

# **INCLUSIVE CHILD CARE INVENTORY PROJECT REPORT**

**Activities,  
Findings,  
Themes,  
Recommendations**

The Inclusive Child Care Inventory Project was conducted by the Inclusive Child Care Program of the Oregon Council on Developmental Disabilities with guidance from the Inclusive Child Care Committee and funding by the Oregon Employment Department Child Care Division through the federal Child Care and Development Fund.

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# **INCLUSIVE CHILD CARE INVENTORY PROJECT REPORT October 2006 – June 2008**

## **1. INTRODUCTION**

The Inclusive Child Care Inventory Project was initiated to develop and share statewide information to support child care for children with disabilities, emotional or behavioral challenges, and special health care needs.

The Inventory Project was designed to meet the following three objectives:

1. Provide easily accessible information in print and electronic formats. The information will be used to connect parents, child care providers and others to helpful community-specific resources;
2. Assist statewide planning by drawing on information from children, parents, child care providers and communities to identify key issues, existing resources and unmet needs; and
3. Provide current data; such as numbers of Oregon children with disabilities in child care.

The Inclusive Child Care Program (ICCP) of the Oregon Council on Developmental Disabilities coordinated the Inventory Project with support from the Oregon Child Care Division. The Oregon Inclusive Child Care Committee, a subcommittee of the Childhood Care and Education Coordinating Council, advised the project. An Inventory Project Work Group guided and assisted ICCP staff with the activities.

The project's activities included:

- Interviews with service providers and key informants;
- Community meetings attended by parents, child care providers and others;
- Parent and provider surveys;
- Inclusion resource database development; and,
- Review of data related to target children in child care.

This report describes information obtained through the Inventory activities. The project work group and partners used this information to develop preliminary recommendations for improved access to care for children and youth with special needs. Appendices, additional tables, and other detailed background information for the report are available upon request.

## **Caring Communities Model**

The Inventory Project used the Oregon Inclusive Child Care Committee’s “Caring Community” model as a framework to identify existing resources and unmet needs. The Caring Community model consists of the following:

- A Caring Community is one that recognizes the importance of quality child care for *all children* who need care.
- A Caring Community recognizes that six elements must be in place so that all families are able to find and keep quality child care—whatever the abilities and needs of their children. These elements are:
  1. ***Finding care:*** Parents are able to locate quality, affordable, inclusive child care, even if their child has higher or complex needs, or is perceived to have higher needs.
  2. ***Provider training:*** Child care providers and parents have access to training on inclusion values, attitudes, practices and skills. Inclusion training is available for new and experienced providers.
  3. ***Individualized supports:*** Child care providers have access to information, consultation, technical assistance and specific training to help them meet each child’s individual needs.
  4. ***Financial assistance:*** Parents have help paying for child care when costs are higher because a child needs accommodations, assistance with accessibility or highly specialized care.
  5. ***Community collaboration:*** There are ongoing connections and coordination among people, programs and organizations that support inclusive child care.
  6. ***Awareness and commitment:*** The community is committed to identifying and overcoming barriers to accessible, inclusive child care. The community demonstrates its awareness and commitment to inclusive child care by:
    - a) Ensuring that parents of children with special needs are active participants in community child care planning;
    - b) Including issues of all children and youth, birth through school age, in planning for community child care and out of school time resources;
    - c) Including child care for children with special needs on local planning committee agendas and within local planning processes; and
    - d) Ensuring that child care providers can find information in the community that will support care for children with diverse abilities and needs.

This report will address information on these six elements.

## **Definitions**

The Inventory Project Work Group developed the following definitions for use throughout the Project.

***Children with special needs*** means children or youth, infant to age 18, who have disabilities, special health care needs, or challenging behaviors and for whom extra support may be needed in order to be included in a child care or out-of-school time setting. [See note\*]

***Inclusion*** means children and youth with and without special needs being together in child care or out-of-school time programs. An inclusive program ensures that:

- 1) The setting and its services are accessible to children and youth with special needs, and to their families.
- 2) The program makes respectful, individualized accommodations to ensure that all children and youth participate fully in the program's routines, activities and benefits.

***Access*** means the opportunity for children and youth to use a child care or out-of-school time program or facility. Families, children and youth have access to resources **only** when:

- These programs exist in the community;
- Programs are willing and able to serve the child or youth;
- Families, children and youth meet eligibility categories (age, income, etc.); and,
- There are no serious barriers, such as distance, transportation or cost.

*\* While we are using the phrase "special needs" for this project we acknowledge that the children and youth we are attempting to better serve have normal needs, just as everyone has an array of abilities and needs. We also believe that using a commonly understood term at this time will provide a greater understanding of the children and youth we are discussing.*

## **2. INVENTORY PROJECT ACTIVITIES**

Over 600 people contributed by participation in community meetings, individual and group interviews, or surveys. These participants represented all parts of Oregon.

