Barriers to Quality Child Care & Out of School Time Activities in Maryland

Barriers to Quality Child Care & Out of School Time Activities in Maryland

Table of Contents

* Endnotes are noted in brackets [ ] throughout this report.

<u>Executive Summary</u>

Despite progress, high quality, inclusive child care and out of school time activities remain inaccessible to many children and youth with disabilities and their families. The Maryland Developmental Disabilities Council conducted two surveys in August and September 2011 about access to child care and out of school time activities for children and youth with disabilities. The surveys were distributed to families of children and youth with disabilities as well as providers of child care and out of school time activities, including after school care. Approximately 450 families and 480 child care providers responded. From the surveys and subsequent interviews, a description of the barriers to accessing child care and out of school time activities was developed and is summarized.

According to families:

⇒ 72% have had difficulties finding, obtaining or keeping child care.
⇒ 64% have lost income due to the lack of child care options.
⇒ 32% have quit their jobs to stay home with their child.
⇒ 82% need support for their child before and after school, but only 36% know of programs that would accept their child.
⇒ 53% removed their child from a child care or out of school time program because the provider was not adequately trained to support their child.
⇒ 75% of complaints about a child care provider not providing the services, supports or accommodations a child needed were not resolved.

According to providers:

⇒ 48% encountered difficulty related to the child's behavior.
⇒ 73% asked that a child leave the program because of the child's behavior.
⇒ 92% are willing to receive additional training to help them serve a child with a disability.

Clearly families of children with disabilities still face obstacles to finding and maintaining high quality, inclusive child care and out of school time activities in Maryland. As a result, families are losing jobs, losing income and facing financial challenges in addition to not getting the support they need to ensure their children with disabilities are cared for in appropriate programs. At the same time, child care providers acknowledge difficulties in supporting children with disabilities in their programs.

While Maryland continues to increase initiatives to improve the quality of child care and out of school time programs, additional steps must be taken to ensure

the inclusion of children and youth with disabilities in those programs. Key recommendations are below. A full description of the findings in the DD Council survey and related recommendations can be reviewed in the full report.

Recommendations:

➢ The Office of Child Care should build the capacity of child care and out of school time programs by: (1) establishing inclusive models of care with available, on-site nursing and other health professionals, (2) establishing guidelines and incentive for the use of Universal Design for Learning and (3) identifying and implementing creative uses of existing programs and resources that could support children with disabilities participation in community-based child care and out of school time activities.

➢ The Office of Child Care should develop recommended changes to Maryland laws and regulations to require training for all providers about inclusion of children and youth with disabilities in child care and out of school time activities.

➢ The Governor should increase the Division of Early Childhood Development's budget so that more funds can be redirected for specialized training and technical assistance services that provide on-site technical assistance to child care providers supporting a child with a disability.

➢ The Maryland State Department of Education, in cooperation with the Maryland Higher Education Commission, should ensure that all trainers, including college and university professors, are knowledgeable about and offer child care providers and out of school time program staff information about best practices that support the inclusion of children with disabilities.

➢ The Maryland State Department of Education should support expanded use of technology as a method of training and develop of more training that is web-based and/or accessible online.

➢ The Division of Early Childhood Development should expand the technical assistance to child care and out of school time programs provided by the Early Childhood Mental Health Consultation Project to help them better address children's challenging behaviors and develop a similar program to address other needs (beyond behavior) of children with disabilities.

➢ The Office of Child Care should dedicate funds that child care providers can access to support them in serving children with disabilities in inclusive settings.

➢ The Office of Child Care should maintain services like the LOCATE: Special Needs and Child Care Resource and Referral Services, as well as further publicize and promote these services to families, particularly those living in outlying areas.

➢ The Maryland Developmental Disabilities Council should lead an effort to develop a repository of information and tools that providers, families and the public can access about inclusive child care and out of school time activities.

➢ The Maryland State Department of Education, in partnership with the Maryland Developmental Disabilities Council, should reestablish and revitalize the Inclusive Child and After School Care Workgroup to pursue its original mission to eliminate barriers and improve access to high quality, inclusive child and after school care for children and youth with disabilities and develop a comprehensive system of coordinated high quality inclusive child care services across agencies and programs.

