

MAP TO INCLUSIVE CHILD CARE

OUTCOMES FOR YEAR TWO



University of Connecticut
Health Center
Division of Child & Family Studies

The Outcomes Report, **MAP TO INCLUSIVE CHILD CARE**, Outcomes for Year Two, was developed by:

The Map to Inclusive Child Care Project
Division of Child and Family Studies
Department of Pediatrics
University of Connecticut Health Center
Exchange Building – Suite 262
263 Farmington Avenue
Farmington, CT 06030
Under a contract to Dale Borman Fink, Ph.D.

Contributors:

Phil Beamis
Margaret O'Hare
Frances Ortiz
Lynne Gelzer
Dr. Susan Gold
Deborah Russo
Colleen Cunningham
Dianna Constant
Lisa Eberle-Mayse
Bruce Atchison
Gerald Allen
Wendy Whipple
Deborah Lee

Janet McKeon
Steve Shuman
Carmen Velez
Madeleine Levin
Dr. Mark Gross
Carol Boyke
Linda Saterfield
Pat Snyder
Joy Oesterly
Cynthia Bruce
Keith Allred
Laura Giddings
Paul Noski

Millie O'Callaghan
Linna Irrizary
Joan Christopher
Sandra Smith
Lou Ann Long
Robert Brocken
Gwendolyn Brooks
Lynn Berry
Jennifer Roberts
Nancy Connor
Diane Branson
Tory Clarke Henderson
Karen Townsend

This report is funded as part of the Child Care Technical Assistance Network by the Child Care Bureau, Grant # 105-97-1601, Project Director, Mary Beth Bruder, Ph.D. and Project Coordinator, Jennifer Joy.

Outcomes of Map to Inclusive Child Care Project, Year Two

OUTCOMES OF THE CHILD CARE BUREAU'S MAP TO INCLUSIVE CHILD CARE PROJECT, YEAR TWO	2
INTRODUCTION TO THE CHILD CARE BUREAU'S MAP TO INCLUSIVE CHILD CARE PROJECT, YEAR TWO	1
INTRODUCTION TO THIS REPORT	3
"STATES" INCLUDES OTHER ENTITIES	3
OUTCOMES NOT SOLELY ATTRIBUTABLE TO "MAPS"	3
AN OVERVIEW OF THE CONTENTS	5
SECTION 1. "STATE EVENTS" IMPLEMENTED BY THE MAP TEAMS.....	6
TABLE 1: MAP-RELATED "STATE EVENTS"	6
SECTION 2. STATE PROFILES SUMMARIZING ACTIVITIES OF MAP AND OTHER INCLUSIVE CHILD CARE INITIATIVES ONGOING WITHIN PARTICIPATING STATES	7
MASSACHUSETTS (REGION I)	8
PUERTO RICO (REGION II).....	11
DISTRICT OF COLUMBIA (REGION III).....	13
FLORIDA (REGION IV).....	16
ILLINOIS (REGION V).....	20
LOUISIANA (REGION VI).....	23
MISSOURI (REGION VII).....	26
COLORADO (REGION VIII).....	29
NEVADA (REGION IX)	32
WASHINGTON (REGION X).....	35
SECTION 3. A THEMATIC VIEW OF PROJECT ACTIVITIES AND ONGOING STATE SUPPORTS FOR INCLUSIVE CHILD CARE	39
PUBLIC AWARENESS ACTIVITIES	39
TRAINING	39
ON-SITE TECHNICAL ASSISTANCE	40
DATA COLLECTION AND DISSEMINATION	41
PUBLIC POLICY	41
TABLE 2: A NUMERICAL OVERVIEW OF OUTCOMES OF THE MAP TO INCLUSIVE CHILD CARE PROJECT, YEAR TWO (1999-2000)	44
APPENDICES.....	45
APPENDIX 1. NOTES ON THE GATHERING OF INFORMATION FOR THIS REPORT	46
APPENDIX 2. LIST OF MAP TEAM MEMBERS INTERVIEWED FOR THIS REPORT	47

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 sites 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.

State Profiles

- 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.

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."

- 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."

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.

- 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.

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

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.