### **INTERVIEWS:**

Three target groups were interviewed: 1) service providers, 2) staff of state funded child care resource and referral programs, and, 3) key informants. Service providers were associated with specific programs related to child care for children and youth with special needs. Key informants were individuals who had background or involvement with the child care, disability, mental health or other systems related to care for children with special needs. They represented higher education, Child Care Division, Child Welfare, Department of Human Services child care subsidy program, community mental health, and other areas.

Service providers and child care resource and referral program staff were asked how their services supported child care for children and youth with special needs. All interviewees were asked about other services in their communities that also supported inclusive child care. The services were categorized within the Caring Communities elements described above.

All interviewees were also asked to share their perspectives on:

- 1) Elements that that make inclusive care work
- 2) Barriers to inclusive child care, and
- 3) What is needed to improve access to child care for children and youth with special needs?

A total of 52 interviews were conducted in person or by phone during January – April 2007. Several of these interviews involved more than one person (i.e.; groups of CCR&R staff, local early childhood committees, etc.), so a total of 78 people participated in the interviews. The interviews were conducted by ICCP staff and a student intern from the Portland State University Graduate School of Social Work.

### **COMMUNITY MEETINGS:**

Five community meetings were held during March and April 2007. Eighty-nine individuals participated in the meetings. These included parents of children with special needs, child care providers, service providers and interested community members. The local child care resource and referral program in each community assisted with logistics and publicity.

Topics for each meeting included: “What’s working?”, “What are the issues or barriers?” and “What’s needed?” The Caring Communities elements were used as a framework for each meeting discussion. ICCP staff conducted interviews with at least one local contact before each meeting. This provided some advance knowledge of the local community’s resources and issues.



Locations, dates and number of attendees for each community meeting were as follows:

<b>Date</b>	<b>Location</b>	<b># Participants</b>
March 13, 2007	Medford	36
March 14, 2007	Redmond	24
March 19, 2007	Baker City	7
April 5, 2007	Milwaukie	15
April 10, 2007	Tillamook	7

### **PARENT AND PROVIDER SURVEYS:**

Two surveys were designed by ICCP staff and the Inventory Project Work Group: one survey for parents of children and youth with special needs, the other survey for child care providers. Both surveys were posted on an internet based survey site (Survey Monkey). They were also made available by email and in print form. Project partners helped to publicize and distribute the surveys. By mid July 160 parents (from 23 counties) and 319 child care providers (from 22 counties) responded to the surveys.

### **INCLUSIVE CHILD CARE RESOURCE DATABASE:**

Information on resources that support inclusive child care was compiled throughout each of the project activities. Additional resource information was gathered through contacts with multiple partners. This resource information is now available on a new Inclusive Child Care Resources site on Disability Compass, a web-based searchable database.

The Inclusive Child Care Resources link appears on the Disability Compass home page. The database can be used by families, child care providers and others to locate an array of resources. Users can search by resource categories, and by county and/or statewide. A set of FAQs, or Frequently Asked Questions, help guide the user's search. Additional "search and save" features offered by Disability Compass allow users to save personal lists of resources to "My Compass" pages.

ICCP staff will continue to gather information on resources and add these to this database on an ongoing basis.

### 3. CHILDREN WITH SPECIAL NEEDS IN CHILD CARE

A literature search conducted for the Inventory found no research showing numbers of Oregon children with special needs in child care. Estimates were obtained by comparing types of data: 1) estimates of Oregon children in paid child care; and, 2) estimated numbers of Oregon children who have disabilities, emotional/behavioral disorders, or special health care needs.

The Oregon Child Care Research Partnership's (CCRP) 2007 study, *Child Care and Education in Oregon and Its Counties: 2004* was used for information on children aged birth to 12 years of age in paid child care.

Data from Portland State University Population Research Center's *2007 Oregon Population Report* was used to estimate numbers of children for each year of age. This allowed child care data to be compared with prevalence data when the two sources used different age clusters.

Estimates for numbers of children with special needs were based upon the following:

- **Young children with significant developmental delays:** This estimated used Oregon Department of Education data on children receiving Early Intervention/Early Childhood Special Education services on December 3, 2007. Those children with speech/language disorders as the primary developmental delay were not included in the estimate. It is assumed that those children require little or no accommodation or support in a child care setting.
- **Children with developmental disabilities:** The University of Minnesota's Institute on Community Integration data was used for this estimate. These figures have been used for other planning purposes in Oregon. The study found 3.9% of children birth through 5, and 3.1% of children and youth 6 through 17 years of age, met criteria for having developmental disabilities. Examples of developmental disabilities include mental retardation, cerebral palsy, and autism. Children with other conditions, such as traumatic brain injury, are sometimes included within the definition of developmental disability.
- **Children with mental health needs:** Estimates for these children were based on the 2003 Washington State Department of Social and Health Services report to the state legislature found that 7% of the state's children and youth experienced serious emotional or behavioral disorders. These were defined as children and youth "from birth to age 18 who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R, that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school or community activities."
- **Children with special health care needs:** The National Survey of Children with Special Health Care Needs, published in 2006 by the federal Maternal and Child Health Bureau, Department of Health and Human Services, provided the source for this estimate. The survey reports on children who "have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and...also require health and related services of a type or amount beyond that required by children generally."

