of the OCCS infrastructure which MAP participants could join.
- There are other interagency forums in which many of the Map team members are already involved in collaborations, especially those that work in state agencies.

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- MAP increased the profile of inclusion in school age, "got us thinking more about school age." "Especially difficult to find after-school opportunities for those with cognitive disabilities in middle school and older."

State Profiles

- Those team members who do not work for state agencies but represent the families and organizations on the front lines of service delivery may feel the need for continuing the Map team more strongly than some of those in state government who do have some ongoing collaboration with one another.

PUERTO RICO (REGION II)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the state level?

- No.

Statewide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- Through the availability of a team of regional specialists, part of the Puerto Rico Child Care and Development Program staff, child care providers and families also receive consultation and technical assistance.
- They have also begun the first experiences in establishing an equipment and materials lending library of materials and information related to children with disabilities.

LOCATION OF LIAISON FOR THE MAP TEAM

- Puerto Rico Child Care and Development Program, Administration for Families and Children

If different from location of State child care administrator, then where was child care administrator located?

- Same office as liaison

DESCRIPTION OF THE MAP "STATE EVENT"

- The Puerto Rico MAP team carried out a public awareness campaign featuring the following:
- A series of 10 posters of children with disabilities participating in inclusive child care settings, which are being disseminated to child care centers and other places where children and families go.
- They were able to secure passage by their Senate of a resolution and an Executive Mandate from the Governor of Puerto Rico declaring the week of March 13-17 "the Week of Inclusive child care" and it will be so designated each year in the future.
- A press event was held at the University of Puerto Rico, Medical Sciences Campus, Graduate School of Public Health, Institute on Developmental Disabilities where a model inclusive child care center is located.
- Open houses were held at three inclusive child care centers: APACEDO; Center for Infant Development, University of Puerto Rico, Medical Sciences Campus; Child Care Center in Santa Isabel

State Profiles

- There were other media events, such as panel discussions on both radio and television, and newspaper articles.
- Some 30-second public service announcements were aired on radio.

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- Training materials related to children with disabilities have been incorporated into a new series on Health and Safety in Child Care.
- In response to a request from Maternal and Child Health, the Center for Infant Development, University of Puerto Rico, Medical Sciences Campus, Graduate School of Public Health, Institute on Developmental Disabilities (MAP member), has developed 24 hours of training on the theme of "introduction to child care services in an inclusive environment", and two sessions of training were provided in March of 2000 to a total of 80 participants.
- 4-hour trainings on "introduction to inclusive child care" have been held for regional supervisory staff as well as for center teachers, managers, and assistants, and also for licensing staff, and will be repeated by MAP team members.
- A team from Puerto Rico (including one MAP member) has been trained as part of a National Institute for Child Care Health Consultants. This involved three trips to North Carolina to receive the training and they will follow up by conducting training in Puerto Rico for nurses and others.
- The Puerto Rico Child Care and Development Program has sponsored a Proposal with the University of Puerto Rico Medical Sciences Campus Institute on Developmental Disabilities enabling a team of specialists to provide limited on-site technical assistance to centers that include children with disabilities.

CONTINUATION PLANS

- They expect to continue their efforts but have not yet agreed on a specific format to do so. Instead of continuing with a single liaison, they have proposed to rotate the leadership of the group. But they expect the Child Care and Development Program to remain the home base for the network.
- A meeting was scheduled for the last week in June 2000 to determine future directions.

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- "We need to move from public awareness to impacting public policy, including raising the educational requirements to work in child care and also raising the compensation of caregivers."

DISTRICT OF COLUMBIA (REGION III)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the city-wide level?

- No.

Major city-wide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- For three years prior to D.C.'s entry into the Map, Part C funds supported the introduction of Special Care training on inclusive child care to all settings enrolling infants and toddlers. This was with the intention of meeting the "natural environments" mandate. It was also viewed as an initiative that would have "spillover" effects on the capacity for including children with special needs over the age of three, because many of those receiving the training also enrolled children above the age of three.
- A gradual shift was underway from serving many children with disabilities in day treatment programs (at a cost of \$30,000 and more per year) to serving them in inclusive, community-based settings. This shift was spurred in part by Managed Care Organizations seeking to reduce costs. (An unusually high proportion of services to D.C. children are paid out of Medicaid funding, and the 50% level of developmental delay required for participation in Part C services is unusually stringent.)

LOCATION OF LIAISON FOR THE MAP TEAM

- D.C. Early Intervention Program, Office of Early Childhood Development

If different from location of State child care administrator, then where was child care administrator located?

- Office of Early Childhood Development

MAP-RELATED COMMUNITY EVENT

- What the team originally conceived as a "toolbox" evolved into a brochure to promote inclusive child care.
- Its primary audience is families.
- The materials emphasize the legal rights of parents.
- The text includes testimonials from parents who have experienced quality inclusive programs and a checklist of the characteristics of good programs.
- The text also identifies the benefits of inclusion to children with disabilities, children without disabilities, teachers and caregivers, and families.

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- A Power Point presentation has been developed to explain inclusion to program managers in recreation, child care, and other venues serving children and families.
- Project Integrate was brought in from the University of North Carolina to offer two day training to D.C. providers.
- Team members have conducted workshops on inclusion at training events. For instance, "Early Intervention in Natural Environments: Partnerships with Family and early care providers," at the First Annual Infant Toddler Early Childhood Conference sponsored by DC office of Early Childhood Development and United Cerebral Palsy of Washington and Northern Virginia; "Inclusion in Family Day Care," sponsored by Washington DC Family and Child Services Family Day Care Program.
- A project called Support for Inclusion continues to provide the 8-hour Special Care training and also offers 6-hour advanced inclusion training.
- A separate project called Action for Inclusion has been initiated, using early intervention funds. This program offers on-site technical assistance to support care for infants and toddlers in child care settings. The inclusion consultants were a cohort of 16 (as of summer 2000), among which were parents, clinicians, Head Start and child care professionals, and early intervention providers. The on-site assistance is provided in teams of two (often a person with specialized background and one who is knowledgeable about regular child care). They all participated in ongoing professional development and received stipends for their time. Typically technical assistance involves two or three visits to an inclusive setting. The center or a parent can initiate at the time a child is referred to child care from a Part C service provider or the call for help.
- An effort is underway to boost the overall quality of child care programs in the District to create a better foundation on which to make inclusion work successfully. One aspect of this is "tiered reimbursement" allowing a higher rate for accredited programs. Another is the payment of stipends to providers and center staff who attend training in using quality scales (as developed by Thelma Harmes) to rate their own settings and then to work on upgrading program quality. These quality initiatives address all ages, from infant/toddlers through school-age settings.

CONTINUATION PLANS

- No formal mechanism has been agreed upon, but the team has reached a consensus that they will continue to meet.
- One idea that has been placed on the agenda as a future Map objective is to put resources into creating one or two model demonstration sties that would allow everyone to really see what a high quality inclusive program looks like.

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- Everyone knew who the other players in the District were, but the MAP gave them their first opportunity to actually sit down together and have each part of the system represented.
- Expansion of quality and inclusion in child care will require a great many more parents to become more active in pursuing opportunities for their children and in asserting their rights. The brochure is viewed as one tool to help parents become more aware and more assertive.
- The participation of the D.C. Recreation Department and its strong commitment to make its programs more inclusive made a big impression on other team members.
- The Disabilities Services Quality Improvement Center had not previously received requests for training from family child care providers; participation in the Map apparently made this resource more visible and accessible.

FLORIDA (REGION IV)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the state level?

- Yes. In the fall of 1997, when the first year of MAP was getting started, the Florida Developmental Disabilities (DD) Council had already engaged the services of an out-of-state facilitator (with additional financial support from Child Care Services) to begin statewide strategic planning on inclusive child care. Before they became a part of the Map, the Florida team had developed a 5-year strategic plan to promote and improve inclusive child care.
- The background for the strategic planning was that Florida's Department of Health and Rehabilitative Services (which later was reconfigured to the Department of Children and Families) had supported several pilot projects in the mid-1990s to promote inclusive child care, and the DD Council had funded an evaluation of these projects by the Florida Children's Forum. This was followed by a search for the "Ten Best" inclusive child care sites in the state. The difficulty in finding ten truly outstanding sites spurred the desire to do more, and led to the current efforts, and to the efforts being coordinated through the Florida Children's Forum.

Statewide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- They had developed an Inclusion Advisory Council that brought together the players from the state level and a larger Work Group that encompassed providers, local schools, and other front-line representatives.
- They had convened a series of Parent Forums and Provider Forums in different regions across the state.
- They made a commitment to incorporate issues and practices affecting children with disabilities into all training for child care, rather than setting up separate opportunities for training on inclusion.

State Profiles

- They initiated 3 pilot projects on inclusive child care, conceived as 1 urban, 1 rural, and 1 relating to school age care, allocating \$125,000 annually from Child Care and Development funds for these projects in aggregate, with the possibility of extending them year to year.
- In the city of Miami, an RFP process allows child care providers to specify whatever supports they need to achieve successful inclusion. In 1999, awards were made to 4 family child care homes and 8 center-based programs. The funded requests ranged from purchase of toys and equipment to the development of a "nature center" that would give children who had difficulties with social relationships opportunities for interaction with other living things. A second round of applications was being reviewed in the summer of 2000.
- In Clay County, a formerly segregated early intervention program became the locus of inclusion activities, as they shifted to an inclusive model, opened a Head Start program, and made their staff available for on-site consultation and training to other providers.
- In Broward County, the lead agency for the before- and after-school initiative is the YMCA. Beginning in 2000, a full-time inclusion specialist employed by the YMCA is available to work with school-based programs throughout the county and to funnel additional resources to them as the need is determined. The targeted programs are all those operated in public school facilities. In addition to the state pilot project contribution, the school board of Tallahassee (approximately \$200,000 per year) and the Children's Services Board of the county (\$92,000) are making substantial contributions.

LOCATION OF LIAISON FOR THE MAP TEAM

- Florida Children's Forum, locus of the state Child Care Resource and Referral Network.

If different from location of State child care administrator, then where was child care administrator located?

- Child Care Services, Department of Children and Families

DESCRIPTION OF THE MAP "STATE EVENT"

- They convened a pre-conference day titled "Providing Child Care for Children with Disabilities" on July 20, 1999, in conjunction with a larger conference titled "1999 Summer Conference--Building the Future Together." The main conference, an annual event, has numerous sponsors and attracts a wide range of participants. Most of the approximately 100 participants at the day-long preconference forum were center-based child care staff.
- Funds were made available by the Department of Education in addition to the contribution from Map, so that participants could have overnight lodging and meals.

- There were two panels in the morning and in the afternoons, participants could choose from among several breakout sessions.

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- Plans were underway to repeat the preconference Community Forum in conjunction with the 2000 Summer Conference. The scheduled date for this event was July 18th, 2000.
- The legislature added approximately \$1.5 million to the appropriation for Child Care Resource and Referral grants, to be used to fund a "warm-line program," which in practice allows the hiring of "inclusion coordinators" at the local level. This means that each of 24 regions will have about \$45,000 (plus whatever they are able to add) to hire a full-time person to fill this position. In the summer of 2000, the job descriptions and objectives for these new positions were being finalized. Active lobbying by the Developmental Disabilities Council, together with the Inclusion Council and the Statewide Interagency Coordinating Council on Infants and Toddlers brought about this important outcome.
- The Inclusion Advisory Council initiated data collection activities. Through a collaboration among several different agencies, surveys were sent to a sample of 9000 child care providers in both metropolitan and rural areas to learn about current practices and needs. They got back 790 and were in the process of data analysis in the summer of 2000. This first sampling was viewed as a learning opportunity, with the results to be shared only within their own network and the DD Council. They were planning to distribute another survey with modifications in the content and the distribution methods based on what they learned from the first round.
- Plans to distribute a survey to families participating in Part C services were also underway. They were hoping to reach 5000 families and to identify some ways to reach those with older children as well as those with children under age three to learn more about their child care needs and experiences.
- A glossary of terms and definitions in the form of a 12 page booklet was developed to assist those responding to the second round of the provider survey. This proved to be a popular item and one which they recognized as useful beyond the scope of the survey itself. It is now available to providers who wish to become more familiar with disability terminology as well as the names and meaning of service systems such as Medicaid and Early Head Start.
- They updated a brochure that the Florida Children's Forum had disseminated in earlier years on the Americans with Disabilities Act and child care. The updated version would draw on questions that have come in to the Child Care Resource and Referral toll-free telephone line, and also incorporate information about Part C and IDEA.

State Profiles

- Through Florida's version of TANF (called WAGES), young adults up through age 17 may get access to subsidized child care slots if they meet specific criteria based on the level of their developmental disabilities. This policy took effect in July 1999 and was a direct result of the efforts of the newly established Inclusion Council. There were no data available as to how many families have been able to access this support, as it is thought there were few programs prepared to work with this age group.