Dale Borman Fink, Ph.D.
Williamstown, Massachusetts
finkdale@sover.net
July 2000

APPENDICES

APPENDIX 2. LIST OF MAP TEAM MEMBERS INTERVIEWED FOR THIS REPORT

MASSACHUSETTS (REGION I)

Phil Beamis (on behalf of State Child Care administrator)
Director of Special Projects
Office of Child Care Services
Boston

Janet McKeon (on behalf of State Child Care administrator)
Director of Policy and Training
Office of Child Care Services
Boston

Millie O'Callaghan
Special Education Director
Whitman-Hanson Regional School District
Whitman

Margaret G. O'Hare (State Maps Liaison)
Office of Child Care Services
Boston

Steve Shuman
Deputy Unit Director, Home Visiting, Family Support, and Education
Department of Public Health
Boston

PUERTO RICO (REGION II)

Linna Irrizary
Coordinator/Leader
QIC-D of New York University for the Caribbean region
San Juan

Frances Ortiz (State Maps Liaison)
Interim Director, Puerto Rico Child Care and Development Program
Administracion de Familias y Ninos
San Juan

Carmen Velez
Director, Centro Desarrollo Infantil
San Juan

Appendices, Map to Inclusive Child Care Project, Year Two

DISTRICT OF COLUMBIA (REGION III)

Joan D. Christopher (State Maps Liaison)
Part C coordinator, DC Early Intervention Program
Office of Early Childhood Development
Washington, DC

Lynne Gelzer
Director, Early Childhood Community Programs
Lt. Joseph P. Kennedy Institute
Washington, DC

Madeleine Levin
Technical Assistance Specialist
Georgetown University Child Development Center
Region III Disabilities Services Quality Improvement Center
Washington, DC

Sandra Smith
Early Intervention Specialist
Office of Early Childhood Development
Washington, DC

FLORIDA (REGION IV)

Dr. Susan Gold
Assistant Professor, Mailman Center for Child Development
University of Miami
Miami

Dr. Mark Gross
Vice President, Program and Research Development
Family Central, Inc.
N. Lauderdale

Lou Ann Long (State Maps Liaison)
Director, Florida Directory of Early Childhood Services
Florida Children's Forum
Tallahassee

Deborah Russo (State Child Care Administrator)
Director, Child Care Services
Department of children and Families
Tallahassee

Appendices, Map to Inclusive Child Care Project, Year Two

ILLINOIS (REGION V)

Carol Boyke (Parent)
Child and Family Connections
Westchester

Robert Brocken (State Maps Liaison)
Program Development, Bureau of Child Care and Development
Illinois Department of Human Services
Springfield

Colleen Cunningham
Part C Program Operations
Bureau of Early Intervention
Illinois Department of Human Services
Springfield

Linda Saterfield (State Child Care Administrator)
Chief, Bureau of Child Care and Development
Illinois Department of Human Services
Springfield

LOUISIANA (REGION VI)

Gwendolyn D. Brooks (State Maps Liaison and State Child Care
Administrator)
Director, Child Care Assistance Program, Office of Family Support
Department of Social Services
Baton Rouge

Dianna T. Constant
Agenda for Children/Child Care Resources
Thibodaux

Pat Snyder
LSU Medical Center University Affiliated Program
New Orleans

Appendices, Map to Inclusive Child Care Project, Year Two

MISSOURI (REGION VII)

Lynn Berry
Independent consultant
(Formerly inclusion coordinator, Child Day Care Association)
St. Louis

Lisa Eberle-Mayse
Childgarden School
St. Louis

Joy Oesterly (State Maps Liaison)
Missouri Department of Health
Jefferson City

Jennifer Roberts
Program Development Specialist
Division of Family Services
Jefferson City

COLORADO (REGION VIII)

Bruce Atchison
Vice President, Colorado Children's Campaign
Denver

Cynthia Bruce (State Maps Liaison)
Division of Child Care
Colorado Department of Human Services
Denver

Nancy Connor
Program Manager, Children & Family Services
Colorado Developmental Disabilities Services
Denver

Appendices, Map to Inclusive Child Care Project, Year Two

NEVADA (REGION IX)

Gerald Allen (State Child Care Administrator)
State Children Care Coordinator, CCDF
Welfare Division
Carson City

Keith Allred
Early Childhood Special Education
Nevada Department of Education
Las Vegas

Diane Branson
Early Intervention Partners Project
Special Children's Clinic
Reno

Wendy Whipple (State Maps Liaison)
Part C coordinator, Community Connections
Nevada Department of Human Resources
Reno

WASHINGTON (REGION X)

Laura Giddings
Program Services Coordinator
Washington State Child Care Resource & Referral Network
Tacoma

Tory Henderson (State Maps Liaison)
Developmental Disabilities Council
Olympia

Deborah Lee
Office of Children with Special Health Care Needs
Washington Department of Health
Olympia

Paul Noski (on behalf of State Child Care administrator)
Office of Child Care Policy
Department of Social and Health Services
Olympia

Karen Townsend
Volunteers of America Child Care Resource and Referral
Everett