- Children and youth 12 to 18 years of age:** This estimate used the Child Care Research Partnership report's data on employed parents and the University of Minnesota data cited above. There are an estimated 4,609 Oregon youth (3.1%) aged 12 to 17 with developmental disabilities. No studies were found that showed the numbers of young people over age 12 needing paid care and supervision. The need is indicated by the approximately 60% of families that have a single employed parent or two employed parents. If 60% of families having a youth with developmental disabilities are in this category, it can be estimated that 2,765 Oregon young people need care and supervision while their parents are employed.

The following table shows estimates of Oregon children with special needs in paid child care obtained by applying child care data to prevalence data.

Children in Paid Child Care			Estimated # Children with Special Needs in Paid Child Care		
Age	% Children in paid child care	# Children in paid child care	With developmental disabilities	With diagnosed mental health needs	With special health care needs
Birth to 4	30%	33,810	1,684 *	2,367	2,400
5 to 9	27%	31,434	1,025	2,200	4,495
9 to 12	20%	4,979	916	349	886
12 to 18	Not available	Not available	2,765	Not available	Not available
<b>TOTAL</b>		70,223	6,390	4,916	7,781

\*In Oregon, children under 5 may be identified as having significant developmental delay rather than developmental disability. The number reported here are those receiving Early Intervention/Early Childhood Special Education services not including those with only a speech/language delay.

Some children with special needs have more than one presenting issue or diagnosis. A total of all 3 columns of children with special needs in child care may overestimate the number of children actually in care. One the other hand, it must also be noted that the figures shown above do not include children with significant behavioral challenges who are not diagnosed or are not receiving services, nor those over 12 requiring care for other than reason of developmental delay.

## 4. PROJECT FINDINGS

### Findings on Caring Community Questions

The Inventory Project Work Group developed a series of questions around the Caring Community elements to help guide information gathering. These same questions will be used as the framework for reporting findings from the Inventory Project.

#### **FINDING CARE**

Finding child care for parents of children with special needs continues to be a major challenge. Over half (60%) of the 160 parents completing the survey did not currently have their children or youth in child care. Of these parents:

- 73% have had difficulty finding child care due to child's disability or special needs.
- 53% have chosen not to work or pursue further education due to these difficulties. And,
- 49% have or perceived to have had child care services refused due to their child's disability or special needs.

Participants in project meetings and interviews reported that the supply of child care providers willing and able to provide safe, appropriate care for children and youth with special needs is not sufficient to meet the demand for this care. They noted that care is especially difficult to find for:

- Children or youth aged 12 and older
- Children or youth with serious behavioral issues
- Children or youth with complex medical issues
- Children or youth with multiple disabilities
- Infants with special needs
- Children needing care after school and during non-school days, and
- Children needing part time and/or odd hour care.

Provider survey responses showed that there are child care providers with experience caring for children and youth who have special needs:

- Over half (54%) of the child care provider respondents were currently providing care for one or more children with special needs.
- Over three quarters of provider respondents (78%) were currently caring for a child with special needs or had done so in the past.
- Providers identified "No one has requested it" as the most common reason (78%) they are not currently providing care for children with special needs.

Even though the majority of provider respondents indicated experience caring for children with special needs, parent survey responses indicated that parents often struggle to connect with child care providers in their communities who are qualified and available.

## **Responses to questions on Finding Care:**

### *In your community, how do parents find child care?*

Parents of children and youth with special needs use a variety of resources in their search for child care. Survey results, interviews and community meeting discussions suggest that parents most often use, and have most success with, the informal systems of friends, families, and other parents.

Two types of formal local programs for finding child care were most commonly identified in community meetings and interviews:

- Child care resource and referral programs (CCR&R), and
- Respite care programs.

The following do not typically offer formal provider referral programs, but were frequently mentioned as helpful in finding child care:

- Early Intervention/Early Childhood Special Education (EI/ECSE) service providers
- County developmental disability case managers
- School staff, and
- Parent support groups.

The parent survey included this question: “What resources have you used to find child care and how helpful has it been?” The top responses to this question, based on number who had used this resource were:

- Friends and family
- School staff
- Child care resource and referral, and
- Developmental Disabilities caseworker.