CONTINUATION PLANS

- The DD Council has paid for a full-time administrative assistant to support Map activities, and that commitment is continuing. In addition, they will dedicate a portion (about 17%) of the salary of Lou Ann Long, the team's liaison for Map, to continuing the project activities at least through February 2001. During the original Map year, she was doing the Map tasks on top of her other obligations. (She is located at the Florida Children's Forum, nexus of the state's Child Care Resource and Referral Network, but with funding from DD Council.)

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- The Map has brought about unusually strong interchange of experiences between subsidized child care agencies and the for-profit sector.
- The team began putting together a Power Point presentation on inclusion for the benefit of the heads of departments within the major state agencies that affect child care. However, as the strategic planning process expanded the dialogue across agencies and permitted those unfamiliar with inclusion to learn more about it, the team concluded that such formal presentations were no longer needed.
- The data collection may help to document the number of children who are "accidentally included," meaning that they are attending child care but their individual needs are not being addressed in any planned fashion (and some of them are being "bumped" out of programs where their behaviors are considered too difficult).
- A vigorous effort to blend the funding for all services to children and families and create a system with fewer seams is underway in Florida, under the umbrella of a statewide "Partnership Board for School Readiness," which has local counterparts throughout the state. Head Start and educational services for children with disabilities are restricted by federal regulations, and therefore not entirely subject to the current overhaul, but representatives of these constituencies are participating in the discussions.

State Profiles

- Another initiative that may have a profound impact on providers of child care and the delivery of services to children with special needs is a newly enacted legislative mandate to do formal screening of every child receiving subsidized child care at age one, and to re-screen every six months up to age five. In 2000, this was being piloted in several parts of the state. A 3-level procedure would culminate (for those making it to the third stage) in a formal evaluation by either the Department of Health (for those under age three) or the local school department (for those ages three and up).
- One other related legislative mandate was in the early implementation phase: a requirement that every center-based staff member and licensed family child care provider obtain 10 hours of training in behavioral assessment and evaluation.

ILLINOIS (REGION V)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the state level?

- No.

Statewide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- In 1993-1995, the Illinois Developmental Disabilities Planning Council and the agency that held the Child Care and Development funding supported a "Leadership Training to Support Child Care for All Children" for inclusive child care. The Inclusion Leadership Directory generated from this project was updated in 1998, and some of the trained leaders remained active in their local communities or were tied in with statewide networks up to the time of the state's entry into the Map.
- With leadership from Healthy Child Care Illinois, a plan to place a Child Care Nurse Consultant in each of 21 offices (15 other Service Delivery Areas plus 6 Cook County satellites) of the Child Care Resource and Referral Network was undertaken in 1998.
- The Illinois Department of Human Services (IDHS) was in the process (at the time of Map application) of developing a procedure for paying a differential rate to subsidized children with disabilities.

LOCATION OF LIAISON FOR THE MAP TEAM

- Bureau of Child Care and Development, Illinois Department of Human Services.

If different from location of State child care administrator, then where was child care administrator located?

- Same office as liaison.

DESCRIPTION OF THE MAP "STATE EVENT"

- The IMAP (as they called themselves) designed and produced a colorful, brochure illustrated with clip art and a photograph of children in an inclusive setting. In it, they identify the guiding principles, mission, vision, and goals of IMAP as well as the benefits of inclusive child care to four constituencies: children, families, child care providers, and communities. Toll-free and other state agency numbers are included.
- They mounted the same kinds of information onto display boards that have been taken by team members to conferences sponsored by Head Start, AEYC, and organizations serving families of children with disabilities.

State Profiles

- They also produced a one page fact sheet containing the same information (minus the illustrations).

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- The Bureau of Child Care and Development and the Bureau of Early Intervention (both of which are situated within the IDHS) have split the costs of bringing Special Care curriculum training to the state. Trainings in three regions were scheduled for September 2000. This would add approximately 45 people to an existing pool of trainers. All of them will be expected to follow-up with additional training on inclusive child care. They are expected to work in teams in which a family representative, a child care provider, and an early intervention service provider will conduct it together. There will be funds available to support the trainers as they continue to be called upon for follow-up training.
- Plans for a differential rate for subsidized children who had special needs were nearly complete. It was anticipated that a provider serving a child with an IFSP, an IEP, or a "Section 504 plan" in a contracted slot would be granted a 20% increase above the normal rate. Restricting this benefit to contracted slots (which were center-based and accounted for roughly 22,000 children) would allow them to study the impact before making it more widely available. (About 8 times as many children were getting care subsidized through their other funding stream of "certificates.") The availability of the special rate will not be restricted (at least initially) to centers where one or more staff members have attended the Special Care training. However, as that training becomes more widely available, tying the rate to the training is an idea on the drawing board.
- The Child Care Nurse Consultants plan was continuing to be implemented. They initiated the first three sites in fiscal 1998 and will have a nurse consultant in every site by September 2000. Approximately two-thirds of the \$1.6 million annual budget for this will come from the Child Care and Development block grant, flowing through the Bureau of Child Care and Development (the lead agency for Map). The precise job descriptions and duties are negotiated at the local level between each Child Care Resource and Referral agency and a local health department, following guidelines developed at the statewide level.
- Team members have conducted presentations; for instance, at Family Conference 2000 in Springfield, March 24-26th, 2000, sponsored by the Bureau of Early Intervention and several other co-sponsors, two team members presented a session called "Inclusive child care."

CONTINUATION PLANS

- The team was planning to re-convene in July 2000 for a two day retreat, possibly with facilitation support from their MAP technical assistance specialist, Dorinda Smith, in order to decide future directions, format, and structure.
- The current expectation was that the team would continue in some form. However, the question of whether to assign it a formal place in the state's infrastructure, such as in the role of an advisory group to the Bureau of Child Care and Development, was not yet resolved.
- The continued use of the name IMAP was also undecided and was going to be addressed in the July meeting.

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- We had "'danced around" for a couple of years with the idea that there should be an increased reimbursement for providers serving kids with special needs. The fact that we now have a tangible plan is attributable to the coming together of this team and may be its most specific outcome.
- Differing opinions were expressed on whether the team should formalize its role vis-à-vis the state government infrastructure. "The team operates 'quasi' under the guise of the Bureau of Child Care and Development. Sometimes it's better to keep it 'quasi,' and keep it more grass roots oriented," was one point of view. "It will go farther and we'll get more done that way [if it remains informal]," another team member agreed. But in contrast was this comment: "As long as it's informal, there will be gaps, certain state agencies that may not choose to be involved." Yet another team member believed that there might be enough existing opportunities for collaboration, making it unnecessary to keep the IMAP functioning.
- Bringing local school districts into the efforts is viewed as one of the more difficult challenges. Again, there were differing points of view on how to address that. One point of view: "It wouldn't necessarily help to have a representative from the State Board of Education, because the local schools have their own attorneys, and some of them will fight it tooth and nail, no matter what the state board says." But also: "They could at least help in revising the policies and procedures that the local schools are expected to follow."
- "The next phase has to be political advocacy. We felt the public awareness level had to be raised first, and that would help us move people more to take it to the level of legislation and policy."

LOUISIANA (REGION VI)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the state level?

- No.

Statewide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- Part C was doing some training to promote natural environments
- A single agency was contracted by the state to develop inclusive child care training. The Agenda for Children Inclusion Project became an outreach site for a federally funded project, Child Care Plus at Montana University Affiliated Rural Institute on Disabilities. Agenda for Children was implementing community needs assessments, followed by introduction of the train-the-trainer model called SITE. The needs assessments began in 1996-97, and the training of trainers took place in 1999.

LOCATION OF LIAISON FOR THE MAP TEAM

- Child Care Assistance Program, Office of Family Support., Department of Social Services

If different from location of State child care administrator, then where was child care administrator located?

- The liaison for Louisiana was also the State child care administrator.

DESCRIPTION OF THE MAP "STATE EVENT"

- A Map to Inclusive Child Care forum was held on February 17, 2000, in Baton Rouge, with members of the Map team filling the role of facilitator and some of the speakers.
- Morning presentations included the showing of a video, an introduction to Map, a panel discussion made up of parents of children with disabilities along with Head Start and child care providers, and another panel featuring statewide agency resources.
- Afternoon discussion groups were followed by the solicitation of "commitment cards" indicating on what kinds of issues participants wanted to work in the future.

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- There are now approximately 22 trainers available who have been trained in the "Child Care Plus" model and have the tools to implement further trainings in Louisiana.
- A differential rate is currently available for providers to receive a higher rate if a subsidized child has a disability. However, not many providers are taking advantage of this. Team members hope to learn whether providers are unaware of this policy or have other reasons for not requesting it.
- As a follow-up to the February forum, team members are considering organizing similar events in local venues. There are also considering making a presentation at the annual meeting of Louisiana AEYC in August 2000.
- The issue of developing some kind of on-site technical assistance to providers has been raised but not yet pursued.

CONTINUATION PLANS

- A team meeting was scheduled for late June 2000. It was expected to draw in a few of the participants from the February forum as well as the previously committed team members.
- They have begun to identify leadership roles so that all responsibilities will not fall automatically on the Department of Social Services (DSS). A YWCA administrator agreed to be the meeting facilitator; a faculty member from the state university agreed to put up a website for the group; a representative of the Child Care Resource and Referral system was to maintain the group's data base.
- Team members were seeking funding to pay the costs of continuing team meetings. It was viewed as particularly essential to have some funds to reimburse the costs of parents or providers coming to meetings from various parts of the state.
- No discussion had yet been held as to whether the group will continue to operate under the "Map" name or whether it might become a committee under the DSS or take some other form.

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- The initial contact between Louisiana and the Montana-based "Child Care Plus" training originated with a local school official in Lafourche Parish (outside New Orleans), who wanted to be able to place children with IEPs in community-based child care facilities instead of channeling them into special education programs.
- It was "kind of shocking" to find out how much we didn't know about what other state agencies are doing in this area. The Part C leadership and the leadership of the Child Care Assistance program in the Department of Social Services had never previously sat down together to look at some of their common goals. Becoming familiar with each other's efforts and building some common agendas is one of the most important outcomes of this initiative.

MISSOURI (REGION VII)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the state level?

- Yes. Missouri established a collaborative team in 1996 called the Special Needs Child Care Task Force (SNCCTF). This task force included nearly all of the representatives required to apply for the Map. When the team's application was not accepted for Year 1 of Map, this task force proceeded on its own with a strategic planning process, with facilitation from a consultant obtained through the Region VII Quality Improvement Center for Disabilities. The team re-named itself the Council for Inclusive Child Care.

Statewide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- Data collection to determine the current practices and needs of child care providers and parents was initiated in February 1999.
- Healthy Child Care Missouri was actively promoting on-site consultation from local health agencies to child care sites and estimated that 10% of their activities related to special needs and disabilities.
- The state was implementing Enhanced Services through the state Child Care Resource and Referral Network to support families of children with disabilities and the providers who accepted these children.
- Task Force members participated in a line-by-line review of the state's child care regulations to make them more compatible with inclusive practices.

LOCATION OF LIAISON FOR THE MAP TEAM

- Bureau of Child Care, Missouri Department of Health

If different from location of State child care administrator, then where was child care administrator located?

- Missouri Department of Social Services

DESCRIPTION OF THE MAP "STATE EVENT"

- The Missouri Map team developed a public awareness campaign using the theme "count me in," also incorporating the theme of an existing campaign by the state Child Care Resource and Referral Network, "Good beginnings last a lifetime."
- They designed two "Count Me In" brochures, one targeted to families and the other to child care providers. The team received a \$2000 grant from Midwest AEYC for design and distribution of the brochures.

State Profiles

- The team developed a short video about the benefits of inclusive child care with funding from the Department of Elementary and Secondary Education. They received \$1500 from Wal-Mart to reproduce the video.
- There was a kick-off event, with materials passed out in the rotunda of the State Capitol in April 2000. This was in conjunction with an annual Advocacy Day that the child care community sponsors.
- Team members have distributed the brochures, as well as posters and other campaign materials at conferences. Also, the inclusion coordinators and other staff of the Child Care Resource and Referral agencies have distributed them.

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- The review of licensing regulations to make them supportive of inclusive practices is still in process.
- The Department of Health contracted with the University of Missouri at Kansas City (UMKC) Institute for Human Development to conduct a statewide needs assessment. The effort included focus groups of providers and of family members of children with special needs, as well as a survey of providers and of families whose children were enrolled in Part C early intervention services. The written provider survey was followed up with a randomized telephone survey to a smaller subsample. Data were being released and recommendations were being formulated in the summer of 2000.
- Funding of approximately \$500,000 was made available from the Department of Health so that since October 1999, each of the eight regional Child Care Resource and Referral agencies has an Inclusion Coordinator on staff. They were modeled on an Inclusion Coordinator position originally funded at the Child Care Resource and Referral in St. Louis for two years through a Part C "Natural Enhancement" grant. Unlike that position, which could only work with infants and toddlers receiving Part C services, the new position will support the inclusion of any child up through age 12 with "diagnosed or perceived disabilities." The inclusion coordinators offer technical assistance and consultation regarding individual children, as well as ongoing education for the families and the community, and referrals to services available from other state and local systems. In addition, performance standards have been put in place for inclusion services offered by the Child Care Resource and Referral Network.
- A commitment to incorporate issues affecting children with disabilities in all training has been made by the Department of Health. "Colors of the rainbow" training is an ongoing training initiative of the department.

