

A shortage of available, affordable and quality child care continues to grow in this country in proportion to the growing number of mothers who are working outside the home. Consequently, the quest for quality child care continues for many parents, especially parents who have children with disabilities. Recently, a number of articles, chapters and books have been written on inclusive child care for children with disabilities (Bruder & Staff, 1998; Dinnebeil, McInerney, & Juchartz-Pendry, 1998; Kelly & Barnard, 1999; O'Brien, 1997; Warfield & Hauser-Cram, 1996). Most focus on the needs of young children, though the barriers to child care remain constant through school age (Fink, 1992). These barriers include the attitudes of child care providers, the lack of systemic training and technical assistance available to child care providers on children with disabilities, a lack of consultants available to assist children with disabilities succeed in the child care setting, and a lack of resources within child care programs to accommodate a child's individual needs (e.g., extra staff). While legislation for children with disabilities under the Americans with Disabilities Act prohibits exclusion from child care settings on the basis of disability, it has been documented that many families are unable to find and keep quality child care for their child with disabilities (Bruder, 1998; Conn-Powers, Hutter-Pishgahi, & Cross, 1999; Fink, 1991; Markos-Capps & Godfrey, 1999). As a result, families of children with disabilities who want or need to work out of the home are challenged to find accessible, affordable and appropriate care for their children (Fink, 1992). This growing need must be met in order to maximize the quality of life for families of children with disabilities.

In order to address these challenges, the Child Care Bureau, Administration on Children, Youth and Families, U.S. Department of Health and Human Services, funded a three year technical assistance model to assist states to improve and expand inclusive child care options for

children with disabilities (age 0-12) and their families. The purpose of this paper is to describe this project, building a MAP to Inclusive Child Care.

Model Description

The Map to Inclusive Child Care Project was a three year model development project funded by the Administration on Children, Youth and Families, Child Care Bureau, at the U.S. Department of Health and Human Services. During the three years, the Map Project worked with 29 states and 2 territories to facilitate a state specific strategic planning process. Table 1 contains a listing of these states. The states were chosen through a competitive application process (see Appendix A), the goal being that each year there would be at least one state chosen as a MAP state in each of the 10 Health and Human Services Regions in the country. Each state was asked to develop a team of 15 stakeholders that included families of young children with disabilities, child care providers, Part C early intervention staff, the state child care administrator, the state child care licensing administrator, the child care resource and referral agency, training representatives and others. Table 2 contains a listing of types of team members over the three years of the project.

Model Components

The MAPs model was composed of three components. Each will be described.

Strategic Planning

The framework of this model was built upon strategic planning. That is, each state participated in a sequence of activities focused on team building (for the 15 participants) and systems change (for state child care option). Strategic planning as a framework, it has been used

to guide both large and small organizations. A modified model of such planning was used in the MAPs project. The planning process was conducted over two days, and while the process was structured to insure consistency, each state individualized the time allocated to each strategic component. A description of these steps follows.

Values Scan. A team's values are expressed in everything it does. It was very important that everyone involved in the MAPs planning team had a thorough understanding of the values that guided both individual team members and their team as a whole. Since values are based on assumptions that individuals and groups make about the world and how it operates, the first exercise each team did was to identify each individual's values using index cards. Initially, each person was allowed to list out five values that were most important to them. The teams were then asked to systematically reduce these five to the two most important values that guided their life. After this was accomplished, a large group discussion occurred as to how values guided everyone's personal and professional life. The group was then asked to break into small groups of 2-3, and come to consensus on 5-10 values that should guide a system of inclusive child care in their state. The small groups then listed these, and the whole group was asked to group similar values into categories, and come to consensus on a value label that represented the categories. The categories usually numbered between 5-10.

Vision Statement. The teams were asked to break into small groups again (with different people than their values group) and generate a vision statement about inclusive child care that included all the agreed upon values, and finish the phrase, "Five years from now. . ." These small group visions were then presented to the whole group who then, by consensus, chose the one most descriptive of the collection vision. At times, a combination of visions were edited into one by the whole team. The team then watched a video on the power of vision

(Barker, 1993). They were then given time to discuss the video, and revisit the vision statement for adjustments.

Mission. The teams then used the vision to describe a one year mission for their team. This was a large group discussion during which time consensus was sought on a mission statement that was representative of what the team wanted to do to further inclusive child care in their state.