➢ The Office of Child Care, in partnership with the Maryland Out of School Time Network should work to expand age appropriate options for middle and high school aged youth with disabilities throughout the state of inclusive after-school care programs throughout the State.

➢ The Office of Child Care should establish a fair, consistent and timely dispute resolution process to investigate and address discrimination complaints against child care providers.

Child Care and Out of School Time Activities for Maryland's Children with Disabilities

Introduction

Despite progress, high quality, inclusive child care and out-of-school time activities remain inaccessible to many children and youth with disabilities and their families. In the fall of 2011, the Maryland Developmental Disabilities Council issued two surveys to document the experiences of families of children and youth with disabilities as well as the experiences of child care and out of school time providers [1]. The results indicated significant barriers still exist for children and youth with disabilities and their families.

In developing this report, the DD Council gathered data through multiple sources, using the surveys and targeted interviews with providers. From the surveys and interviews, a description of the barriers to accessing child care and out of school time activities was developed and is summarized. In addition, this report outlines recommendations to improve programs, policies and practices so more families can access inclusive child care and out of school time activities for their children with disabilities.

Background

Over 294,000 children under the age of six are in some type of child care arrangement in Maryland because their parents work.

The years from birth to age five constitute a critical period of brain development and learning. Young children need nurturing care and stimulating environments and experiences in order to achieve normal brain growth and support the explosion of development – cognitive, social/emotional, and physical – that occurs during this time. The majority of children in Maryland are cared for by someone other than their parents at some point throughout the day. According to the National Association of Child Care Resource and Referral Agencies (NACCRRA), over 294,000 children under the age of six are in some type of child care arrangement in Maryland because their parents work [2]. NACCRRA also reports that most of these children receive child care in approximately 1500 licensed child care centers and nearly 8000 licensed family child care homes [3].

The quality of care is imperative to the growth of each child. In fact, research shows that quality early care and education can improve outcomes for young children [4]. For older youth and young adults, activities and programs must also be high quality to improve outcomes. For out of school time programs, it is also true that low quality programs fail to show positive effects, and may even have negative impacts [5].

Yet, finding quality child care remains a difficult task for many parents who work outside the home. For parents of children with disabilities, it can be especially daunting. The achievement of quality, affordability, and availability of child care settings in Maryland and across the nation presents a "trilemma" for parents, providers and the child care system as a whole [6]. Children with disabilities are, first and foremost, children. They are also children who may need support or adaptations to access and meaningfully participate in child care and out of school time activities with their typically developing peers. A supportive program that provides these additional and necessary services often proves difficult to find. In fact, the struggle to find programs that meet the individual needs of children and youth with disabilities is an ongoing issue that can span throughout their lifetimes.

Access to Child Care

An increasing number of children with disabilities interact with their typically developing peers. Key components of early childhood inclusion include access, participation and support [7] but the core concept of inclusion when implemented fully provides a child with disabilities and his or her family the right to participate and interact with non-disabled peers.

The Americans with Disabilities Act (ADA) is a federal civil rights law that, among other things, prohibits child care programs from discriminating against people with disabilities [8]. They must provide children with disabilities and their families an equal opportunity to participate in the child care program and services [9]. Specifically,

- Programs have to make *reasonable modifications* to their policies and practices to integrate children with disabilities, parents and guardians into their programs unless doing so would constitute a *fundamental alteration*.
- Programs must provide appropriate auxiliary aids and services needed for *effective communication* with children with disabilities, when doing so would not constitute an *undue burden*. ·
- Programs must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the *readily achievable* standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be *fully accessible*.·
- Programs cannot exclude children with disabilities from their programs unless their presence would pose a *direct threat* to the health or safety of others or require a *fundamental alteration* of the program [10].

The ADA prohibits child care programs from discriminating against people with disabilities.

Despite the requirements that child care providers make reasonable accommodations [11] for children with disabilities, families still have a difficult time accessing and keeping licensed child care for their children with disabilities.