State Profiles

- Child care licensing staff, Child Care Resource and Referral staff, and child care health consultants at local health departments were scheduled to receive inclusive child care training in the fall of 2000, using a curriculum model called First Start.

CONTINUATION PLANS

- The Council for Inclusive Child Care will continue working, with expectations to meet at least every other month.
- Part of the reason for adopting the current name was to make clear that this was not a short-term activity that would end when their involvement with the federal project ended. Another reason was that although only 15 members were allowed to participate in certain activities of the Map, they want as many as possible to be involved in the continuing work on inclusive child care.
- The Council has no funding of its own. They have received facilitation from staff of the Department of Health (e.g. recording of decisions, dissemination of minutes), but they are viewed as an autonomous group, not formally linked to that department.
- The Council has received some support from the Center for Innovations in Special Education (CISE), of the University of Missouri at Columbia, to cover meeting costs.

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- There has been a "remarkable lack of ego" displayed in the course of working together on the Council for Inclusive Child Care. "This is the one group I've been a part of where there is no turf."
- The members of the team anticipate that the Department of Health will assign a new staff person to act as liaison and help to coordinate the Council's continued work on their strategic plan. The original liaison, who accepted a promotion to another department in May 2000 and had not been replaced as of June 2000, emphasized her hope that the Council would "develop a structure that allows them to function independently."

COLORADO (REGION VIII)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the state level?

- No.

Statewide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- The state Child Care Resource and Referral network (CORRA) had initiated a project called Colorado Options for Inclusive Child Care (COFICC) which was up and running since 1995. The project provided a variety of services to both providers ("resource visits") and families of children with disabilities (enhanced or "brokered" referrals) to promote successful inclusion.

LOCATION OF LIAISON FOR THE MAP TEAM

- Colorado Department of Human Services, Division of Child Care

If different from location of State child care administrator, then where was child care administrator located?

- Same office as liaison.

DESCRIPTION OF THE MAP "STATE EVENT"

- The team developed a Resource Guide for Early Care and Education in the form of a brochure. It included all of the following:
- Photographs taken by a MAP team member at a local inclusive child care center
- Definitions of inclusive child care
- Individuals and organizations who compose the Maps team
- Telephone numbers and web sites for national sources of information
- Telephone numbers and web sites for Colorado state agencies and other state and local organizations
- Contact information for the state's community colleges
- They are planning to send it to every child care provider and distribute it at events where child care providers are expected to gather.
- They have allotted approximately \$10,000 to the production and distribution of the Resource Guide.
- They have also developed display boards with similar kinds of information to be used at conferences.

State Profiles

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- Some members of the Map team put together a one-page survey to learn from parents of children with disabilities about their experiences in seeking and finding child care. Originally, they targeted this only to the participants in a parent conference. Subsequently, regional Developmental Disabilities service boards distributed it and 255 completed surveys were returned and analyzed, yielding some interesting data and some powerful personal stories and comments.
- They have developed a Power Point presentation to highlight the results of the parent survey.
- Some Map team members put together a packet on inclusive child care for the Interim Child Care Committee of the state House of Representatives when it appeared on short notice that there would be an opportunity to testify. The 8-page packet included personal comments from providers and parents, a summary of Colorado MAP activities, some information about the numbers of referrals relating to children with special needs from COFICC, and a listing of what several other states have done to promote inclusion in their child care systems. In the end, the Map members were unable to make a presentation to this committee, but they distributed the information anyway.
- An Early Childhood Commission has been signed into law and will begin its activities in the summer or fall of 2000. The legislation calls for one of 15 members to be familiar with issues affecting children with developmental disabilities. The Map team hopes to encourage the commission to consider the importance of inclusive child care as they examine the full range of early childhood issues and policies.
- The team would like eventually to produce a video on inclusive child care. As a way of raising awareness in the meanwhile, they are trying to get the issue of inclusive child care selected as one in a series of public service announcements made by Channel 2, a statewide television broadcast which highlights a variety of parent and family issues through its "smart start" series.
- Colorado is part of a four-state (IL, NJ, FL, and CO) public awareness campaign around issues of early childhood care and education being put together by a group called the Communications Consortium Media Center and scheduled to last for three years. Through the leadership of a member of the Maps team, it is anticipated that inclusive child care will become part of the focus of campaign, at least in its Colorado version. (Each state will customize its own campaign.)

CONTINUATION PLANS

- As of spring 2000, there were definite plans for the team to continue to meet; however, it wasn't certain whether the existing format of monthly meetings might change.
- It was likely that they would continue their activities under the name, "Colorado Map."
- There were no specific plans as to whether the group might seek a formal affiliation with a state agency. There were already strong ties among several team members to existing structures both within (Colorado State Coordinating Council) and outside (Colorado early Childhood Summit) of state government.

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- "We didn't imagine the level of passion and openness" that parents of children with disabilities would bring to the survey about their experiences in seeking and using child care.
- In the aftermath of the data gathering, the team is discussing how to obtain comparison data from families whose children are more typically developing. They have prepared a survey but have not yet devised a strategy for dissemination.
- The urgency of the care needs for adolescents with developmental disabilities, ages 13 to 15, and ages 16 and over came through very strongly in the parent survey.
- Maps allowed for a "broader conversation" than usually takes place with regard to children with disabilities and child care; issues of mental health and behavior, very important to providers but not always acknowledged, were an important part of the focus.
- Maps team involvement enabled the state agency for Developmental Disabilities to disseminate to their regional service boards useful information about local resources with which they were previously unfamiliar.
- The hope that the Division of Child Care would continue to provide the "glue" to keep the Map team together--whether or not it acquired any official status--was expressed strongly by team members from other public and private organizations.

NEVADA (REGION IX)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the state level?

- No.

Statewide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- The Project Exceptional model of training-of-trainers was brought into Nevada by the Nevada Head Start-State Collaboration Project in 1997 and trained 15 teams prior to the involvement with Maps.
- Nevada Department of Human Resources formed a Child Care Steering/Advisory Committee in 1998. Although inclusive child care was not a specific focus of their activities, some of the participants became members of the Nevada MAP.

LOCATION OF LIAISON FOR THE MAP TEAM

- Part C, Nevada Department of Human Resources

If different from location of State child care administrator, then where was child care administrator located?

- Welfare Division, Nevada Department of Human Resources

DESCRIPTION OF THE MAP "STATE EVENT"

- The Nevada team developed three traveling display boards promoting inclusive child care for presentation at conferences and other venues, to be housed in three different parts of the state.
- The Map team members as well as Project Exceptional trainers have access to the display boards.
- The board consists of photographs of children at play in an inclusive setting, a lists of benefits to children, families, and providers, training information, answers to Frequently Asked Questions, and a handout on the ADA.
- They borrowed from the Utah Map (a Year 1 state in a bordering region) the idea of displaying the outline of the state with the numbers of estimated children with disabilities indicated in each county.
- They borrowed from the New Mexico Map (the Year 1 state in the same region) the idea to disseminate the book, Someone Special Just Like Me and added a new wrinkle: a book mark with ideas to foster positive attitudes on one side and ideas for materials and general inclusion strategies on the other. They are also placing stickers inside the books with telephone numbers for more than 30 agencies providing services related to child care or children with disabilities.

State Profiles

- Enclosed with each copy of the book is a one page survey, asking about how children responded to the book as well as about the provider's background, comfort level with children with special needs, number of years providing child care and how many children with disabilities they have cared for in their career in child care. The back of the survey has a pre-paid postage meter affixed to it, making it returnable at no charge and without an envelope.
- Their goal is to get a single copy of the book with the book mark and resource information listings as well as the survey to every licensed provider and center, a total of 1200 facilities. They have approached the licensing staff to see if they can hand deliver them, since they make one on-site visit very six months.
- The Head Start State Collaboration Project, the Department of Education, the Department of Human Resources, the University of Nevada at Reno, a private child care agency and a parent network for families of children with disabilities all contributed funds or other resources to the development of the display boards and the book and survey distribution.
- They launched their display boards and book dissemination at the statewide early childhood conference in April 2000.

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- The Early Intervention Partners Program began recruiting child care providers as partners in providing early intervention services to infants and toddlers with disabilities in 1997, so that IFSP services could be delivered in natural environments, and has continued to do so in the northern Nevada region. About half the partnerships are with family child care providers and half with center-based programs.
- A presentation by Region IX Child Care Bureau consultant Abby Cohen has led to a more pro-active effort to bring child care homes and centers into compliance with the ADA.
- Map team members are offering input for a Nevada Child Care Workforce study which is being carried out by the University of Nevada at Reno at the initiative of the statewide Child Care Advisory Committee. The Welfare Department has invested approximately \$450,000 in this study. The study will seek better data on such matters as how long people have been working in the field, what kinds of training they have obtained, and what compensation they receive. This is a "complete census, not a sampling." Through surveying consumers of child care, they will also gauge the level of satisfaction with current care and project future needs, and members of the Inclusive Child Care Subcommittee are hoping this will add to the data base on the need for child care among those whose children have special needs.

State Profiles

- Through one of the county school districts, a statewide apprenticeship program for child care is being implemented. Map members were instrumental in bringing information about this pool of funds to the attention of the Department of Welfare and are anticipating that training on inclusion will become a part of the apprenticeship training and education plans. The \$349,000 grant from the U.S. Department of Labor runs for 18 months through June 2001. It will involve the identification of mentors, pairing mentors with apprentices, the development of educational programs through the community colleges, and improvements in compensation as trainees move up the career ladder. The Welfare Department expects to continue the program using the quality improvement portion of the Child Care and Development Funds if the Labor Department grant cannot be renewed.
- As the state is reviewing overall training requirements for child care, Map team members are advocating that some hours be devoted to inclusion. The chair of the Child Care Licensing Board is a member of the Nevada Map.
- Clark County (in which Las Vegas is located) became an outreach site for the Collaborative Planning Project, a systems change project based at the University of Colorado. This has brought together the county school district, the home-based and center-based child care providers, the Parent Training and Information Center, the birth-to-three providers and others to move early care and education in a more inclusive direction. One outcome has been that for the first time, the school district has placed some early childhood students with IEPs at a child development center operated by Nellis Air Force Base.

CONTINUATION PLANS

- In the fall of 1999, the Nevada Map was formally recognized as a subcommittee of the Child Care Steering/Advisory Committee. The chair is Diane Branson, who is associated with the Early Intervention Partners Project. Wendy Whipple, the (State Maps Liaison), is ad hoc staff to the subcommittee.

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- "Of many projects that I've worked on, this one has been unusually cohesive."
"We all felt like this was one of our best experiences on a committee."
- There were pockets of inclusive child care happening prior to Maps. This was the "icing" that brought us together and put us in touch with the statewide Child Care Advisory group.
- "One or two of the child care providers seem to have become empowered as a result of this project and have made inclusion an important part of their agenda--literally a mission for them; that has been exciting to see."

State Profiles

- "There were loose connections among the various agencies before Map, but this has really focused it, and having the subcommittee will keep the focus."
- "We hope the data collected in the work force study will help us go to the legislature to show them what is needed, not just for the families of children with disabilities but for better quality care for all."

WASHINGTON (REGION X)

CONTEXT IN WHICH MAP ORIGINATED

Was any comparable interagency group previously working on inclusive child care at the state level?

- Yes. At the initiative of the Office of Child Care Policy, the Infant Toddler Early Intervention Program, and the Developmental Disabilities Council, an Inclusive child care subcommittee was formed in the fall of 1998. This was during the same period of time that they were drawing up their application for participation in the Map. The subcommittee is a subgroup of two different state-level committees which brought it into being: the Child Care Coordinating Committee (established by the State Legislature) and the State Interagency Coordinating Council for Infants and Toddlers with Disabilities and their Families (mandated under IDEA, Part C).

Statewide initiatives relating to inclusive child care already underway at the time their involvement in Maps began.

- From 1993 to 1999, the Office of Child Care Policy (OCCP) and the State Child Care Resource & Referral Network operated a respite care project which involved recruitment and training of respite care providers, referrals of eligible families to respite care, and (sometimes) payment for respite services. This project, which was funded at approximately \$1.5 million over its life, enabled the 11 local Child Care Resource and Referral agencies to have extensive contact with families of children with disabilities and with other service systems for persons with disabilities.
- The Developmental Disabilities Council put a high priority on inclusive child care in their three year plan and made a grant of \$30,000 in 1999 to the statewide Child Care Resource & Referral Network. The major task was to review curricula used for training child care providers and to choose one and use it as the basis for further professional development activities.

LOCATION OF LIAISON FOR THE MAP TEAM

- Developmental Disabilities Council

If different from location of State child care administrator, then where was child care administrator located?