Parents are using a variety of different resources, but few seem to be consistently helpful. Of the twelve options listed in the parent survey only two received an overall average ranking of “Somewhat helpful.” These two were:

- Friends and family, and
- Other parents

Most of the other resources identified in the survey had average ranking in the “not much help” range, with a few averaging “no help”. Child care resource and referral was only ranked “somewhat helpful” or higher by 39% of those using them to find child care.

### *Does your community have a way of identifying child care providers that have specific training, skills or experience that will help them serve children with disabilities?*

The database of child care providers used by local child care resource and referral programs includes information on child care provider experience and training. This information is self-reported by the provider and may only be updated once a year. During interviews some child care resource and referral staff said that training and experience headings are too broad to be of good use for referrals to parents.

A limited number of CCR&R's offer enhanced referrals for parents of children and youth with special needs. This means that CCR&R staff call a provider to determine if the provider has openings and/or the ability to meet the specific needs of the child. The call is made before passing that referral on to the parent. CCR&R's do not receive additional funding for this extra service although they require additional time and effort on the part of the staff.

Some parents participating in project activities recommended that there be a directory of "special needs friendly" child care providers. They said that this would make their search easier and more efficient. Other participants expressed concern that providers not on the directory would not be expected to care for children with special needs. There was also concern expressed that this might detract from capacity building for all providers.

*Are there resources that help parents find other kinds of care for children with disabilities (for example: respite care, after school or summer programs). If so, what are these resources?*

Each Oregon county is served by a Lifespan Respite Care program. These programs list and refer providers who offer short-term care for occasional relief to parents, spouses and other family caregivers. As the survey results indicated, respite programs are limited in their ability to find ongoing child care for parents. These programs typically list providers offering short-term relief care, rather than ongoing, daily child care. In addition, funding sources tend to separate respite care and child care. Most respite care funding cannot be used for daily, employment-related child care. Child care subsidies typically must be used while parents are employed or are participating in education or training programs.

Three Oregon communities house CCR&R and Lifespan Respite Care within the same agency. These three programs serve Coos and Curry Counties, Linn and Benton Counties, and Lincoln County. This combination presents opportunities for responding to families' short-term respite care needs as well as more ongoing employment-related child care needs.

Out of school time care (after or before school and during the summer) is still difficult for parents to find. CCR&R's list afterschool programs. In some communities schools maintain list of providers. In a few communities (Bend, Eugene and Portland) inclusive supports are offered by the city parks and recreation program to make camps, sports and other activities available as out of school time care options for children and youth with special needs.

*Are there ways to help parents know the quality of child care settings?*

At this writing, there are not systematic ways for parents to get a quality rating or outside evaluation of quality for a child care setting. There are two projects currently underway that will increase the ability of parents to obtain this type of information. One is focused on quality indicators in child care, the other on quality enhancement in child care.

CCR&R interviewees reported that the most effective strategies for parents to learn about the quality of child care settings are: 1) parent visits to prospective child care providers, and 2) parent education on things to look for in a quality child care setting. All CCR&R'S offer parent education both in print and in phone consultation. Some interviewees said that this helped parents know what to look for during the initial visit, making the combination of education and visits the best approach.

## **PROVIDER TRAINING**

Throughout all Inventory activities, parents, child care providers and others identified that the need for more trained providers as a priority need. There was also strong interest in an increased number of quality training opportunities . A majority of providers completing the survey described training as one of the things they needed to “be able to serve or better serve a child with special needs.”

Providers have some resources to help find trainings in their area. All of the state funded CCR&R’s publish provider newsletters offering information on provider trainings. The CCR&R’s and several other organization post their trainings on the online Oregon Child Care Training Calendar. Community Colleges also have websites that list their current classes and workshops. The Inclusive Child Care Resources database on Disability Compass lists some trainings and links to the Training Calendar.

### **Responses to questions on Provider Training**

#### **Do child care providers and parents have access to local training on inclusion values, attitudes, practices and skills?**

Trainings related to care of children with special needs in child care are occasionally offered in communities, most often through CCR&R’s. The most frequent training topics in this area relate to caring for children with challenging behaviors. Other training topics have included the following:

- General inclusion values and practices
- Partnering with parents
- Understanding and coordinating with agencies and programs serving children with special needs.

The frequency of trainings that support inclusive care varies from community to community. Searches of the Child Care Training Calendar can locate 2-10 relevant trainings in a given month. Interviews and community meetings indicate that these trainings are available on a more regular basis in the major metropolitan areas of the state.

#### **Please give examples of the kinds of inclusion training available in your area.**

Oregon has two inclusion-focused standardized trainings available to child care providers :TRAC and Opening Doors.

The TRAC (Teaching Research Assistance to Child Care Providers) curriculum was developed by Western Oregon University’s Teaching Research Early Childhood and Training Department. The curriculum is based on quality, developmentally appropriate child care and education practice. Inclusion is addressed in each of the five modules.

