

MAP TO INCLUSIVE CHILD CARE

OUTCOMES FOR YEAR ONE



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BACKGROUND: MAP TO INCLUSIVE CHILD CARE PROJECT, YEAR ONE

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

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

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

INTRODUCTION

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

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

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

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

Promoting Inclusive Child Care and Continuing the Map Project

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

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

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

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

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

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

Outcomes Not Solely Attributable to "Maps"

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

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

Category	Explanation of category	No. of states
OUTCOMES RELATED TO INCLUSIVE CHILD CARE		
1. Public awareness	Promoting public awareness through workshops, print materials, media campaigns or other channels about the importance of quality child care that addresses the individual needs of children with (and without) disabilities, or the improved dissemination of information about already existing resources, programs or services	10
2. Training	Development of instructional opportunities for groups of providers, administrators, consumers, or others involved in developing quality and inclusive child care, ranging from workshops to full-scale credentialing systems	5
3. On-site support or mentoring	Individualized support for those providing inclusive child care, such as mentoring, on-site consultation and technical assistance, equipment lending libraries, or individualized telephone assistance	8
4. Data collection and dissemination	Collection, analysis, or dissemination of data related to the need for, provision of, and issues associated with inclusive child care	6
5. Public policy	Advocacy or implementation of policies through the executive or legislative branches of state government to increase the quality and availability of inclusive child care	10
<ul style="list-style-type: none"> • Legislation and state policy 	Development of a legislative agenda, presentations to legislators or other policy makers, or revision of state agency policies and practices to reflect a greater commitment to inclusive child care	6
<ul style="list-style-type: none"> • Regulatory revisions 	Revision of child care licensing standards or professional regulations to remove barriers to the participation of children with disabilities or enhance the quality of care	3
<ul style="list-style-type: none"> • Linkages to early intervention or special education 	Efforts to increase the use of child care settings as least restrictive environments (LRE) for the delivery of special education services for 3 to 5 year olds, or as natural environments for serving infants and toddlers with special needs or to otherwise increase collaboration between child care and school districts or early intervention providers	4
<ul style="list-style-type: none"> • New linkages to health or disability resources 	Efforts to bring resources to inclusive child care from sources not previously utilized such as public health, developmental disabilities, or Medicaid	6
<ul style="list-style-type: none"> • New financial supports for direct services 	New or innovative uses of CCDF or other funds to pay for inclusive child care services	3
OUTCOMES RELATED TO PROJECT CONTINUATION		
1. Sustaining the Map network or activities	Mechanism or structure by which the Map activities, team, or network will continue beyond the end of the federal initiative	10

A DESCRIPTION OF THE PROJECT OUTCOMES RELATED TO INCLUSIVE
CHILD CARE

Public Awareness

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

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

- ⇒ California (Region IX) was using its Map "community event" funding to develop a 10 minute video/slide show, with a soundtrack of original songs relating to inclusion, that could be taken to conferences. In addition, they were working to see that imagery and information related to inclusive child care would appear in three large-scale public awareness campaigns: (1) An Early Start campaign that was sponsored by Developmental Services (Part C); (2) A "Care About Quality" consumer education campaign launched by the state's Child Development Division using CCDF funds; (3) A multi-faceted, multi-media campaign being developed by the Proposition 10 Commission (see below, under new financial support for direct services). Also, individual Map team members conducted 30 presentations to different audiences concerning inclusive child care during Year One of the Project. In addition, the team helped to bring about the distribution to every Head Start, child care center, and family child care home in the state of a 40-page publication, the Spring 1999 issue of Bridges (from the Head Start Collaboration office), with detailed listings of resources, laws, and policies related to inclusive child care in California, as well as information about the Map. Plans were underway to spin off some of that information as a free-standing publication.
- ⇒ The Oregon (Region X) team designed a Tool Kit for child care providers. Included in the Tool Kit were information about resources that were available and where to call; the benefits of inclusive child care; "Tips for inclusive child care," how to partner with the child's educational or early intervention team; and "Frequently Asked Questions" about inclusive child care. The team also worked to ensure that materials emanating from other statewide public awareness activities concerned with services to children (e.g., "Five Steps to Selecting a Provider") acknowledged or highlighted children with disabilities and their families.