- Office of Child Care Policy, Department of Social and Health Services

DESCRIPTION OF THE MAP "STATE EVENT"

- The Inclusive Child Care Subcommittee adopted as its designated Map "event" the review of existing child care mentoring projects in Washington state, with the aim of infusing information and activities related to inclusive child care for children and youth with special needs into these programs.
- The State Child Care Resource & Referral Network coordinated this project, the product of which was a report describing the review and analysis of existing programs, along with a set of recommendations.
- The Inclusive Child Care Subcommittee will use the report to plan follow-up steps. The report will also be shared with those involved in the projects that were surveyed.
- The findings in the report describe approximately 15 formal mentoring projects, with profiles explaining who participated, what activities were associated with mentoring, and whether there were any that focused on inclusion of children with disabilities.
- The investigation turned up very little evidence of any conscious addressing of inclusive issues among the existing mentor programs.
- The report also lays out the differences between the role of mentor and that of a public health nurse or other specialists who may deliver on-site supports or services in child care.
- Three recommendations emerged in the report: (a) improve knowledge among child care providers about typical development, because only with that knowledge will providers be likely to recognize when there is a lag in development; (b) identify from among those currently participating in mentor relationships a subgroup with knowledge and skills relating to inclusion who could do on-site modeling and help train other mentors; (c) assemble a network of specialists who could be available to provide child-specific support at the time a provider first begins to work with a child with special needs.

OTHER ACTIVITIES OR OUTCOMES RELATED TO INCLUSIVE CHILD CARE

- The group completed the review of training curricula, choosing Child Care Plus from the University of Montana Rural Institute on Disabilities, and brought in Sandra Morris to conduct a training of trainers and to customize some of the material for the needs of Washington. Funding allowed four sites to conduct the training and all Child Care Resource and Referral sites to have copies of the curriculum for future use. The training of trainers took place in the spring of 2000. The local trainings were planned for summer and fall of 2000.

State Profiles

- Providers of care to children on child care subsidy are now eligible to receive either 30% above the usual rate for the subsidy category or actual costs--whichever is higher. This is a recent change in policy. It used to be actual costs or 30% above the normal rate--whichever was lower. IFSPs, IEPs, or other documentation from professionals indicating the nature of the special needs is used to determine eligibility for the higher rates.
- The Infant Toddler Early Intervention Program allocated \$100,000 to the statewide Child Care Resource & Referral Network to conduct a mentor training and recruitment project to increase the number of providers in communities around the state who are familiar with inclusive approaches to child care and with the community resources for families of children with disabilities. The theme was building capacity, and the activities were taking place from February to September 2000.
- Training has recently become mandatory for all child care center staff who have unsupervised access to children and family child care providers. The requirement is to take a 20 hour course within the first six months and then to retain one's eligibility by receiving at least 10 hours of approved training per year. One of the work groups of the Inclusive Child Care Subcommittee is focusing on how information about the inclusion of children with disabilities might be addressed in the ongoing training.
- Subcommittee members have been advocating both in the legislative branch and the executive branch of state government to see that available TANF funds (unspent due to the decline in caseloads) be targeted to support children with special needs in child care. The governor's office has approved the use of \$9 million of these "re-invest" funds to address under-served populations that have difficulty accessing child care. Subcommittee members (on behalf of their respective organizations) have submitted proposals to utilize these funds for public health consultants and other supports for inclusive child care.
- Subcommittee members, as a group and on behalf of their separate agencies, submitted recommendations with respect to proposed state regulations regarding children with special medical needs in child care. They wanted to be sure that the regulations were clear and provided adequate direction for including children with special needs without restricting access to child care programs. (These regulations are under the jurisdiction of the Facilities and Services Licensing Division of the Department of Health.) As a result of the subcommittee's recommendations, these regulations are still under review.

State Profiles

- The Subcommittee has also discussed how to create better mechanisms to support child care providers in caring for children who require special medical services, such as tube feeding or nebulizers. They are working with parents, the state Office of Children with Special Health Care needs, local child care nurse consultants, licensors, and child care health and safety certifiers to design a system of consultation and regulation that promotes inclusion, health, and safety.
- Support for inclusive practices was a priority in the OCCP's awarding of two-year "quality grants" in the fall of 1999. These grants were given to organizations which will provide consultation and other quality enhancement services to child care homes and centers in their geographical areas. Including children with disabilities was one of the areas on which their consultants are expected to have expertise.

CONTINUATION PLANS

- The "Map" team for the state of Washington referred only to the group selected to attend the National Institute. They were always recognized as a subgroup of a much larger, ongoing group, the Inclusive Child Care Subcommittee, which has definite plans for continuation. They meet one full day per month.
- In addition to planning and implementing their plans, their meetings sometimes provide access to outside expertise. For instance, at one meeting, the state office of Children with Special Health Care needs brought in a child care health consultant from Minnesota to assist with their review of the delivery of services to children with special health care needs in inclusive child care.
- Participation in the subcommittee is open, and they have deliberately not formalized the procedures for joining it. Approximately 70 people are on mailing lists, with attendance at monthly meetings generally about 15 to 20.
- The Subcommittee has four task groups working on the four objectives in its strategic plan. There is a fifth task group that also includes members of the Child Care Coordinating Committee's Health and Safety Subcommittee as well as other interested parties. This group is developing a plan for including children and youth with special medical needs in child care settings.
- The OCCP and the Infant Toddler Early Intervention Program pay costs of travel, lodging and child care for children with special needs for subcommittee participants who are parents or child care providers. OCCP also provides meeting space, supplies and light refreshments. They are planning to continue this support.

UNANTICIPATED OUTCOMES OR NOTEWORTHY COMMENTS FROM INTERVIEWS

- It was because of the Healthy Child Care Washington initiative that the Office of Children with Special Health Care Needs became part of the subcommittee and the Map team. Representatives from other agencies emphasized that having this office actively involved was an important boost in their child care advocacy efforts.

SECTION 3. A THEMATIC VIEW OF PROJECT ACTIVITIES AND ONGOING STATE SUPPORTS FOR INCLUSIVE CHILD CARE²

PUBLIC AWARENESS ACTIVITIES

- Massachusetts (Region I) produced a video and resource guide.
- Puerto Rico (Region II) carried out a public awareness campaign beginning with the declaration of the first annual "Week of Inclusive Child Care" in March 2000.
- District of Columbia (Region III) has developed a brochure to promote inclusive child care.
- Florida (Region IV) convened a pre-conference day titled "Providing Child Care for Children with Disabilities" in conjunction with the "1999 Summer Conference--Building the Future Together." They also repeated this in the summer of 2000.
- Illinois (Region V) designed and produced brochures, fact sheets, and display boards with resource information about inclusive child care.
- Louisiana (Region VI) organized a Map to Inclusive Child Care forum in February 2000, in Baton Rouge.
- Missouri (Region VII) developed a public awareness campaign with separate brochures targeted to parents and providers, a video, and display boards. They kicked off the campaign by passing out materials in the rotunda of the State Capitol in April 2000, in conjunction with an annual child care Advocacy Day.
- Colorado (Region VIII) produced a Resource Guide which they plan to send to every child care provider in the state. They are also working with a television station in hopes of getting one or more public service announcements produced.
- Nevada (Region IX) developed three traveling display boards promoting inclusive child care for presentation at conferences and other venues, and also was planning to distribute the book Someone Special Just Like Me to every provider in the state.

² Much greater detail about these state activities is contained in the State Profiles, in Section 2. Also, this thematic listing does not attempt to list every outcome or activity described in the State Profiles.

Thematic View of Project Activities

TRAINING

- Through the Child Care Resource and Referral Network, three distance learning courses have been made available to providers in Massachusetts (Region I): one whose entire subject is inclusion, and two others (on infant/toddler care and school age care) which contain modules on inclusion.
- In Puerto Rico (Region II), the Center for Infant Development, University of Puerto Rico, has developed 24 hours of training on the theme of "introduction to child care services in an inclusive environment."
- In District of Columbia (Region III), Part C funds have supported the introduction of Special Care training on inclusive child care to all settings enrolling infants and toddlers for several years. A program called Support for Inclusion continues to provide the 8-hour Special Care training and now offers an additional 6-hour advanced inclusion training.
- In Illinois (Region V), the Bureau of Child Care and Development and the Bureau of Early Intervention have brought Special Care training into the state. Trainings in three regions were scheduled for September 2000. There will be funds available to support the trainers as they conduct follow-up training.
- An organization called Agenda for Children in Louisiana (Region VI) was an outreach site for Child Care Plus at Montana University Affiliated Rural Institute on Disabilities. They implemented the Child Care Plus Train-the-Trainer model in 1999.
- The Project Exceptional model of training-of-trainers was implemented in Nevada (Region IX) in 1997.
- A statewide apprenticeship program for child care is being implemented in Nevada (Region IX) with a \$349,000 grant from the U.S. Department of Labor. Map members are anticipating that training on inclusion will become a part of the apprenticeship training and education plans.
- The Inclusive Child Care Subcommittee of Washington (Region X) reviewed training curricula for inclusive child care and chose to base their training on the Child Care Plus materials from Montana.

ON-SITE TECHNICAL ASSISTANCE

- In Massachusetts (Region I), "Customized services for children with disabilities" were put in place throughout the Child Care Resource and Referral network.
- In Puerto Rico (Region II), a team of regional specialists, part of the Puerto Rico Child Care and Development Program staff, offer consultation and technical assistance to child care providers and families.
- In Florida (Region IV), the legislature added \$1.5 million for a "warm-line program," which allows the hiring of "inclusion coordinators" who will offer on-site technical assistance and other supports for inclusive child care through the local child care resource and referral agencies.

Thematic View of Project Activities

- In Missouri (Region VII), funding of approximately \$500,000 from the Department of Health enabled each of the eight regional Child Care Resource and Referral agencies to hire an Inclusion Coordinator in the fall of 1999. Their mandate is to support the inclusion of any child up through age 12 with "diagnosed or perceived disabilities."
- The Inclusive Child Care Subcommittee of Washington (Region X) reviewed child care mentor projects and developed recommendations on how to infuse these kinds of projects with information related to inclusive child care.

DATA COLLECTION AND DISSEMINATION

- The Florida (Region IV) team conducted a surveys child care providers in to learn about current practices and needs in 1999. In the summer of 2000, they were planning to distribute another survey with modifications in the content and the distribution methods based on what they learned from the first round. Plans to distribute a survey to families participating in Part C services were also underway.
- In Missouri (Region VII), data collection to determine the current practices and needs of child care providers and parents was initiated in February 1999. Data were being released and recommendations were being formulated in the summer of 2000.
- The Colorado (Region VIII) Map surveyed t parents of children with disabilities about their experiences in seeking and finding child care. They were considering collecting data from the parents of typically developing children for purposes of comparison.
- The Nevada Child Care Workforce study is being carried out by the University of Nevada at Reno at the initiative of the statewide Child Care Advisory Committee. The Welfare Department has invested approximately \$450,000 in this study, which will seek better data on such matters as how long people have been working in the field, what kinds of training they have obtained, and what compensation they receive.

PUBLIC POLICY

LEGISLATION AND STATE POLICY

- Through Florida's version of TANF (called WAGES), young adults up through age 17 may get access to subsidized child care slots if they meet specific criteria based on the level of their developmental disabilities. This policy took effect in July 1999.

Thematic View of Project Activities

- Some Map team members in Colorado (Region VIII) put together a packet on inclusive child care for the Interim Child Care Committee of the state House of Representatives when it appeared that there would be an opportunity to testify. Subsequently, an Early Childhood Commission has been signed into law and will begin its activities in the summer or fall of 2000. The Map team hopes to encourage the commission to consider the importance of inclusive child care as they examine the full range of early childhood issues and policies.

REGULATORY REVISIONS

- In Massachusetts (Region I), state regulations have required for several years that 25% of in-service training hours for all staff in licensed child care be related to serving children with disabilities.
- In Missouri (Region VII), Task Force members participated in a line-by-line review of the state's child care regulations to make them more compatible with inclusive practices.
- In Nevada (Region IX), the state is reviewing overall training requirements for child care, and Map team members are advocating that some of the required hours be devoted to inclusion.
- In Washington (Region X), training has recently become mandatory for all child care center staff who have unsupervised access to children and family child care providers. The requirement is to take a 20 hour course within the first six months and then to retain one's eligibility by receiving at least 10 hours of approved training per year. One of the work groups of the Inclusive Child Care Subcommittee is focusing on how information about the inclusion of children with disabilities might be addressed in the ongoing training.
- In Washington (Region X), Inclusive Child Care Subcommittee members submitted recommendations regarding the language in an administrative code governing the provision of specialized services to children with medical needs in child care.

LINKAGES TO EARLY INTERVENTION OR SPECIAL EDUCATION

- In Massachusetts (Region I), OCCS and DPH have collaborated in funding and designing a plan in which each region will have a team of specialists to create linkages between children and families served under Part C and the natural environments, such as child care, where they are expected to receive services.
- In District of Columbia (Region III), a project called Action for Inclusion has been initiated, using early intervention funds. This program offers on-site technical assistance to support care for infants and toddlers in child care settings.