The Partnerships for Inclusive Child Care and Education (PICCE) Project. This project, now in its third cohort, supports community TRAC trainings and follow up supports to trainees, as well as technical assistance and support to trainers. The project is funded by the Oregon Child Care Division and the Oregon Commission on Children and Families. It is coordinated by the Inclusive Child Care Program. As this writing, there are six PICCE Project sites serving 14 counties. Three additional sites, serving 7 new counties, are expected to join the project during July 2008.

The Opening Doors curriculum focuses on inclusion in out of school time settings, including child care, before/after school programs, and recreation programs. It is drawn from the curriculum developed by KIT (Kids Included Together), a national organization based in San Diego. At this writing, there is no funding source or established infrastructure to make Opening Doors trainings available throughout Oregon.

TRAC and Opening Doors offer different models for inclusion training. TRAC is more time-intensive and so used by a smaller number of providers. The four Opening Doors modules available in Oregon can be offered in a one-day training. Relative to TRAC, this allows more providers to participate.

Inclusion is being integrated into other child care provider trainings. CCR&R programs include information related to children with special needs in their introductory Provider Orientation trainings for those wishing to become registered family child care providers. Provider organizations, including the Oregon Association for the Education of Young Children and the Provider Resource Organization, also offer one or more workshops on inclusion at their annual conferences.

Inventory informants reported that inclusion-related trainings are sometimes poorly attended. They suggested that competition with other trainings needed by child care providers might be a factor. An additional factor may be the way trainings are structured. Trainings that do not accommodate child care provider schedules and other needs are less likely to be well-attended. Provider surveys and interviews showed that providers are interested in various modes of training, as indicated by the 40% interested in online classes.

In sum, the Inventory activities found the following to be true regarding inclusive child care training:

- There are pockets of inclusion training taking place.
- There is no inclusion training that is offered on a statewide basis.
- Providers have a way to find training through web-based sites and newsletters, most frequently through CCR&R's. And,
- The TRAC and Opening Doors inclusion curricula are available in Oregon. Both are perceived to be of high quality and are well-received by child care providers. TRAC trainings have been available in over half of Oregon counties through the PICCE Project. This high quality training targets providers able to make a significant time commitment. There is as yet no infrastructure support for Opening Doors.

*Do child care providers have access to other types of training that might help them care for children with disabilities? Please give examples.*

This question was intended to identify training opportunities that support care for children with special needs, but that may not be associated with child care. These include disability-specific topics or issues, such as autism or challenging behaviors. One survey question asked providers, "What would help you to be able to serve or better serve children with special needs?" 54% of respondents identified training on specific disabilities, while 48% said more general training on caring for children with special needs.



Inventory Project activities identified a variety of training resources that were or could be available to child care providers. These included the following:

- Training on mental health issues or challenging behaviors through local projects funded by the Oregon Children’s Plan or State Quality Improvement Grant projects,
- Head Start trainings,
- Early Intervention/Early Childhood Special Education programs,
- Foster parent trainings
- Trainings offered by disability-specific organizations, such as local Arc’s,
- Respite care programs,
- Community schools,
- Individual mental health and health providers, both private and through community agencies.

Trainings offered by these sources often matched topics commonly noted as helpful by child care providers. This was especially true for trainings related to specific disabilities and those focused on children with behavioral/emotional disorders.

It is proving to be difficult to maintain complete and current information on trainings outside the child care arena. Few of these “other” sources offer training statewide. Many of the trainings were one-time only. Limited connections between the sources of training and the child care community sometimes meant that child care providers were not aware of training opportunities. During an interview a state child welfare person noted that foster parent trainings are one example of this. Connections are possible and promising. In one community meeting staff from the county’s developmental disabilities program and from the CCR&R first learned that training each offered could be beneficial to the other.

## **INDIVIDUALIZED SUPPORTS**

Individualized supports for child care providers was identified as an important need in all of the community meetings, most of the interviews, and by over a third of the providers completing the Provider Survey. This was generally described as consultation, but support can take a variety of forms, such as mentoring. On the provider survey,

- 32% were interested in onsite consultations,
- 38% in phone consultations,
- 27% in mentoring,
- 36% said written materials would help them to serve or better serve children with special needs.)

### **Responses to questions on Individual Supports**

*Do child care providers have access to information about meeting an individual child's needs in child care? Please provide examples.*

Individualized supports identified through Inventory activities fell into three categories:

- 1) Consultation programs offered through CCR&R's;
- 2) Specialists who are working with the child offering information and consultation specific to that child's care, such as an Early Intervention/Early Childhood Special Education specialist
- 3) Consultation services offered by a mental health or disability-related program.

CCR&R programs offer telephone and onsite consultations by CCR&R staff with expertise in a variety of child care related issues. Some CCR&R's also provide mentors with backgrounds in care for children with special needs.