Training

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

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

On-Site Support or Mentoring

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

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

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

Public Policy

Legislation and state policy

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

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

Regulatory revisions

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

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

Linkages to early intervention or special education

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

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

Linkages to health or disability resources

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

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

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

New financial support for direct services

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

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

PROJECT CONTINUATION OUTCOMES

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

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

BRIEF HIGHLIGHTS OF OUTCOMES BY STATE

Vermont (Region I)

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

New Jersey (Region II)

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

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

Maryland (Region III)

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

Tennessee (Region IV)

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

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

Indiana (Region V)

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

New Mexico (Region VI)

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

Iowa (Region VII)

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

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

Utah (Region VIII)

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

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

California (Region IX)

- ⇒ The team helped to bring about the writing and distribution to every Head Start, child care center, and family child care home in the state of the Spring 1999 issue of Bridges (from the state Head Start Collaboration office), which offered detailed listings of resources, laws, and policies related to inclusive child care, as well as information about the Map.
- ⇒ California's Child Development Division invested \$250,000 as a result of the Map strategic planning process to add a fifth module, covering the inclusion of infants and toddlers with disabilities, to an already developed four-module Training Program for Infant/Toddler Caregivers, a centerpiece of their statewide quality improvement efforts. The Child Development Division will allocate \$250,000 annually (and anticipates an increase to perhaps \$400,000 annually) to initiate two separate outreach training efforts on inclusion, one for preschool and one for school-age child care providers.
- ⇒ The California (Region IX) team was involved in dialogue with sponsors of the state's Proposition 10, allocating over \$700 million annually in funds from an increased cigarette tax brought about by a citizen referendum to support the "creation of a seamless system of integrated and comprehensive early childhood development programs and services." Thanks in part to the presence of the Map, the guidelines developed by a state commission were very strong in identifying the importance of services that addressed children with disabilities alongside their typically developing peers.

- ⇒ The California (Region IX) Map team succeeded in getting inclusive child care placed as the lead topic on the agenda at many important training and organizational events. One entire round of regional meetings conducted in 7 different locations by the Department of Education focused on inclusive child care, as did the annual Public Policy Symposium of the California Association for the Education of Young Children (CAEYC). Map representatives also appeared on the program at four institutes for administrators of subsidized child development programs across the state, which devoted one entire day to the issue of inclusion.
- ⇒ California (Region IX) was using its Map "community event" funding to develop a 10 minute video/slide show, with a soundtrack of original songs relating to inclusion, that could be taken to conferences. In addition, they were working to infuse inclusive child care into three ongoing large-scale public awareness campaigns initiated by Developmental Services (Part C), the Child Development Division, and the multi-media campaign being developed by the sponsors of Proposition 10.
- ⇒ The Map has received a strong financial and organizational commitment from the state's Child Development Division, with the allocation of approximately \$200,000 to support project continuation. The funds will support (among other things) a portion of state liaison Pamm Shaw's salary, the development of a major report on barriers and solutions, and continued team meetings on a quarterly basis.

Oregon (Region X)

- ⇒ Oregon (Region X) has made a policy commitment that a portion of every federal CCDF dollar for child care services, when feasible, will address the issue of inclusion and services for children with special needs.
- ⇒ Oregon launched an Inclusive Child Care Pilot Project in 3 counties and 2 tribal areas. The state has committed approximately \$150,000 to \$200,000 of CCDF funds per year for at least two years to address the individual needs of children with disabilities in this target area. Rates are determined on a case-by-case basis.
- ⇒ In addition to the direct services to children and families, they are hoping to generate important data from Pilot Project pertaining to the average cost of accommodating children with disabilities, the range of accommodations needed, the costs associated with specific types of accommodations, and whether such factors as family child care versus center-based care or rural versus urban or suburban affect the cost of accommodations.
- ⇒ The team designed a Tool Kit for child care providers. Among other items in the kit were information about resources that were available and where to call; the benefits of inclusive child care; and how to partner with the child's educational or early intervention team.