Thematic View of Project Activities

- In Nevada (Region IX), the Early Intervention Partners Program has been recruiting child care providers as partners in providing early intervention services to infants and toddlers with disabilities since 1997.
- In Washington (Region X), the Infant Toddler Early Intervention Program allocated \$100,000 to the statewide Child Care Resource & Referral Network to conduct a mentor training and recruitment project to build capacity for inclusive child care.

NEW LINKAGES TO HEALTH OR DISABILITY RESOURCES

- A team from Puerto Rico (Region II) has been trained as part of a National Institute for Child Care Health Consultants.
- With leadership from Healthy Child Care Illinois, a plan to place a Child Care Nurse Consultant in each of 21 Child Care Resource and Referral locations was undertaken in 1998 and was nearing full implementation in summer of 2000 with a \$1.6 million annual budget.
- From 1993 to 1999, the Office of Child Care Policy (OCCP) and the State Child Care Resource & Referral Network of Washington (Region X) operated a respite care project which led to extensive contact between child care resource and referral agencies and families of children with disabilities and with other service systems for persons with disabilities.
- In Washington (Region X), the Developmental Disabilities Council made a grant of \$30,000 in 1999 to the statewide Child Care Resource & Referral Network. The major task was to review curricula used for training child care providers and to choose one and use it as the basis for further professional development activities.

NEW FINANCIAL SUPPORTS FOR DIRECT SERVICES

- Since February 2000, a "flex-pool" of funds from which providers may apply for extra funding for adaptive equipment and a variety of other purposes related to the inclusion of children with disabilities for children in contracted slots for subsidized child care has been available in Massachusetts (Region I) through its lead child care agency, the OCCS.
- In Florida (Region IV), 3 pilot projects on inclusive child care were initiated: one urban, one rural, and one relating to school age care, allocating \$125,000 annually from Child Care and Development funds for these projects in aggregate, with the possibility of extending them year to year.
- Plans for a differential rate for subsidized children with special needs were nearly complete in Illinois (Region V). It was anticipated that a provider serving a child with special needs in a contracted slot would be granted a 20% increase above the normal rate. As the Special Care training becomes more widely available, they are also considering tying the rate to the training.
- A differential rate is currently available for providers in Louisiana (Region VI) if a subsidized child has a disability.

Thematic View of Project Activities

- Washington (Region X) providers of care to children on child care subsidy are now eligible to receive either 30% above the usual rate for the subsidy category, or actual costs--whichever is higher--in the case of a child with a disability.

Thematic View of Project Activities

TABLE 2: A NUMERICAL OVERVIEW OF OUTCOMES OF THE MAP TO INCLUSIVE CHILD CARE PROJECT, YEAR TWO (1999-2000)

CATEGORY	EXPLANATION OF CATEGORY	NO. OF STATES
OUTCOMES RELATED TO INCLUSIVE CHILD CARE		
Public awareness	Promoting public awareness through workshops, print materials, media campaigns or other channels about the importance of quality child care that addresses the individual needs of children with (and without) disabilities, or the improved dissemination of information about already existing resources, programs or services	9
Training	Development of instructional opportunities for groups of providers, administrators, consumers, or others involved in developing quality and inclusive child care, ranging from workshops to full-scale credentialing systems	8
On-site technical assistance	Individualized support for those providing inclusive child care, such as mentoring, on-site consultation and technical assistance, equipment lending libraries, or individualized telephone assistance	5
Data collection and dissemination	Collection, analysis, or dissemination of data related to the need for, provision of, and issues associated with inclusive child care	4
Public policy (includes all those listed below)	Advocacy or implementation of policies through the executive or legislative branches of state government to increase the quality and availability of inclusive child care	10
➤ Legislation and state policy	Development of a legislative agenda, presentations to legislators or other policy makers, or revision of state agency policies and practices to reflect a greater commitment to inclusive child care	2
➤ Regulatory revisions	Revision of child care licensing standards or professional regulations to remove barriers to the participation of children with disabilities or enhance the quality of care	5
➤ Linkages to early intervention or special education	Efforts to increase the use of child care settings as least restrictive environments (LRE) for the delivery of special education services for 3 to 5 year olds, or as natural environments for serving infants and toddlers with special needs or to otherwise increase collaboration between child care and school districts or early intervention providers	4
➤ New linkages to health or disability resources	Efforts to bring resources to inclusive child care from sources not previously utilized such as public health, developmental disabilities, or Medicaid	4
➤ New financial supports for direct services	New or innovative uses of CCDF or other funds to pay for inclusive child care services	5

APPENDICES

APPENDIX 1. NOTES ON THE GATHERING OF INFORMATION FOR THIS REPORT

The application process for participation in the Map to Inclusive Child Care Project required the State administrator responsible for the federal Child Care and Development Funds (CCDF) to sign off on his or her state's application, and to name an individual who would act as the state's liaison with the staff of the Map to Inclusive Child Care Project in the event the state was selected.

In preparing to write this report, I made initial contact with the liaisons from each of the ten Year Two states in April, 2000, informing them that I would be seeking to interview them and others for a report on project outcomes. I conducted the interviews by telephone between the last week of April and the second week of July. For each state, I conducted interviews with three to five members of the Maps team. I spoke with the project liaisons first, and consulted with them in selecting additional interview subjects. In eight of the states, the State Child Care administrator or a representative of that office was one of my informants.

In addition to the interviews, I had access to the written strategic plans that each team had drafted. For most states, I had access to numerous other documents that the team had developed in the course of their activities.

I shared drafts of the state profiles with the state liaisons and asked them to suggest changes or additions prior to finalizing the report. Any inaccuracies or omissions remaining in the report are my responsibility.

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July 2000

APPENDIX 2. LIST OF MAP TEAM MEMBERS INTERVIEWED FOR THIS REPORT

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Appendices, Map to Inclusive Child Care Project, Year Two

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Appendices, Map to Inclusive Child Care Project, Year Two

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Appendices, Map to Inclusive Child Care Project, Year Two

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Appendices, Map to Inclusive Child Care Project, Year Two

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MAP TO INCLUSIVE CHILD CARE

OUTCOMES FOR YEAR THREE



University of Connecticut
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The Outcomes Report, **MAP TO INCLUSIVE CHILD CARE**, Outcomes for Year Three, was developed by:

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Outcomes of Maps to Inclusive Child Care Project, Year Three

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MAP TO INCLUSIVE CHILD CARE PROJECT

OUTCOME REPORT

YEAR THREE

INTRODUCTION

Map to Inclusive Child Care is a technical assistance initiative launched by the Child Care Bureau. Since October 1997 the project has provided technical assistance to states and jurisdictions in designing, implementing and evaluating policies and practices that support child care services that successfully include children with disabilities. Of the seven technical assistance projects launched by the Child Care Bureau at that time, Map is the only one explicitly designed to address the participation of children with disabilities in child care.

This report summarizes Year 3 outcomes. Building on the momentum of the first two years of the project, eleven new states and jurisdictions mobilized partners and resources to bring the needs and possibilities for child care for children with disabilities to the public's attention. They've undertaken ambitious agendas that have included establishing cooperative agreements, creating training networks, and analyzing special needs subsidy rates. The details of these and other activities are included in Section 3.

In order to participate in the Map to Inclusive Child Care Project, states and jurisdictions were invited to submit a formal application. The project anticipated working with ten teams each year. In Year 3, eleven applications were submitted from eight federal regions, and the project received approval from the Child Care Bureau to fund all eleven.

Region	I	Connecticut Maine
Region	II	Virgin Islands
Region	III	West Virginia
Region	V	Minnesota Ohio Wisconsin
Region	VII	Nebraska
Region	VIII	Montana
Region	IX	Arizona
Region	X	Alaska

Each team had a liaison, appointed by the state Child Care Administrator, who coordinated activities within the state or jurisdiction and work with project staff and consultants. (See Appendix A for a list for Team Liaisons)

As in Year 2, the prime contractor worked with its four consultants to provide specific technical assistance to Year 3 states and jurisdictions. Each team participated in:

- A teleconference, which gathered the 15 state/jurisdiction team members with project staff and consultants, to outline the work for the year
- A two-day strategic planning meeting, facilitated by a project consultant, in which the team articulated its vision and mission, and detailed the goals and activities in an action plan.
- The National Institute, in which Year 3 teams gained a national perspective on inclusive child care by participating in special interest discussions, team work sessions, regional meetings with Year 1 and 2 states and jurisdictions, and sessions which galvanized relationship among state and federal initiative. (See Appendix 2 for the Institute Program)
- Ongoing technical assistance with project staff and consultants, which included regular phone and electronic contact and on-site visits, to support activities related to the strategic plan and to facilitate networking among all the states.

The project provided some financial support for strategic planning meetings and participation in the National Institute.

This Year 3 Outcomes Report identifies the vision and mission statements for each state and jurisdiction, community events planned and implemented by each team, a profile of each team's activities and outcomes, and an analysis of Year 3 outcomes.

SECTION 1: VISION AND MISSION STATEMENTS

This section of the Year 3 Outcomes Report includes vision and mission Statements were developed at the two-day strategic planning sessions. The purpose of these statements is to clarify and focus team activities.

State or Jurisdiction	Vision	Mission
Alaska	On behalf of all children, we envision caring, learning communities that support and respect each person's potential and nurtures their joy and creativity.	On behalf of all children, we are committed to ensuring access to safe, nurturing, inclusive child care with a positive learning environment.
Arizona	All children are happy playing and learning together. There is affordable, accessible, accredited, developmentally appropriate, quality child care. There is adequate public and private support and training for families, children and staff to assure automatic inclusion for all children.	To realize our vision through shared resources and collective spirit!
Connecticut	All children will have equal access to an array of quality care and education options regardless of their disability, family income, social status, culture or language.	To create an inclusive early care and education system through public awareness, training, technical assistance, and collaboration with public and private agencies, community resources, family and policy makers.
Maine	Maine is a Child Care System will provide comprehensive seamless services; support a full array of services for children and families; ensure a continuum of appropriate training and support; achieve access to services; be fully funded; share vision, leadership, resources and accountability; and benefit children and families.	Maine's Map to Inclusive Child Care assures that the needs of children with disabilities (special needs?, differing abilities?) and their families are met as we collaboratively create a culturally responsive system that provides universal access to child care.
Minnesota	Communities weaving the common threads of knowledge, respect and sensitivity to create and sustain high-quality culturally responsive child care in which all children and their families belong and are nurtured.	The MAP team, with our partners, will build and maintain pathways to assure inclusive child care thrives throughout Minnesota.
Montana	In Montana, we share a vision that celebrates diversity and provides the necessary resources to ensure high quality choices for all children and their families.	Our mission is to educate and empower all Montanans in developing positive beliefs increasing knowledge and resources, and providing quality early childhood experiences hat respond to the uniqueness of all children and their families.

State or Jurisdiction	Vision	Mission
Nebraska	We envision that all children thrive, learn and play together in optimally inclusive quality environments.	Our mission is to increase the availability and accessibility of quality child care for children with special needs.
Ohio	Families will have access to affordable, appropriate and quality child care choices to meet their individual needs.	The Ohio MAP Team will be dedicated to ensuring that community-sponsored quality child care is available and accessible to all families in Ohio.
Virgin Islands	We envision inclusive quality developmentally appropriate child care in a safe healthy environment in which all children are children first and comprehensive services are provided to meet each child's and family's needs.	To conduct community awareness and promote creation/expansion of quality inclusive child care options for all children.
West Virginia	West Virginia shows genuine respect and value for all children, including children who needs present special challenges. Children and families have the choices and information they need to access, utilize and benefit from all community settings. Community providers receive the support they need in helping children succeed through a statewide integrated system.	The role of the Map team is to: <ul style="list-style-type: none"> • Increase community awareness regarding the need for inclusive child care. • To promote integration of existing and the development of new collaborative efforts.
Wisconsin	All families have easy access to a range of high quality care and education services where all children are welcome and respected.	To assure that the interests of children with special needs and their families are integrated into planning, implementation, and evaluation efforts related to care and education services.