State Capacity. The members of the team were asked to identify the resources of the constituency they represented in the area of inclusive child care. The teams then made lists of the strengths they had as a state to meet their vision and mission, as well as their unmet needs.

Action Plan. The teams then identified priority goal areas, implementation objectives, resource allocations and evaluation strategies. At this time, team members usually broke up into groups representing goal areas to refine objectives and evaluation strategies. The whole group discussed each area to identify additional resources and evaluation issues. See Appendix B for state visions and missions.

Each state received individualized assistance from a project facilitator. There were four project facilitators, each of whom had experience in inclusive child care and technical assistance models. The facilitator was responsible for conducting the strategic planning process in each state and to provide follow-up consultation.

Follow-up

Each team received ongoing support via telephone, e-mail and at least one on-site visit from their facilitator. In particular, the facilitator focused on the implementation of one outcome for which additional federal funds were provided.

Annual Meeting

An annual meeting was held each year for all MAP team members. The meeting provided an opportunity for networking both across teams and within teams. The meeting was structured over two days and was comprised of keynote speakers, small group informational workshops, large group presentations of state plans and team meetings.

Evaluation

Each state that participated in the project completed the strategic planning process and at least one outcome. These are included in Appendix C. Table 3 contains information from two teams from each of the three years in regard to their vision, mission, objectives and one delivered outcome. While each team had very state specific outcomes, a number of categories of outcomes surfaced across all states. Table 4 contains a summary of sample outcomes within the major categories of public awareness training, on-site technical assistance, data collection and dissemination and public policy.

Discussion

Themes

The model that is described in this article proved successful for 29 state level teams as well as 2 teams from territories. The process of strategic planning by a group of state level stakeholders resulted in ownership of a vision, objectives and outcomes focused on increasing and improving inclusive child care opportunities for children with disabilities.

Table 1

Categories of Team Members

Position	Year 1	Year 2	Year 3	Overall
A. Families of children with disabilities who have been consumers of child care, or those representing them	32	20	28	80
B. State administrators from agencies involved with child care	45	25	35	105
C. Providers of early childhood, child care, and school age care or those representing them	46	21	23	90
D. Representatives of agencies or organizations that provide services to children with disabilities	17	23	44	84
E. Representatives from state resource and referral agency	24	11	19	54
F. Representatives of Head Start and Early Head Start	38	17	14	69
G. Representatives from a health child care state program	36	10	13	59
H. Representative from a training program or personnel preparation or University/Community College	20	13	24	57
I. State policy makers	7	1	6	14
J. Legislators	7	8	7	22
K. Others at the state's direction	0	9	14	23

Table 2

List of States that Participated in the MAPs Project

Year 1	Year2	Year 3
California	Colorado	Alaska
Indiana	District of Columbia	Arizona
Iowa	Florida	Connecticut
Maryland	Illinois	Maine
New Jersey	Louisiana	Minnesota
New Mexico	Massachusetts	Montana
Oregon	Missouri	Nebraska
Tennessee	Nevada	Ohio
Utah	Puerto Rico	Virgin Islands
Vermont	Washington	West Virginia
		Wisconsin

Table 3

Vision, Mission, Objectives and Outcome Information from Six States

State	Vision	Mission	Objectives	Outcome
Indiana	Indiana’s Map to Inclusive Child Care initiative envisions a child care system where all Indiana families have access to quality child care.	Through data collection, analysis, and dissemination the Map initiative will enhance the capacity of Indiana’s child care system to include children and youths with disabilities and special health care needs.	<ul style="list-style-type: none"> • Inform the general public and state policy makers of the need for all Indiana families, including families who have children with special needs, to have access to quality child care. • Encourage policy makers, businesses, and the general public to invest the resources necessary so that all families have access to quality child care. • Offer training and technical assistance to child care providers and support their efforts to welcome, include, and provide quality care for any family requesting it. 	<ul style="list-style-type: none"> • Developed a survey for families with children with disabilities and a survey for providers. • Data was analyzed and Indiana produced a “Status of Child Care in Indiana” report.