- ⇒ The team put together a proposal for funds to make several existing models of training for child care providers more widely available. These included KICS, disseminated by the Arc of Multnomah County, and Project TRAC, from Western Oregon University, as well as Child Care Plus from Montana. They had already identified and made contact with a likely funder for this effort.
- ⇒ The Oregon (Region X) Map team is now called the Inclusive Child Care Advisory Group, and is a permanent Subcommittee to the Child Care and Education Coordinating Council, which oversees the CCDF funds in the state. It is co-chaired by a parent and by the executive director of a disability organization.

APPENDIX 1. NOTES ON THE METHODS USED TO GATHER
INFORMATION FOR THIS REPORT

The application process for participation in the Map to Inclusive Child Care Project required the State administrator responsible for the federal Child Care and Development Fund (CCDF) to sign off on his or her state's application, and to name an individual who would act as the state's liaison with the staff of the Map to Inclusive Child Care Project in the event the state was selected.

In preparing to write this report, I made initial contact with the liaisons from each of the ten Year One states in July, 1999, informing them that I would be seeking to interview them and others for a report on project outcomes. Each of the liaisons for the Year One teams or their designated representatives made a brief presentation at the Map's Second National Institute, August 12-13, 1999, in Washington, DC, summarizing their team's achievements during Year One. I was in attendance, and I used my notes from these presentations as the basis for follow-up interviews. I was able to conduct face-to-face interviews with several of the liaisons during the conference.

I conducted the remainder of the interviews by telephone between mid-August and the first week of October, 1999. For each state, I conducted interviews with a minimum of three and as many as six members of the Map team. I spoke with the project liaison and the State child care administrator; then I chose the other interview subjects in consultation with the project liaison. (In Vermont, Kim Keiser filled a dual role as State administrator and the project liaison. In New Mexico, the original State administrator, Irene Sanchez, had retired; I spoke with Michaela Rivera, to whom the current State child care administrator reports. Iowa's State administrator, Don Kassar, had recently retired; I interviewed him anyway. In California, the original State administrator, Janet Poole, had retired; Michael Jett, who is the administrator for the quality improvement unit, responded to my queries on behalf of the current State administrator, Michael Silver.)

In selecting other possible interview subjects, I tried to include at least one from each state who represented parents of children with disabilities. This did not always prove possible, as some parents did not return my calls, and in a couple of states, there were no parents of children with disabilities who had remained actively involved in the work of the Map. I selected additional interview subjects by asking the liaisons to name two or three team members who might provide some additional perspective that would contribute to my understanding of project outcomes.

I did not audiotape the interviews but relied on handwritten notes. In addition to the interviews, I had access to the written strategic plans that each team had drafted. For several states, I had access to other handouts or materials that the project had developed in the course of their activities.

I shared earlier drafts of the write-ups about each state with the state liaisons and asked them to verify their accuracy or suggest changes or additions. Any inaccuracies or omissions remaining in the report are my responsibility.

Dale Borman Fink, Ph.D..

finkdale@sover.net

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

Vermont (Region I)

Kim Keiser (Liaison and State Child Care Administrator)
Director, Child Care Services Division
Department of Social and Rehabilitation Services
Waterbury

Maureen Sullivan
Center on Disability and Community Inclusion
University of Vermont University Affiliated Program
Burlington

K.C. Whitely
Head Start Collaboration Coordinator
Waterbury

New Jersey (Region II)

Diana Autin (parent)
Statewide Parent Advocacy Network (SPAN)
Newark

Diane Goettler
Division of Developmental Disabilities
New Jersey Department of Human Services
Trenton