SECTION 2:
"COMMUNITY EVENTS" IMPLEMENTED BY THE MAP TEAMS

STATE OR JURISDICTION	DESIGNATED MAP "EVENT"
Connecticut (Region I)	<input type="checkbox"/> Developing a statewide consultation and on-site technical assistance system to child care providers for children with special needs.
Maine (Region I)	<input type="checkbox"/> Designing a calendar in collaboration with the Division of Health and Safety that is devoted to inclusion with easily accessible resources. The calendar will be distributed to child care providers and families.
Virgin Islands (Region II)	<input type="checkbox"/> Conduct a provider survey of 109 child care providers on inclusion. <input type="checkbox"/> Develop a checklist of ADA requirements for child care providers. <input type="checkbox"/> Provide two ADA trainings to increase awareness and knowledge about inclusion. <input type="checkbox"/> Planning to host an informal meeting with the business community in an effort to develop "partnerships" with them.
West Virginia (Region III)	<input type="checkbox"/> Planning to utilize the Quality Regional Teams in the state to host six to eight Train-the-Trainers workshops on inclusion.
Minnesota (Region V)	<input type="checkbox"/> Develop a website specifically for child care providers on inclusion.
Ohio (Region V)	<input type="checkbox"/> The team will have a Kick-off Event at the Ohio State Fair displaying an Awareness Campaign for inclusive child care.
Wisconsin (Region V)	<input type="checkbox"/> Purchase 3-5 display boards, 4 feet in size, that could contain information on inclusive child care to be used at various conferences.
Nebraska (Region VII)	<input type="checkbox"/> Develop and disseminate a resource brochure for child care providers on inclusion. Format of a "Tool Kit".
Montana (Region VIII)	<input type="checkbox"/> Develop a team presentation for each of the child and family service providers (Early Intervention Providers) around the state. <input type="checkbox"/> Develop a tip sheet for child care resource and referral agencies. <input type="checkbox"/> Design and develop a poster session about the Map project and their activities. Poster will be available at the early Childhood Conference in October 2000, the Developmental Disabilities Conference in October 2000 and other appropriate conferences in spring, 2001.
Arizona (Region IX)	<input type="checkbox"/> Produce a CD/Video on inclusion and develop a brochure to accompany the video. <input type="checkbox"/> Discussing a "Legislature Awareness Day" to bring inclusive child care to the attention of the legislature.
Alaska (Region X)	<input type="checkbox"/> Develop and disseminate information about inclusion at state conferences, regional early childhood meetings and invitational meetings on early childhood issues. <input type="checkbox"/> Provide travel funds for team members such as parents and providers to facilitate the dissemination of such information.

SECTION 3: STATE PROFILES

This section of the Year 3 Outcomes Report summarizes activities of Map and other inclusive child care initiatives ongoing within participating states. The following information was collected from each of the eleven teams:

- Context in which Map Originated
- Liaison for Map Team
- Statewide Initiatives Relating to Inclusive Child Care
- Activities Related to Inclusive Child Care
- Unanticipated Outcomes and Other Comments
- Continuation Plans

CONNECTICUT (REGION I)

CONTEXT IN WHICH MAP ORIGINATED

- In 1997 the Governor of Connecticut convened an interagency task force called the "Governors Collaboration for Young Children." Five groups involving young children's needs were formed. The special needs work group specifically addressed inclusion in the State of Connecticut.
- The group wrote and compiled a report of findings which directly relates to the Maps project. This work group surveyed 1,600 child care centered, 2,000 family child care homes, and 500 families to determine the types of resources and services needed in the state to better serve young children with special needs and their families in care.
- One of the most prominent findings of the survey was that providers felt the single most difficult challenge presented by children in their programs was aggressive or disruptive behavior with 80.2 percent of the programs in agreement. When asked if caring for children with challenging behaviors was very difficult, difficult or not difficult 36 percent of the providers indicated that it was very difficult.
- The most single difficult challenge of children in family based child care was aggressive or disruptive behavior with 61.4 percent of the providers in agreement.
- When asked what resources or services would be most helpful when working with children with special needs on-site consultation and technical assistance for behavior management issues were perceived as the most helpful resource or service that could be made available. In addition, providers stated that they would like a telephone contact person to triage issues and concerns that are consistent and can follow-up. Providers state that it frequently "took too long for teams and/or human service agencies to meet their needs."
- The Healthy Child Care CT (HCCC) Core Committee had more than 50 members representing all early care and health organizations and interests in the state. HCCC was designated by the SDE and the state Department of Social Services (DSS) to work with school readiness councils to implement the health component of the new state pre-kindergarten program.
- As a result HCCC surveyed local school readiness councils to determine health-related priorities. Reflective to findings of the early work group, school readiness councils identified behavioral concerns as their top priority and their needs for training, on-site technical assistance and on-demand consultation as their most pressing needs.

LIAISON FOR THE MAP TEAM

Peter Palermino
State Child Care Administrator
Department of Social Services
Child Care Team
25 Sigourney Street
Hartford, CT 06106

Peter Palermino is also the State Child Care administrator and the state liaison. The State Child Care Administrator is located in the Department of Social Services.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- *Inclusive Child Care Team-* As an outgrowth of the Governor's Collaborative an interagency group called the Inclusive Child Care Team was formed. This group applied for The Maps grant, unfortunately they did not receive funding. However, the project director for Maps, Mary Beth Bruder, offered to facilitate a strategic planning session on May 12, 1999. At that meeting the group agreed to focus on four areas:
 - Training, consultation and support
 - Resource and referral and public awareness
 - Policy and planning
 - Linkage of early care and education and schools

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

- May 30, 2000: Stakeholders in CT were identified and invited to attend the meeting. National and State-wide models were explored and presented to the group. A survey was sent out to all committee members to gather more information on inclusive child care. At this meeting the group was asked to design a system of ongoing technical assistance through an exercise facilitated by Pat Doolan and Joanna Bogin.
- July 1, 2000: Long term goals were discussed, a plan was reviewed for the national institute, and continued feedback on the model for an on-site technical assistance network was discussed in detail. At this meeting it was decided that we would join together with HCCC to sponsor a state-wide forum on, "Building a consultation and on-site technical assistance system."
- July 10th & 11th, 2000- National Maps Institute, Washington, D.C.- the committee met for several hours in Washington. Discussion focused on the technical assistance system being formed by the group and the upcoming forum.
- July 17, 2000- This forum was very successful and involved many different state and local communities throughout the State of Connecticut. A model on technical assistance from Day Care Plus from Cleveland, Ohio presented in the morning. In the afternoon facilitators were assigned to regional community groups to discuss what their vision of a state-wide technical assistance network would look like. Nancy Gordon, the national consultant facilitated a group of state level organizations and groups to brainstorm funding for the project.

- August 28, 2000: The final meeting of the Maps to Inclusive Child care group identified the next steps for the continuation of the group:
 - Full committee will meet to address additional tasks of the Inclusive Child Care team.
 - Bring together Healthy Child Care CT, Maps and the Head Start Collaboration Office. Peter Palermino will attend the October 4th Core Committee meeting to discuss Maps.
 - Report will be submitted to the National Maps Liaison.
- The State of Connecticut Head Start office applied for and received a supplemental grant from the Head Start Bureau. Grace Whitney, of the Head Start Collaboration office wrote the grant to help ensure that our goal of setting up an on-site state-wide technical assistance network be supported. The objectives for this grant are:
 - Create interagency/interdisciplinary partnerships at the state and local levels to connect existing consultation and technical assistance resources for early care and education
 - Examine present regulations and systems for consultation to child care and make recommendations for refinements that would achieve a dynamic and integrated system to meet early care needs.
 - Create a blueprint for a statewide consultation system "warm line" for early care providers, including center, family child care, and informal settings.
 - Forum for Building a Consultation and On-Site Technical Assistance System (see above).
 - Charts-A-Course Training of Trainers in Inclusive Child Care

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- Pat Doolan: Torrington Board of Education and Litchfield County Head Start will introduce a blended classroom to 9 Head Start children and 12 children from the LEA. This would not have been considered as doable without having had the interaction with the strategic planning process. New insights gave the plan a fast track because we were comfortable with the types of support we would need if we ran into trouble.

CONTINUATION PLANS

- Full committee will meet to address additional tasks of the Inclusive Child Care team.
- Bring together Healthy Child Care CT, Maps and the Head Start Collaboration Office. Peter Palermino will attend the October 4th Core Committee meeting to discuss Maps.
- Report will be submitted to the National Maps Liaison.

MAINE (REGION I)

CONTEXT IN WHICH MAP ORIGINATED

- Maine State Planning Team for Inclusive Early Care and Education, which had been meeting in various forms for several years.

LIAISON FOR THE MAP TEAM

Martie Kendrick
Early Childhood Specialist
Center for Community Inclusion
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Orono, ME 04469

The Child Care Administrator is in Augusta, Maine.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- Maine's University Affiliated Program, The Center for Community Inclusion provides statewide, but limited training and Technical Assistance regarding inclusive child care.
- The University Affiliated Program, the Developmental Disabilities Council, and Maine's Child Development Services System (early intervention system) were collaborating on a Developmental Therapy Leadership group whose aim was to increase the quality and availability of inclusive child care programs.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

- Since the Map Project started, we have seen increased awareness, enthusiasm and impetus to our work. The recognition that inclusion is "here" and "we'd better figure out how to do it right" is widespread. Our enthusiasm and ability to plan and set things in motion has increased dramatically since our strategic planning sessions with Map's Technical Consultant, Ruth Ann Rasbold.
- This process offered wide-spread collaborations around the state making our vision into a reality.
- Due to the work for inclusive child care, a portion of the funds for a Healthy Maine (tobacco money) has been directly allocated to increasing quality inclusive child care. Additionally, our original State Planning Team has been subsumed as the Inclusion Subcommittee under our state Child Care Advisory Council, which has much more visibility and influence, since it reports directly to our legislature and advises our Office of Child Care and Head Start.
- \$250,000 in Technical Assistance for Needy Families (TANF) funds have been allocated to preventing the expulsion of children with special behavioral issues from child care settings. Recommendation to our OCC/HS on how these funds are to be spent will be made through our Inclusion Subcommittee/CCAC.

- Maine Roads to Quality, another collaborator, has recommended a 30 hour course on inclusive child care as part of their Core Curriculum for Child Care Providers (as well as infusing disability friendly information into the courses currently being developed).

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- Created a new relationship between the OCC/HS and the University Affiliated Program resulting in the funding to support inclusive early care and education across the state.

CONTINUATION PLANS

- Continue meeting on a regular basis, offering up our recommendations to the office of child care and head start and the legislature.
- Continue to re-evaluate our goals and outcomes based on our strategic plan and develop on-going goals.
- Continue to expand membership.
- Continue to have more representatives network regionally.

VIRGIN ISLANDS (REGION II)

CONTEXT IN WHICH MAP ORIGINATED

- There was no interagency group working on including children with disabilities into the child care system.

LIAISON FOR THE MAP TEAM

Velven Samuel
Program Director, Child Care & Development Fund Program
Department of Human Services
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Knud Hansen Complex Bldg. A
Charlotte Amalie, VI 00802

The Map liaison is also the Child Care Administrator.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- To assist in increasing access to child center for infants and toddlers with disabilities, the Virgin Islands Department of Health's Infant and Toddler Program trains directors of child care programs using the "Successful Inclusion of Infants and Toddlers with Disabilities Through Multidisciplinary Training Outreach Project."
- The Department of Human Services through its Child Care and Development Funds Program and the University of the Virgin Islands provide a certificate and associate program in Inclusive Early Child Education.
- Child Development conferences held each year.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

- In addition to the technical assistance provided by the Map project, the National Map Institute was most beneficial to the Map team. The opportunity to share ideas and experiences helped to reinforce our vision of inclusive quality child care in a safe healthy environment in which all children are children first and comprehensive services are provided to meet each child's and families' needs.

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- We gained a better understanding of who the players are that work in the child care arena and specifically what they do.
- Through the individualized technical assistance were received from the Map project we gained a whole new perspective on our community and the resources it has to offer.

CONTINUATION PLANS

- The Virgin Island Map team plans to continue their efforts as part of this larger Interagency Coordinating Council.

WEST VIRGINIA (REGION III)

CONTEXT IN WHICH MAP ORIGINATED

- There was no interagency group working on including children with disabilities into the child care system.

LIAISON FOR THE MAP TEAM

Diane Michael
CSPD Coordinator
WV Birth to Three Program
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The Statewide Administrator is located at the Licensed Child Care, Charleston, West Virginia.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- The West Virginia Apprenticeship for Child Development is a training that combines classroom instruction with on-the-job training for practitioners working in early education and care programs.
- Child Care Resource and Referral Agencies provide family information, consumer education, training to child care providers, technical assistance, assessment of community needs for child care providers and work with employers to develop child care options.
- The Governor's Early Childhood Implementation Commission formed a sub-committee called the Child Care Committee to work on making child care more accessible and affordable for families.
- Celebrating Connections a collaborative early childhood conference.
- Maternal Child and Health developed a training calendar and resource library for child care providers and professionals.
- School Day Plus is a grant operated through a contract with the West Virginia Board of Education to develop and operate before and after school programs.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

- The Quality Regional Teams provide technical assistance to child care providers around inclusion.
- The Resource and Referral Agencies provide training to child care providers and child care professionals in the field around inclusion and quality child care.

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- Brought the Division of Licensing to the table.
- Strengthen the ties with higher education in the state.
- Learned about untapped resources in the state.
- Helped to bring together the entire splintered inclusive child care efforts that were going on in the state.

CONTINUATION PLANS

- The Map team plans to continue by becoming a sub-committee of the Child Care Committee (of the Governor's Cabinet).

MINNESOTA (REGION V)

CONTEXT IN WHICH MAP ORIGINATED

- The Governor's Interagency Coordinating Council is federally mandated under Part C money recognizing child care as a priority in the state.
- Project EXCEPTIONAL Caring for Children with Special Needs is the Inclusion curriculum used throughout Minnesota. This project has an advisory committee that includes and supports many collaborating partners at the state level.