Oregon	<p>The State of Oregon is committed to all children with disabilities and their families being able to choose appropriate quality care that is safe, community based responsive to family needs and resources, affordable, accessible, and inclusive. The child care community will have access to the information, training, and resources necessary to ensure quality care. Policy makers and communities will be engaged in ongoing activities to support a comprehensive system of affordable care for children and youth with disabilities.</p>	<p>The mission of the Oregon Map team is to take lead to implement Oregon’s strategic plan to access child care for children with special needs and their families.</p>	<ul style="list-style-type: none"> • Policy makers and communities will be engaged in ongoing activities to support a comprehensive system of affordable care for children and youth with disabilities. • the child care community will have access to the information, training, and resources necessary to ensure quality care. 	<ul style="list-style-type: none"> • Designed a tool kit for child care providers to assist them in providing inclusive child care.
Massachusetts	<p>The Massachusetts Map to Inclusive Child Care Team</p>	<p>The Massachusetts Map to Inclusive Child Care team is</p>	<ul style="list-style-type: none"> • To determine data collection needs as they relate to child care 	<ul style="list-style-type: none"> • Developing a public awareness package including

	<p>supports children with disabilities becoming participating, contributing members of society by providing high quality care and education that:</p> <ul style="list-style-type: none"> • values all children • responds to the unique needs of families • enhances professionalism in the field • creates comprehensive services through collaboration • raises awareness and fosters positive attitudes towards child care • is fully funded 	<p>comprised to individuals who are committed to establishing a system for children and families of quality child care and education to ensure that all children, including those with disabilities, reach their maximum potential.</p>	<p>and children with disabilities.</p> <ul style="list-style-type: none"> • To develop a public awareness campaign that facilitates buy-in from key stakeholders and legislators. 	<p>a video of children with disabilities (all ages) in appropriate child care settings to be utilized with providers.</p> <ul style="list-style-type: none"> • Developing training materials and discussion tools that accompany the video.
Colorado	<p>We envision a society that recognizes and enhances the value and potential of each child and</p>	<p>To develop, disseminate, and promote the statewide adoption of a plan which addresses inclusive</p>	<ul style="list-style-type: none"> • Develop a plan of action that addresses coordination of existing and needed resources for inclusive 	<ul style="list-style-type: none"> • Prepare and disseminate an informational, promotional brochure on inclusive child

	family.	<p>child care in Colorado by:</p> <ul style="list-style-type: none"> • finding out what exists • identifying resources, gaps and needs • getting feedback from stakeholders • making recommendations (a plan) that support implementation through collaboration 	<p>child care and education in Colorado.</p> <ul style="list-style-type: none"> • Upon completion of the Map to Inclusive Child Care Plan, information will be disseminated statewide. • Support child care providers so they can provide quality services to all children (resources, training, consultative services, training materials, resource teams, immediate assistance, etc.). • Identify sources of funding to support implementation of the Map Project Plan through continued collaboration with all key stakeholders. 	care.
Minnesota	Communities weaving the common threads of knowledge,	The MAP team, with our partners, will build and maintain pathways	<ul style="list-style-type: none"> • Identifying community resources. 	<ul style="list-style-type: none"> • Develop a website specifically for child care

	<p>respect and sensitivity to create and sustain high-quality culturally responsive child care in which all children and their families belong and are nurtured.</p>	<p>to assure inclusive child care thrives throughout Minnesota.</p>	<ul style="list-style-type: none"> • Providing public awareness education and training. • Facilitating linkages between community partners and families. • Working toward effective systems change. 	<p>providers on inclusion.</p>
<p>West Virginia</p>	<p>West Virginia shows genuine respect and value for all children, including children whose needs present special challenges.</p> <p>Children and families have the choices and information they need to access, utilize and benefit from all community settings.</p> <p>Community providers receive the support they need in helping children succeed through a statewide integrated system.</p>	<p>The role of the MAP team is to:</p> <ol style="list-style-type: none"> 1. increase community awareness regarding the need for inclusive child care. 2. To promote integration of existing and the development of new collaborative efforts. 	<ul style="list-style-type: none"> • Increase community awareness regarding the need for inclusive child care. • To promote the integration of existing and the development of new collaborative efforts. • Quality child care communities. 	<ul style="list-style-type: none"> • Planning to utilize the Quality Regional Teams in the state to host six to eight Train-the Trainers workshops on inclusion.