Beverly Lynn (State Child Care Administrator)
Division of Family Development
New Jersey Department of Human Services
Trenton

Sandy Sheard (Liaison)
Dependent Care Project Manager
New Jersey Department of Human Services
Trenton

Gloria Stone-Mitchell
Child Care Director
Respond, Inc.
Camden

Maryland (Region III)

Nancy Lantz (liaison)
Executive Assistant, Child Care Administration
Baltimore

Pam Miller (Parent)
Marriottsville

Barbara Tayman (State Child Care Administrator)
Assistant Director, Office of Program Development
Child Care Administration
Baltimore

Tennessee (Region IV)

Linda McReynolds (liaison)
Executive Director, Signal Centers, Inc.
Chattanooga

Brenda Ramsey (State Child Care Administrator)
Director, Child Care Services
Dept. of Human Services
Nashville

Wanda Willis
Tennessee Developmental Disabilities Council
Nashville

Indiana (Region V)

Michael Conn-Powers
Center for Innovative Practices for Young Children at ISDD (University
Affiliated Program)
Bloomington

Tamyra Freeman (liaison)
Indiana Parent Information Network
Indianapolis

Lauralee Martin (State Child Care Administrator)
Deputy Director, Child Care Licensing & Funding
Bureau of Child Development
Indianapolis

Donna Roberts
United Cerebral Palsy of Greater Indiana
Indianapolis

New Mexico (Region VI)

Janet Alvarado
New Mexico Children, Youth, and Families Department
Office of Child Development
Las Cruces

Sarah Ann Cairns (Parent)
YWCA Child Care Resource & Referral
Albuquerque

Pam Ray (Liaison)
New Mexico Children, Youth, and Families Department
Child Care Services Bureau
Las Cruces

Michaela Rivera
New Mexico Children, Youth, and Families Department
Prevention and Intervention Division
Deputy for Early Care
Santa Fe

Iowa (Region VII)

Gina Greene (parent)
Part C Regional Coordinator
Exceptional Persons, Inc.
Waterloo

John Hoffman (shares duties of liaison)
Part C Technical Assistant
Iowa Dept. of Human Services
Des Moines

Don Kassar (Child Care Administrator, Retired)
Iowa Department of Human Services
Des Moines

Barbara Khal
Regional Program Consultant, Child Health Specialty Clinics
Iowa City

Lynda Cook Pletcher
Part C State Coordinator
Bureau of Children, Families, and Communities
Dept. of Education
Des Moines

Utah (Region VIII)

Tonia Gray (parent)
American Fork

Tracy Halverson
Family Child Care Provider
Salt Lake City

Patricia Kreher (shares duties of State Child Care Administrator)
Director, Utah Office of Child Care
Department of Workforce Services
Salt Lake City

Susan Ord (liaison)
Comprehensive System of Personnel Development (CSPD) Coordinator
Baby Watch Early Intervention
Utah Dept. of Health
Salt Lake City

Cathie Pappas (shares duties of State Child Care Administrator)
Child Care Specialist
Department of Workforce Services
Salt Lake City

California (Region IX)

Teri Ellen, Manager
Department of Social Services
Welfare-to-Work Child Care Bureau
Sacramento

Whit Hayslip
Coordinator, Infant/Preschool Services
Los Angeles Unified School District
Los Angeles

Michael Jett
Assistant Director,
Child Development Division, California Department of Education
Administrator, Quality Improvement and Capacity Building Unit
Sacramento

Pamm Shaw (liaison)
California Child Care Health Program
Oakland

Marsha Sherman
Director, California Child Care Health Program
Oakland

Mary Smithberger
Education Program Consultant
Child Development Division, California Department of Education
Sacramento

Oregon (Region X)

Terry Butler (liaison)
Oregon Developmental Disabilities Council
Salem

Tom Olsen (State Child Care Administrator)
Child Care Division, State of Oregon
Salem

Kristina Russell (parent)
Redmond

P.J. Seitz (parent)
Little Angels Child Care Center
Milwaukee