LIAISON FOR THE MAP TEAM

Barbara O'Sullivan
Child Care Program Consultant
Department of children, Families and Learning
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Roseville, MN 55113

Barbara O'Sullivan is the state liaison and the Minnesota State Child Care Administrator located at Children and Families and Learning in Minneapolis/St. Paul.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- The Project EXCEPTIONAL training network.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

- The team is discussing ways to establish a Latino special needs coordination site in partnership with an existing Latino Center where a partnership exists with the Map team.
- They are also attempting to look at scholarships to family cc providers who need education. Chris Brantley had the web materials at their last meeting and was getting approval on moving forward with the plans.
- Their plans also interface closely with their Healthy Child Care America project and they continue to explore possible opportunities to seek additional funding that will support efforts on inclusive child care.
- They have several people who are playing significant roles on other statewide committees that blend well with efforts on children with disabilities.
- They have a fall conference where they will present on the MAP project.
- They continue to work on special needs resource and coordination sites that will be funded through the CCDF fund.

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- The Map project helped to “connect the dots” with key stakeholders.
- Efforts are less fragmented and more cohesive planning taking place. The partners involved in the project are committed to moving the vision forward.
- Increased visibility to a wider more diverse audience.

CONTINUATION PLANS

- The state team needs to identify and gather more data on care for children with special needs.
- Coordinating activities with health, education and social services. The team is meeting with representatives from the Department of Human Services to identify funding sources for providers who care for children with special needs and to address staffing shortages (child care workers and personal care attendants).
 - Final editing stages of our resource manuals including:
 - “Caring for Children with Special Health Needs”
 - “Including Children with emotional and Behavioral Needs”
 - Inclusion in Child Care” On-site consultation manual
 - “Proyecto Exceptional” Spanish translation activities
 - “Working with Children Who Have Challenging Behavior”

OHIO (REGION V)

CONTEXT IN WHICH MAP ORIGINATED

- The Map project complements the efforts of the Governor's Family and Children First multi-agency initiative.

LIAISON FOR THE MAP TEAM

John Cunningham
Administrator, Bureau of Child Care
65 E. State Street, 5th Floor
Columbus, OH 43215

The liaison is a member of the Administrative team for the Ohio Department of Job and Family Services, the liaison is temporarily on loan to the Combined Charitable Campaign (the State's annual solicitation for the United Way and other charities).

The Child Care Administrator is located in the Ohio Department of Job and Family Services.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- None targeting inclusion specifically.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

- The Map project has prompted the development of a multi-agency team to discuss the provision of technical assistance for inclusion efforts.
- The Family and Children First initiative, which existed prior to participation in the Map project, is beginning to revisit their program goals and initiatives. The priority issue that is to be addressed in inclusive child care.

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- The Ohio Map team is willing to share any and all of their information and experiences with other states to improve services on a national scale.
- As a year three state much of the results of this initiative is yet to be realized but they indicated a willingness to share and learn as time goes on.
- The liaison also noted that although he could not say whether results were necessarily unanticipated or unexpected, they have experienced a far greater level of success and commitment than was expected.

CONTINUATION PLANS

- The team plans to keep their team and efforts alive through the various connections they all have with state agencies, organizations and institutions and particularly in consort with Children and Family First.

WISCONSIN (REGION V)

CONTEXT IN WHICH MAP ORIGINIATED

- Wisconsin had a federal demonstration grant under add, mobilizing Partners for Inclusive Child Care. The Wisconsin Child Care Improvement Project under the direction of Jane Penner-Hoppe coordinates this grant.
- The state team involves the Waisman Center, Head Start, the Department of Public Inspection, Birth to Three, the Wisconsin Child Care Resource and Referral Network, the Wisconsin Early Childhood Association, the department of Workforce Development, the Department of Regulation and Licensing, the Wisconsin Coalition for Advocacy and the Wisconsin Council on Developmental Disabilities.
- Wisconsin also has a group the Wisconsin Early Childhood Collaborating Partners that is formed by over 200 state and local partners. This group is working on a statewide strategic plan which focuses on several items, including inclusive child care.

LIAISON FOR THE MAP TEAM

Jane Penner-Hoppe
Coordinator
Mobilizing Partners for Inclusive Child Care
of the Wisconsin Child Care Improvement Project
802 West Lakeside Street
Madison, WI 54843

Dave Edie is the Wisconsin State Child Care Administrator and he is located in the Department of Workforce Development, Madison, Wisconsin.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- The Mobilizing Partners Project that supported statewide partnerships directed at promoting collaboration around inclusion existed.
- There are five pilot projects coordinated by CCR&R's that had dollars to promote inclusive child care.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

- The Collaborating Partners Action Plan is an on-going activity.

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- The liaison could not identify any unanticipated outcomes due to the limited time frame of participating in the project.

CONTINUATION PLANS

- The Wisconsin Map team plans to fold the Map committee into the efforts underway in Wisconsin's Partners for Healthy Child Care/Healthy Child Care Wisconsin.
- The team would like to integrate the successful elements of Mobilizing Partners, i.e. trainings, models, and materials, into this effort.

NEBRASKA (REGION VII)

CONTEXT IN WHICH MAP ORIGINATED

- The Nebraska interagency coordinating council (NICC) (statewide early intervention council) had established a sub-committee to address child care and respite care service needs for children with disabilities. NICC was disbanded before the sub-committee completed their work plan.
- A comprehensive interagency council (Nebraska early childhood interagency council) is being formed which replaces three previous councils/committee that addressed: early intervention; child care, early care and education; and head start collaboration. Members of Nebraska's map team recommended that the new council's structure include a sub-committee that would address child care and respite care service needs for children with special needs.

LIAISON FOR THE MAP TEAM

Pat Urzedowski
Administrator, Child Care Program, NDHHS
NE Department of Health and Human Services
P.O. Box 95044
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The map state liaison is the child care administrator.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- The Nebraska department of education and health and human services (co-lead agencies for Nebraska's early intervention program) have been focusing considerable attention on assisting local school districts and educational service units to provide early intervention services in natural environments. Training, public meetings and other forums have been held throughout the state to explain the concepts of natural environments to educators, parents and providers of early intervention services.
- The Nebraska Department of Health and Human Services division for children/adults with special needs is working to develop capacity, establish standards and a rate structure for child care and respite care for children with disabilities. Special attention is focused on children 13 and older.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- One Nebraska community (Lincoln) has established technical assistance and consultation support for family child care homes and child care centers serving children with disabilities. Professionals work with the child care program staff on site and provide practical, effective assistance. At the strategic planning meeting, representatives from other communities expressed strong interest in developing similar support services using a similar model.
- The child care licensing program agreed to allow credit for training hours for technical assistance by school personnel, service coordinators and other professionals to assist child care programs better serve children with disabilities. Previously, training credit was not allowed for child specific technical assistance.
- In Nebraska, many individuals are dedicated to improving the quantity and quality of child care services for children with disabilities. In selecting the members of the map team, a decision was made early on to include anyone interested in these issues as advisors to the map team. Nebraska used other funds to support the advisors' participation in the strategic planning and other meetings/communication that will continue our efforts. Having a broader base of support for inclusive child care will insure our goals and outcomes are a priority in Nebraska.

CONTINUATION PLANS

- The map team recommended continuation of map in the natural environments initiative for state agency organization. In addition, the team recommended a sub-committee of the early childhood interagency council be formed to address the child care and respite care needs of children with disabilities.

MONTANA (REGION VIII)

CONTEXT IN WHICH MAP ORIGINATED

- The statewide Early Childhood Advisory Council requested that the state apply for the Map project and put together a team to focus on inclusion and child care policy because no such project existed.

LIAISON FOR THE MAP TEAM

Patti Russ
Montana State Department of Public Health and Human Services
P.O. Box 202952
Helena, MT 59620-2592

Patti Russ, Supervisor, Child Care Unit, Early Childhood Services Unit, Department of Public Health and Human Services is the state liaison. The state of Montana contracted with Child Care Plus+ U of M to assist the liaison and organize on-going activities related to the Map project.

The state administrator is Linda Fillinger in the Department of Public Health and Human Services, Child and Family Services Division, Early Childhood Services Bureau.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- The state had a small grants program to fund inclusion projects at several child care facilities. We funded about 4 per year.
- The state also supported Child Care Plus+ for statewide inclusion training through the Training in a Manila Envelope (TIME) project.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

- The Statewide Early Childhood Advisory Council will meet on September 13-14. This group will provide guidance and recommendations for a year two effort for our state.
- Many of the MAP goals will be embedded in the Early Childhood systems that currently exist, i.e., training, Career Development, State Subsidy, IEP/IFSP process, automated systems for child care payment.
- Map team members are currently assessing the state's special need subsidy in order to make a recommendation to the state regarding change in policy.

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- We really strengthened our partnerships especially with the Part C agencies especially at the state level. The challenge over the next year will be to continue to build these strong partnerships at the local level.

CONTINUATION PLANS

- The Map team plans to meet in September to create a year two or plan for continuation of the process.
- The state may choose to continue a contract with Child Care Plus+ to coordinate inclusion efforts. This will be dependent upon recommendations of the SWECAC, which will meet next week.

ARIZONA (REGION IX)

CONTEXT IN WHICH MAP ORIGINATED

- Previously, no group was working on inclusive child care at the state level.

LIAISON FOR THE MAP TEAM

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Department of Economic Security
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The liaison for Arizona is also the State Child Care Administrator.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- Arizona was awarded 14 contracts in October 1997 for the purpose of conducting community based needs assessments to determine the types and level of child care services needed. Child care for children with special needs was specifically addressed in 4 of these contracts, but all have the potential of successfully including children with special needs.
- The Arizona Self Study Project is a partnership of public agencies and private agencies that, through the managing agency – Association for Supportive Child Care, provide technical assistance to child care centers that begin the self-study process necessary to reach accreditation by a national child care accreditation body. The Department of Economic Security, with the use of CCDF funds is the biggest funder of this project. One of the requirements to become involved is to provide care for children with special needs. Over 230 child care centers have been supported through this project.
- Through the efforts of the Arizona Health Child Care Campaign, the Arizona Department of Economic Security, Office of Child Care Licensing has revised its "Enrollment Record and Health Data" form which is used by child care providers. This simple but effective change assists child care providers in including and appropriately caring for children with special needs.
- The Department of Health services, Office of Children and Special Health Care Needs, in conjunction with other entities across the state developed a guide to enrolling children with special needs in child care. This guide, "Enrolling the Child with Special Needs", is being disseminated to child care providers.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

- Each team member brings the goals and activities to meetings and agencies that have not previously been involved in inclusive child care to make connections and encourage others to become involved in the development quality child care services.

- The team identified comprehensive funding for inclusive child care as their priority for the upcoming year.
- The team is bringing in state agencies to look at comprehensive funding issues to provide quality child care for children with disabilities.

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- The development of the Map team in Arizona has resulted in numerous individuals and agencies joining the team after its original development. The new participants include the American Academy of Pediatrics, parents from the Head Start Collaboration and participation from the disability advocacy organizations.
- Through the development of the Arizona matrix, the team was able to identify the roles and responsibility of each stakeholder. Therefore they could minimize duplication and utilize their resources to enhance services appropriately for children with disabilities and their families.

CONTINUATION PLANS

- The Map team from Arizona plans to continue as its' own entity.
- The Map team has begun researching possible linkages to maintain the group. One possibility is blending with the Head Start Advisory Collaboration.

ALASKA (REGION X)

CONTEXT IN WHICH MAP ORIGINATED

- Although there was no comparable interagency group, there were major training efforts from Child Care Connection that included agencies around the state and the focus was inclusive child care training.

LIAISON FOR THE MAP TEAM

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The state administrator is at the same location.

STATEWIDE INITIATIVES RELATING TO INCLUSIVE CHILD CARE

- The Alaska Mental Health Trust Authority, an entity charged with addressing the needs of people with developmental disabilities, had dedicated \$100,000 per year, for three years beginning in fiscal year 2001, to inclusive child care.

ACTIVITIES RELATED TO INCLUSIVE CHILD CARE

UNANTICIPATED OUTCOMES AND OTHER COMMENTS

- When the project started, there was not an intent to impact the current subsidy rate for children with special needs; however, through our work, it became apparent that we needed to address those issues.

CONTINUATION PLANS

- With the receipt of the Mental Health Trust Authority funds, through the Governor's Council on Disabilities and Special Education, the Sneetches will fund demonstration projects for the next three years through the regional Child Care Resource and Referral agencies. Based on the outcomes of those projects, we intend to seek funding to institutionalize those projects that work and are appropriate as well as initiate new projects for furthering inclusive child care.

SECTION 4:
**A THEMATIC VIEW OF PROJECT ACTIVITIES AND ONGOING STATE
SUPPORTS FOR INCLUSIVE CHILD CARE**

This section of the Year 3 Outcomes Report represents an analysis of the outcomes from each state or jurisdiction. Outcomes were reviewed and categorized to portray the scope of Map activities and demonstrate the similarities and differences across Map Year 3 states or jurisdiction.