Table 4

Summary of Outcomes of the Map to Inclusive Child Care Project (1998-2000)

CATEGORY	EXPLANATION OF CATEGORY	No.
OUTCOMES RELATED TO INCLUSIVE CHILD CARE		
Public awareness	Promoting public awareness through workshops, print materials, media campaigns or other channels about the importance of quality child care that addresses the individual needs of children with (and without) disabilities, or the improved dissemination of information about already existing resources, programs or services	30
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	18
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	18
Data collection and dissemination	Collection, analysis, or dissemination of data related to the need for, provision of, and issues associated with inclusive child care	15
Public policy	Advocacy or implementation of policies through the executive or legislative branches of state government to increase the quality and availability of inclusive child care	24

References

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Appendix A

**APPLICATION FOR PARTICIPATION
MAP TO INCLUSIVE CHILD CARE PROJECT**

State _____

Person submitting application _____

Position, agency, address _____

Phone _____ Fax _____ E-mail _____

Child Care Administrator Signature _____

DEADLINE FOR SUBMISSION:

Address to: Map to Inclusive Child Care

Map to Inclusive Child Care

INTRODUCTION

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

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

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

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

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

THE APPLICATION PROCESS

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

ANTICIPATED ACTIVITIES FOR STATES CHOSEN TO PARTICIPATE

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

SELECTION CRITERIA AND APPLICATION PACKAGE

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

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

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

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

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

**SECTION 1
PROJECT LIAISON**

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

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

Name _____

Role or affiliation _____

Address _____

Telephone _____

Fax _____ E-mail _____

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

**SECTION 2
WHY YOU ARE APPLYING**

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

II.

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

SECTION 3

TEAM COMPOSITION

(Up to 25 points awarded)

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

- Families of children with disabilities who have been consumers of child care, or those representing them.
- State administrators from agencies involved with child care.
- Providers of early childhood, child care, and school age care or those representing them.

Has the applicant met this requirement? If so, place a checkmark (✓) in the appropriate column.

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

- State policy makers, legislators
- Representatives of Head Start and Early Head Start.
- Representatives of agencies or organizations that provide services to children with disabilities.

Has the applicant met this requirement? If so, place a checkmark (✓) in the appropriate column.

If you find that the team does not meet the minimal requirements in one or both of the above categories, please complete the the review nevertheless, as it is possible that other reviewers will reach a different conclusion and we will need to know your rating of the application as a whole.

There is no required minimum participation for the other categories.

SIZE OF TEAM

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

AVAILABILITY OF STIPENDS

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

SUGGESTED STATE TEAM MEMBERSHIP

Families of children with disabilities:

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

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

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

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

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

SIZE OF TEAM

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

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- State Child Care Resource and Referral Agency (if it is part of State)
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- Child care industry associations or networks (family, center-based nonprofit, and center-based for-profit, if different)
- Representative of early childhood professional association
- School-age care provider or representative of professional association

State policy makers

Elected legislator from Human Services or Appropriations Committee or designated staff representative
Elected superintendent of public instruction or staff representative
Member of Governor's cabinet or staff representative

Head Start and Early Head Start:

Disabilities coordinator or other representative of a grantee
Staff of Head Start Collaborations Grant
State Head Start Association
DSQIC staff (formerly known as RAP)

Agencies or organizations that provide services to children with disabilities:

Early intervention providers serving infants and toddlers
Providers operating independently or affiliated with national disability organizations
Professional associations of clinicians, special educators, medical practitioners, or others

Educational institutions involved in preservice or inservice

Faculty member from state university
Faculty or administrator from community college system

Cooperative Extension system

Family life educator
Youth development specialist
Faculty member

Other sectors

Public schools that deliver child care on their own or in partnership with other public or private organizations
Parent organizations involved in advocacy for quality child care (not specifically geared to children with disabilities)
Foundations, corporations, or unions involved in quality child care initiatives

REQUIRED COMMITMENT STATEMENTS

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

COMMITMENT STATEMENT OF TEAM MEMBER
MAP TO INCLUSIVE CHILD CARE PROJECT

Name _____

City or town, state _____

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

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

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

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

Signature _____ Date _____

LIST OF TEAM MEMBERS AND CATEGORIES REPRESENTED

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

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

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

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

II.

III.

IV.