Six counties are served by Child Care Health Consultation projects. These projects offer consultation to providers on an array of child health and mental health related issues. The projects are coordinated by, or in partnership with, local CCR&R's.

The provider survey asked about individual consultation. The list below shows the most frequently used consultation sources.

EI/ECSE Specialists	74%
Parents	58%
Mental Health Professionals	34%
Health Care Professionals	29%
Occupational or Physical therapists	34%
School Staff	25%
CCR&R staff	21%
Child Care Health Consultants	20%

Communication between a child care provider and a child's other service providers was frequently identified as an effective strategy that made a positive impact for the provider and the child in care.

Yet Inventory activities found that many providers and service providers are unaware that this type of mutual consultation is a possibility.

There are mental health agencies offering individualized consultation to child care providers. For those identified, access by providers was limited by target groups (such as specific centers) or a child's eligibility for the agency's services. Morrison Child and Family Services in Multnomah County provided an example of an agency-based consultation program. Services are provided to clients of specific child care and Head Start programs under mutual partner agreements. Morrison mental health professionals offer training and consultation on general mental health issues to child care centers and Head Start teachers, and may consult about specific children. The Old Mill Center in Benton County also offers consultation and technical assistance to child care providers. Generally, children must meet eligibility for behavioral health services from the Center.

Provider survey results seemed to indicate that providers are more likely to use a specialist who knows a child in care, relative to a more general consultation program. For example, 74% of surveyed providers said they used consultation from a child's EI/ECSE specialists, compared to 20.5% said they used a CCR&R consultation program. This may suggest that there are preferences for consultation from someone familiar with a specific child in care, or it may just reflect that EI/ECSE programs are statewide. Still, CCRR-based consultation projects were consistently reported to be helpful to providers. The Child Care Health Consultation model has been formally evaluated and found to have positive outcomes.

A number of private practice specialists were contacted to gather information for the Inclusive Child Care Resources database. While many said they were willing to offer consultation to child care providers, it proved to be a challenge to identify those that have experience working with child care providers and that would offer their services as a cost affordable to providers and/or families.

In sum, both types of consultation—from a specialist who knows the child and from a more general consultant—were seen as filling particular types of support need. Inventory interviews and community meetings indicated that, while individual consultation is needed, it is not readily available statewide.

## **FINANCIAL ASSISTANCE**

Higher costs of care for children requiring a significantly higher or more complex level of care was repeatedly identified as a serious concern and as a barrier to accessible care. This issue, especially as it relates to the extra time and effort required by the child care provider or lower adult/child ratios in child care settings, was raised at all of the community meetings and by most of the interviewees.

On the Provider Survey:

- In response to the question: “What would help you to serve or better serve children with special needs?,” 55% identified higher payment rates to meet individual child’s needs as the number one need.
- When asked about their concerns regarding caring for children with special needs, providers most frequently identified time and attention that a child with special needs might require.

### **Responses to questions on Financial Assistance**

*For some children with disabilities, safe and appropriate child care may involve higher costs. What kinds of support are in place to help parents meet higher costs when extra support or accommodations are required?*

The Inventory Project focused on child care that is needed on an ongoing basis, typically for employment or student parents. Project activities identified two sources of assistance to meet higher costs for this type of care. The first was the Oregon Department of Human Services (DHS) Child Care Program. This is the state child care subsidy program for low income working parents and for parents involved in self-sufficiency activities through the Department’s TANF or JOBS programs or receiving child care assistance through Employment Related Day Care (ERDC). The DHS program pays child care providers at established rates determined by the child’s age, type of care, and area of the state. This includes a special needs rate. For children with exceptionally complex needs there is a “High Need Rate.” This is determined individually for each child based on a standard assessment.

The Child Care Division (CCD) Targeted Population program provides a supplemental child care subsidy for lower income working families who have children with higher level needs . The subsidy does not offset the parent payment. It is intended to only support costs that go beyond a provider’s customary fee. This CCD subsidy is administered by the Inclusive Child Care Program of the Oregon Council on Developmental Disabilities.

The DHS High Needs rate and the CCD supplemental are limited to families who meet income and employment or student eligibility. Income must be within 185% of poverty level for ERDC, lower for those families in the TANF or JOBS programs, and less than 85% of the state’s median income for the CCD subsidy. As a result, the majority of Oregon families are not eligible for either of the programs.

### How do parents find out about available supports for higher costs?

Reports at community meetings and in comments section of survey results indicate that parents learn about child care subsidies through:

- Child care resource and referral programs
- Child care providers
- County developmental disability programs
- EI/ECSE staff
- Parent advocacy and support groups, and
- Friends.

Interviews, community meeting discussions and parent survey comments identified the need for more efforts to inform parents about child care subsidies that may be available to them.

### What are the resources available in your community to assist a provider to:

- meet the costs of making their settings more accessible?
- meet costs or accommodations or supports for individual children?
- offer inclusive care?