**SUMMARY OF OUTCOMES OF THE MAP
TO INCLUSIVE CHILD CARE PROJECT, YEAR THREE (1999-2000)**

CATEGORY	EXPLANATION OF CATEGORY	STATES	No.
OUTCOMES RELATED TO INCLUSIVE CHILD CARE			
Public Awareness	Promoting public awareness through workshops, print materials, media campaigns or other channels about the importance of quality child care that addresses the individual needs of children with (and without) disabilities, or the improved dissemination of information about already existing resources, programs or services	OH, AL, MN, NE, WI, WV, CT, MT, AZ, VI ME	11
Training	Development of instructional opportunities for groups of providers, administrators, consumers, or others involved in developing quality and inclusive child care, ranging from workshops to full-scale credentialing systems	MN WV VI NE MT	5
On-site technical assistance	Individualized support for those providing inclusive child care, such as mentoring, on-site consultation and technical assistance, equipment lending libraries, or individualized telephone assistance	MN WI CT NE WV	5
Data collection and dissemination	Collection, analysis, or dissemination of data related to the need for, provision of, and issues associated with inclusive child care	OH, WI, NE, ME VI	5
Public policy (includes all those listed below)	Advocacy or implementation of policies through the executive or legislative branches of state government to increase the quality and availability of inclusive child care	OH, MN, WI, MT	4
• Legislation and state policy	Development of a legislative agenda, presentations to legislators or other policy makers, or revision of state agency policies and practices to reflect a greater commitment to inclusive child care	OH AZ MN ME	4
• Regulatory revisions	Revision of child care licensing standards or professional regulations to remove barriers to the participation of children with disabilities or enhance the quality of care	MT AZ WV	3
• Linkages to early intervention or special education	Efforts to increase the use of child care settings as least restrictive environments (LRE) for the delivery of special education services for 3 to 5 year olds, or as natural environments for serving infants and toddlers with special needs or to otherwise increase collaboration between child care and school districts or early intervention providers	MN WI MT OH ME VI	6
• New linkages to health or disability resources	Efforts to bring resources to inclusive child care from sources not previously utilized such as public health, developmental disabilities, or Medicaid	MN, NE ME CT VI	5
• New financial supports for direct services	New or innovative uses of CCDF or other funds to pay for inclusive child care services		

APPENDICES

APPENDIX 1:
LIST OF MAP TEAM MEMBERS
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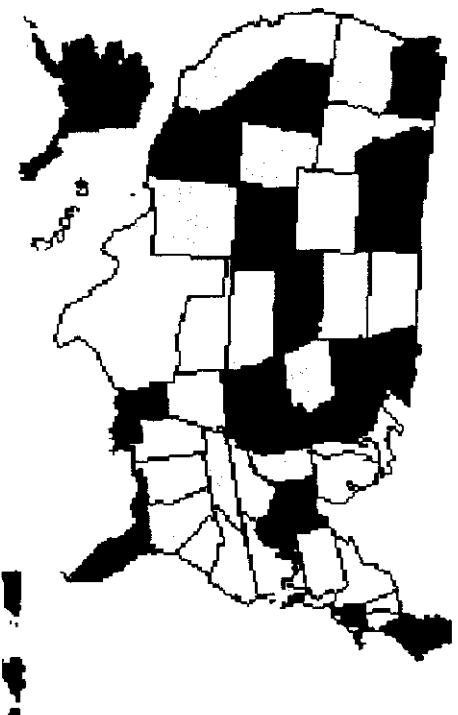
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APPENDIX 2:
MAP TO INCLUSIVE CHILD CARE
NATIONAL INSTITUTE PROGRAM BROCHURE

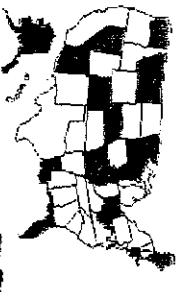
Map to Inclusive Child Care National Institute

Child Care for All: Taking It to Scale



Sponsored by
The Child Care Bureau
Administration for Children and Families

Loews L'Enfant Plaza Hotel - Washington, DC
July 9 - 11, 2000



Map to Inclusive Child Care National Institute

Child Care for All: Taking It to Scale

Sunday, July 9, 2000

4:30 pm - 6:30 pm - Ballroom Foyer
Registration

Monday, July 10, 2000

8:00 am - 3:00 pm - Ballroom Foyer
Registration

8:00 am - 6 pm - Ballroom D
Resource Area

9:00 am - 9:30 am - Ballroom ABC

Welcome & Overview
Charlotte Brantley, Associate Commissioner for Child Care
Administration on Children, Youth and Families

9:30 am - 10:30 am - Ballroom ABC

Keynote Address: Child Care for All: Challenges and
Opportunities in the New Millennium

Allan Bergman, CEO
Brain Injury Association

Agenda

10:30 am - 10:45 am - Ballroom Foyer
Break

10:45 am - 12:00 pm - Ballroom ABC

Parent and Provider Perspectives Panel

Moderator:
Chearoll Looby-Williams, Parent
Virgin Islands

Patricia Doolan, Provider
Connecticut

Michelle LaCoss, Parent
Virgin Islands

Deborah Twomey, Parent
Maine

Carrie Witte, Provider
Nebraska

12:00 pm - 1:30 pm
Lunch (on your own)

Monday, July 10th (cont'd)

1:30 pm - 3:00 pm
Small Group Sessions

- ☉ Training—Models and Curriculum
Caucus

Facilitator:
Dorinda Smith, Technical Consultant
Map To Inclusive Child Care

Robert Brocken, Program Development Specialist
Department of Human Services, Illinois

Alda Jones, Director
Mountainland Child Care Resource and Referral
Agency, Utah

Darlene Ragozzine, Project Director
Norwalk Community Technical College, Connecticut

- ☉ Technical Assistance Models including Child Care
Resource and Referral Agencies
Quorum

Facilitator:
Sarah Mulligan, Technical Consultant
Map To Inclusive Child Care

Diana Aulin, Executive Director
Statewide Parent Advocacy Network, New Jersey

Joanna Bogin, Inclusion Specialist
University of Connecticut Health Center, Connecticut

Peggie O'Hare, Early Childhood Specialist
Federation for Children with Special Needs
Massachusetts

- ☉ Legislation
Monet I, 2nd Floor

Facilitator:
Allan Bergman, CEO
Brain Injury Association

Beverly Bruce, State Representative
Louisiana Legislature

Susan Goldstein, Community Relations Director
ARC, Broward, Florida

Tony Clarke Henderson, Program Manager
Developmental Disabilities Council, Washington

- ☉ Funding Resources Including Reimbursement Rates
Monet II, 2nd Floor

Facilitator:
Joyce Butler, State Technical Assistance Specialist
National Child Care Information Center

Pammi Shaw, Map to Inclusive Child Care Coordinator
Child Care Health Program, California

Connie Shorr, Program Administrator
Department of Economic Security, Arizona

Monday, July 10th (cont'd)

JaNeel Welker, Program Specialist
Commission on Children and Families, Oregon

- Collaboration with Part B, Part C, and Head Start Club Room

Facilitator:
Sharon Walsh, Consultant
Walsh Taylor, Inc., Virginia

Lynda Cook-Pletcher, State Coordinator
Early Access, I.D.E.A. Part C, Iowa

Jaci Holmes, Early Childhood Consultant
Child Development Services, Maine

Linda McReynolds, Executive Director
Signal Centers, Inc./UCP, Tennessee

Patti Russ, Child Care Supervisor, Map Liaison
Department of Public Health and Human Services,
Montana

- Advocacy for Systems Change
LaSalle

Facilitator:
RuthAnn Rasbold, Technical Consultant
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Michael Conn-Powers, Early Childhood Center
Director
Institute on Disability and Community, Indiana

Kathy Fuger, Research Associate
UMKC Institute for Human Development, Missouri

Martie Kendrick, Education Specialist
Center for Community Inclusion, Maine

Michelle LaCoss, Parent
Virgin Islands

- TANF
Monet IV, 2nd Floor

Co-Facilitators:
Nancy Gordon, Technical Consultant
Map to Inclusive Child Care

Ann Burek, Senior Program Specialist
Office of Family Assistance, TANF

John Cunningham, Administrator
Department of Human Services/Bureau
of Child Care, Ohio

Lou Ann Long, Director
Children's Forum/Directory of Early
Childhood Services, Florida

David Stockford, Director of Special Services
Department of Education, Maine

- Legal Issues (ADA & IDEA)
Lafayette

Facilitator:
Abby Cohen, State Technical Assistance Specialist
National Child Care Information Center

Monday, July 10th (cont'd)

Patrice Farquharson, Executive Director
West Haven Child Development Center, Connecticut

Jaqui Shatos Carroll, Project Coordinator
Disability Law Center, Massachusetts

Lucille Zeph, Director
Center for Community Inclusion, Maine

● School-Age Child Care
Montcalm

Facilitator:
Dale Fink, Map Project Consultant
Massachusetts

Jennifer Burnham, Inclusive Child Care Coordinator
Resource and Referral Agency, Colorado

Patricia Doolan, Head Start/Early Head Start Director
Centers and Family Resource Center, Connecticut

Brian Silversen-Hall, Coordinator
Wayzata Home Base, ISD #284, Minnesota

3:00 pm - 3:15 pm – Ballroom Foyer
Break

3:15 pm - 5:30 pm
Individual State Team Meetings

Alaska – Monet IV, 2nd Floor
Arizona – Monet II, 2nd Floor
Connecticut - LaSalle

Maine – Club Room
Minnesota - Caucus
Montana – Monet I, 2nd Floor
Nebraska - Quorum
Ohio – Ballroom A
Virgin Island - Lafayette
West Virginia - Montcalm
Wisconsin – Ballroom B

5:30 pm - 7:00 pm – Ballroom Foyer
Reception

Tuesday, July 11, 2000

7:30 am - 9:00 am – Ballroom C
Round Table Discussions-Issues Across States (Optional)

- ▶ Child Care Providers
- ▶ Child Care Administrators
- ▶ Head Start Representatives
- ▶ Health Care Representatives
- ▶ Legislators
- ▶ Licensing Representatives
- ▶ Part C Representatives
- ▶ Parents
- ▶ Section 619 Representatives
- ▶ Training Representatives

8:00 am – 11:00 am – Ballroom Foyer
Registration

8:00 am – 5:00 pm – Ballroom ABC
Resource Area

Tuesday, July 11th (cont'd)

9:00 am- 9:15 am – Ballroom ABC

Welcome

Mary Beth Bruder, Project Director
Map to Inclusive Child Care Project

9:15 am -9:45 am – Ballroom ABC

Presentation of New Web Site to Help Parents Access
Resources for Infants and Pre-Schoolers with Disabilities

Bobbi Stettner-Eaton, Executive Director
Federal Interagency Coordinating Council

9:45 am- 10:00 am – Ballroom Foyer
Break

10:00 am - 11:30 am – Ballroom ABC

Federal Partners Panel

Moderator:

Karen Tvedt, Director, Policy Division
Child Care Bureau

Ann Burek, Senior Program Specialist
Office of Family Assistance, TANF

Bobbi Stettner-Eaton, Executive Director
Federal Interagency Coordinating Council

Bonnie Strickland, Chief of Integrated Service Branch
Maternal and Child Health Bureau

Sue Swenson, Commissioner
Administration on Developmental Disabilities

21st Century Community Learning Centers
Office of Elementary and Secondary Education

11:30 am - 1:00 pm

Lunch (on your own)

1:00 pm - 3:30 pm

Regional Meetings

Region I
Caucus

Connecticut, Maine, Massachusetts, and
Vermont

Region II
Montcalm

New Jersey, Puerto Rico and
Virgin Islands

Region III
LaSalle

Maryland, Washington, DC and
West Virginia

Region IV
Monet IV, 2nd Floor

Florida and Tennessee

Region V
Ballroom A

Illinois, Indiana, Ohio, Minnesota and
Wisconsin

Region VI
Club Room

Louisiana and New Mexico

Region VII
Lafayette

Iowa, Missouri and Nebraska

Tuesday, July 11th (cont'd)

Region VIII Colorado, Montana and Utah
Monet II, 2nd Floor

Region IX Arizona, California and Nevada
Quorum

Region X Alaska, Oregon and Washington
Monet I, 2nd Floor

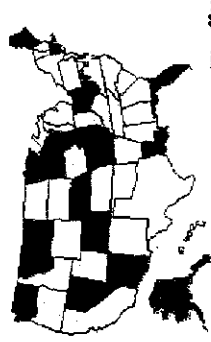
3:30 - 3:45 PM

Break - Ballroom Foyer

3:45 - 4:30 PM - Ballroom ABC

Closing Remarks

Olivia Golden, Assistant Secretary for Children and Families
Department of Health and Human Services



Child Care for All: Taking It to Scale



Map to Inclusive Child Care National Institute

Child Care for All: Taking It to Scale Presenter List

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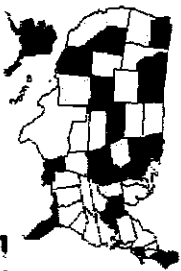
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Map to Inclusive Child Care National Institute

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