V.

VI.

VII.

VIII.

IX.

X.

XI.

XII.

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

SECTION 4 RECENT EFFORTS TOWARD INCLUSIVE CHILD CARE

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

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

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

SECTION 5
ADDITIONAL RESOURCES

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

SECTION 6
FUTURE COMMITMENTS

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

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

SECTION 7
ADDITIONAL REASONS FOR SELECTING YOUR STATE

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

(Maximum 5 points)

SECTION 8
ADDITIONAL INFORMATION FOR PROJECT TEAM

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

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

_____ YES _____ NO If no, please explain. _____

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

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

_____ YES _____ NO _____ SOON

If yes, please provide e-mail address _____

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

QUESTIONS?

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

Appendix B

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

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

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

Appendix C

Year 1

State	Community Event
Vermont	Developed of a resource guide for providers and families.
New Jersey	The team developed a workshop "How's and Why's of Inclusion" which was presented at a dozen conferences in the state. They developed a training curriculum for child care providers on cooperative team teaching in child care settings.
Maryland	Developed a logo and brochure to increase public awareness and support for inclusive child care, including a listing of resources.
Tennessee	The TN team gathered data from families and providers across the state about barriers and issues related to inclusion through focus group discussions. Data will be analyzed to direct next steps.
Indiana	Developed a survey for families with children with disabilities and a survey for providers. Data was analyzed and Indiana produced a "Status of Child Care in Indiana" report.
New Mexico	Drafted a position paper to present to the legislature. Drafted a model interagency agreement. Revised licensing requirements.
Iowa	Collected data to identify high areas of need within the state, identify barriers, needs and resources in order to determine future action steps.
Utah	Created six traveling displays to use at conferences to promote the inclusion of children with disabilities in child care.
California	Developing and producing a video/slide show demonstrating inclusive child care.
Oregon	Designed a tool kit for child care providers to assist them in providing inclusive child care.

Year 2

State	Community Event
Massachusetts	Developing a video and resource materials to increase awareness of inclusive child care.
Puerto Rico	Held a week long public awareness campaign around inclusion.
Washington DC	Developing a public awareness campaign.
Louisiana	Held a one day forum, inviting key stakeholders and other potential partners to discuss options for inclusive child care.
Illinois	Developed brochures for families to more easily access quality, inclusive child care.
Florida	Held a pre-conference day on inclusion.
Missouri	Developed brochures and participated in a conference to increase awareness about the need for inclusive child care.
Colorado	Prepare and disseminate an informational, promotional brochure on inclusive child care.
Nevada	Develop a traveling display board and to purchase the book "Someone Special Like Me" for distribution.
Washington	Reviewing and analyzing existing child care mentor programs and develop a recommendation on how to infuse information/activities related to inclusion into existing programs.

Year 3

State	Community Event
Alaska	Develop and disseminate information about inclusion at state conferences, regional early childhood meetings and invitational meetings on early childhood issues. Provide travel funds for team members such as parents and providers to facilitate the dissemination of such information.
Arizona	Produce a CD/Video on inclusion.
Connecticut	Technical Assistance to child care providers for children with special needs.
Maine	Designing a calendar in collaboration with the Division of Health and Safety that is devoted to inclusion with easily accessible resources. The calendar will be distributed to child care providers and families.
Minnesota	Developing a website.
Montana	Develop a team presentation for each of the child and family service providers (Early Intervention Providers) around the state. Develop a tip sheet for child care resource and referral agencies. Design and develop a poster session about the Map project and their activities. Poster will be available at the early Childhood Conference in October 2000, the Developmental Disabilities Conference in October 2000 and other appropriate conferences in spring, 2001.
Nebraska	Develop and disseminate a resource brochure for child care providers on inclusion. Format of a "Tool Kit".
Ohio	The team will have a Kick-off Event at the Ohio State Fair displaying an Awareness Campaign for inclusive child care. There will be a photo opportunity with the governor and his wife among other attractions.
Virgin Islands	Public/private partnerships. Begin partnering with businesses. Currently only using staff and federal dollars.
West Virginia	Quality child care communities in every region using six to eight Train-the-Trainers on inclusion.
Wisconsin	Purchase 3-5 display boards, 4 feet in size, that could contain information on inclusive child care to be used at various conferences.