Staff of only one local CCR&R program (Multnomah County) said that the program offered funds to assist providers in meeting the costs of making their settings more accessible to children with special needs.

In several counties local Commissions on Children and Families have offered mini-grants to child care providers to help them make program improvements. These could include physical adaptations for accessibility. Interviews indicated that the grants are available only during limited times and that many child care providers do not know about the funds.

There are tax advantages for providers who invest in making physical adaptations to their child care settings. Information on these tax breaks is available through the IRS, but the tax breaks did not seem to be widely known in the child care community.

## **COMMUNITY COLLABORATION**

### **Responses to questions on Community Collaboration**

#### **How are individuals, programs and organizations in your community working together to support inclusive child care?**

Community meetings and interviews identified community partnerships in many parts of Oregon. The most frequently identified partners were Commissions on Children and Families, Child Care Resource and Referral programs, and Local Interagency Coordinating Councils (LICC). LICC's advise community Early Intervention/Early Childhood Special Education (EI/ECSE) programs.

Project participants identified a large list of agencies, organizations and individuals, apart from the three listed above, taking part in joint efforts. These tended to be community-specific, and included child care provider organizations, parent organizations, county health departments, EI/ECSE programs, community colleges, USDA child care food programs, relief nurseries, Easter Seals and individuals.

Two projects supported by Oregon's Child Care Division offered specific examples of community coordination. The PICCE (Partnerships for Inclusive Child Care and Education) Project, described under the provider training section, involves state and community partners working together to bring inclusive child care training and support to child care and education providers. The Child Care Health Consultation Demonstration Program supports health and mental health consultation to child care providers in six participating counties. This project also involves multiple community partners to develop and sustain consultation services.

These two projects show that community collaboration will coalesce around a funded project. This offers a focus and direction to shared activities. Having a specific project also provides a locus to which new partners can connect.

**What is working well?** In community meetings and interviews participants identified what they thought was working well in their communities. All cited partnerships with a variety of community organizations and individuals. Key factors in successful partnerships were funding and commitment by partners.

## **AWARENESS AND COMMITMENT TO INCLUSIVE CHILD CARE**

### **Responses to questions on Awareness and Commitment**

#### **Are parents of children with disabilities active participants in community child care planning?**

About half of the participants (45 out of 89) in the Inventory community meetings were parents of children with special needs. Of the parents completing the Parent Survey, 22 said that they were involved in community planning on child care issues. Some work in the field; others said that they were working on local committees, support groups or advocacy groups.

### **Unanswered questions on Awareness and Commitment**

Two additional questions were not specifically addressed by Inventory Project activities:

- **Does child care planning include inclusive care for children and youth, birth through school age?**
- **Is inclusive child care for children and youth with disabilities included on local planning committee agendas and with local planning processes?**

Examining these would be a complementary next step, especially as information from the Inventory is used to guide community planning.

## **5. THEMES and RECOMMENDATIONS**

In reviewing the information gathered through the Inclusive Child Care Inventory Project it was apparent that some issues identified by previous community input activities and research based studies on inclusion were still relevant and in need of remedy. These included:

- Inclusive child care is often difficult to find.
- Providers are offering inclusive child care.
- There are resources out there that support inclusive child care.
- Inclusive child care works!

On the following pages are themes from issues and needs repeatedly raised or highlighted during project meetings, interviews, work group discussions, and results of the parent and provider surveys. A few of the themes reflect the gaps that became apparent when gathering together resource information for the Inclusive Child Care Resources database. The themes are presented in the framework of the Caring Community elements.

Within this same framework are recommendations for future actions. Recommendations were initially drafted by Inclusive Child Care Program staff. They were then refined with guidance and input from the Inclusive Child Care Committee. Recommendations are based upon Inventory Project information, staff and committee, professional knowledge of relevant research, and information from ICCP day-to-day work with families and child care providers.



## **FINDING CARE**

### **Themes**

- Parents continue to struggle to find care.
- Sources for finding care considered most helpful by parents are informal: other parents or family and friends.
- Child Care Resource and Referral (CCR&R) programs are the primary formal community resource for finding child care. Many parents who have children with special needs do not see CCR&R as a helpful resource.
- The few CCR&R's that offered enhanced referrals for parents of children with special needs reported that this was an effective strategy.
- There are providers who have the skills and willingness to care for children with diverse abilities and needs. Parents may have a difficult time connecting with those providers when they need child care.

### **Recommendations**

- Provide support to CCR&R's for enhanced referrals for parents of children with special needs. Conduct a study of effectiveness of enhanced referrals.
- Provide ongoing training and information to CCR&R staff on strategies and practices that help in finding and supporting care for children with diverse abilities and needs.
- Increase parent education on CCR&R services.
- Increase parent education on indicators of quality child care.
- Increase supply of inclusive child care through provider training and consultations, recruitment, and other enhancements.

## **PROVIDER TRAINING**

### **Themes**

- Providers, parents and service providers see training as important to provider's being able to care for children with special needs.
- CCR&R's are the primary source of trainings on inclusive child care or related topics. There are pockets of inclusion training within the child care arena.
- There is no readily available, statewide inclusion training.
  - TRAC training is the most widely available inclusion curriculum. There is support for TRAC training, in 19 Oregon counties through the Partnerships for Inclusive Child Care and Education (PICCE) Project.
  - Opening Doors offers a good quality training curriculum. There is no financial or structural support for Opening Doors.
- Providers most frequently said that they need training on specific disabilities.
- There are relevant trainings outside the child care arena, but connections between the child care community and the sources of these trainings are limited or nonexistent.
- The Oregon Child Care Training Calendar, CCR&R's, Disability Compass, and Community Colleges offer web-based methods for finding trainings and classes relevant to care for children with special needs.

### **Recommendations**

- Provide financial and logistical support for trainers and providers.
- Provider financial support for follow-ups to training to increase actual change.
- Expand access to training on inclusion statewide.
- Incorporate inclusion skills and values into all child care provider trainings.
- Expand disability specific training opportunities through
  - Increased collaboration between State and local agencies and across systems regarding training opportunities.
  - Established informational connections between child care providers and trainings available outside the child care arena.

## **INDIVIDUALIZED SUPPORTS**

### **Themes**

- Individual consultation is frequently identified as an important support to care for children with special needs.
- Specialists who work with a child, and know the child's specific abilities and needs, are generally the most used source of individual support to child care providers. Child Care Health Consultation, CCR&R consultation and resource team programs, and consultation through mental health programs are used less often, but reasons for this are not clear and may be related to availability.
- Parents are identified as an important source of consultation.

### **Recommendations**

- Increase opportunities for specialists to offer individual support in child care through ongoing support of existing successful programs and expansion of these throughout the state.
- Recognize and support parents as consultants.
- Expand delivery of Early Intervention/Early Childhood Special Education services offered in child care settings.
- Expand access to professional specialists' (mental health, disability, health care, etc.) in child care settings, even when it is not mandated, especially for children aged 6 and older.
- Increase identification of professionals able to offer cost effective consultations to child care providers and/or individualized supports in a child care setting.

## **FINANCIAL ASSISTANCE**

### **Themes**

- Higher costs for accommodations or specialized care are frequently identified as a barrier to accessible care.
- Providers are concerned about the financial impact of extra time and attention required for a child with special needs and the potential cost of higher adult/child ratios.
- There are two sources of subsidies for higher cost care (Oregon Department of Human Services Child Care Program and Child Care Division's Targeted Populations Program). Both are income-based and must be used for employment or, in some cases, student child care. Consequently, the majority of Oregon parents are not eligible for financial assistance to help with higher costs.
- Access to financial support is tied to a subsidy for an individual child. There are few sources to proactively support a provider's ability to offer inclusive child care. When available, these are usually small, one-time grants, which are limited in amounts available and in times when funds can be requested. Further, it appears that providers do not always know of these few sources.

### **Recommendations**

- Provide support to parents and providers to assist with higher costs, (not income based eligibility), including help with training and individual supports.
- Continue and increase funding for existing High Needs subsidies.
- Increase funding available directly to providers to support inclusive practices.
- Expand outreach to parents and providers about financial assistance that is available through subsidies and other funding sources.

## **COMMUNITY COLLABORATION**

### **Themes**

- Some communities have good partnerships working to increase inclusive child care. These partnerships always include CCR&R, and often include provider organizations, the local Commission on Children and Families and/or Local Interagency Coordinating Council. The actual membership in the collaborative efforts varies from community to community.
- Community collaboration tends to coalesce around a specific project or funding sources (e.g.: PICCE, Child Care Health Consultation)
- Child care services are not sufficiently coordinated with other services children and families receive.

### **Recommendations**

- Ensure that parent, provider and consultants' child care issues are included in systems of care as they are built at state, community and individual levels.
- Fund projects that support/increase partnerships and build systems.
- Build/maintain ongoing connections between child care and other service providers.
- Increase information sharing on resources that support inclusive child care.

## **AWARENESS and COMMITMENT**

### **Themes**

- Parents and providers are interested and willing to participate in community planning.
- Fear continues to be a barrier to accessible child care for children with higher level needs (or perceived to have higher level needs).

### **Recommendations**

- Provide financial and logistical support for parents and providers to actively participate in community planning as meaningful and valued partners.
- Find cost effective ways to share inclusion success stories.



**Inclusive Child Care Inventory Project Report  
Detailed Information on Activities & Findings  
Available in these Appendices**

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Contact the Inclusive Child Care Program to request any of the above.  
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