Quality

The quality of a child care program is tied to the ability of the program to provide appropriate services and supports to all children, including those with disabilities. Child care providers know that every child is unique. Meeting the needs of each individual child is something providers typically understand and strive to accomplish with all children. Children and youth with disabilities may also have unique needs that must be met.

A natural setting is a setting that is natural or normal for the child's age peers who have no disabilities.

The philosophy of inclusion supports the right of all children, regardless of their diverse abilities, to meaningfully participate in the natural environment within their communities and learn and play with their non-disabled peers. A natural setting is a setting that is natural or normal for the child's same age peers who do not have disabilities. Such settings include but are not limited to a child's home and family, playgroups, child care programs, Head Start programs, kindergartens, neighborhood school classrooms, and out of school time activities.

In Maryland Family Network's 2009 report on the survey of child care providers, *Child Care for Children with Special Needs*, 76.4% of family child care providers and 95.7% of group programs, including child care centers, indicated they had "some type of experience caring for children with disabilities." However, while most child care providers in Maryland report having past or present experience caring for children with disabilities, the report also suggests providers continue to have significant concerns about providing this care [12].

It is important to ensure child care providers are knowledgeable about and accessible to children with disabilities. Research shows that the benefits of inclusive classrooms reach beyond academics. This is particularly true of young children with disabilities who are not only provided with typical peers as role models, but also given opportunities to develop long-term friendships and social relationships. Fortunately, the number of child care and out of school time programs discovering the benefits of inclusion continues to increase [13].

Systemic Barrier Remain

Despite the efforts of MSDE's Division of Early Childhood Development, the Office of Child Care and the child care community, there are indicators that families of children with disabilities continue to have difficulties accessing and keeping quality child and after-school care. In 2009, the Maryland Family Network surveyed child

care providers relating to the availability and quality of child care for children with disabilities. The survey found that:

- · 66% of family care providers and 69% of group program providers agreed that the child care community does not have sufficient knowledge about child care regulations and how they affect children with special needs.
- · 79% of family care providers and 89% of group program providers agreed that child care providers are concerned with safety factors such as lifting larger children and using medical equipment.
- · 52% of family care providers and 59% of group program providers agreed that children with aggressive (social/emotional) problems cannot receive the attention they need in a typical child care setting.
- · 67% of family care providers and 64% of group program providers agreed that there are many liability issues caring for children with disabilities.
- · 50% of family care providers and 77% of group program providers agreed that providers do not have sufficient knowledge about disabilities.

The type of child care setting influences a child's preparedness for school. Children who receive child care in more formal, regulated settings such as a child care center or nursery school enter kindergarten more ready to learn than those in informal care [14]. All children should be fully prepared for school. That means all early childhood programs should be inclusive, high quality and accessible to young children with disabilities and their families.

59% of young children with disabilities entered kindergarten fully ready to learn compared to 85% of their non-disabled peers.

This is especially critical since according to MSDE's *Children Entering School Ready to Learn: 2011-2012 Maryland Model for School Readiness* report only fifty-nine percent (59%) of young children with disabilities entered kindergarten fully ready to learn compared to eighty-five percent (85%) of their non-disabled peers [15]. Students with disabilities have the lowest percentage of school readiness compared to all other specific groups analyzed in the report.

In December 2011, Maryland received a four-year, $50 million grant award from the US Department of Education under the national Race to the Top – Early Learning Challenge grant competition. The focus of this grant is to improve early education for young children by increasing the number of low-income and disadvantaged children, including children with disabilities, enrolled in high quality programs. The Maryland State Department of Education is using these funds to implement projects and develop an infrastructure that supports a decrease in school readiness gaps and focuses on an increase in high, quality child care and early learning programs.

The Division of Early Childhood Development (DECD) and the Office of Child Care recognize the barriers that exist for children with disabilities and their families in finding child care. Although DECD has encouraged child care providers to accept children with disabilities through training and technical assistance, and has supported the expansion of child care and after school programs for children and youth with disabilities, further actions must be taken. Children and youth with disabilities and their families must be provided greater access to high quality, inclusive child care and out of school time programs. This report will make recommendations based on the data gathered about the experiences of families as well as child care providers.

What are the Experiences of Maryland Families and Child Care Providers in 2012?
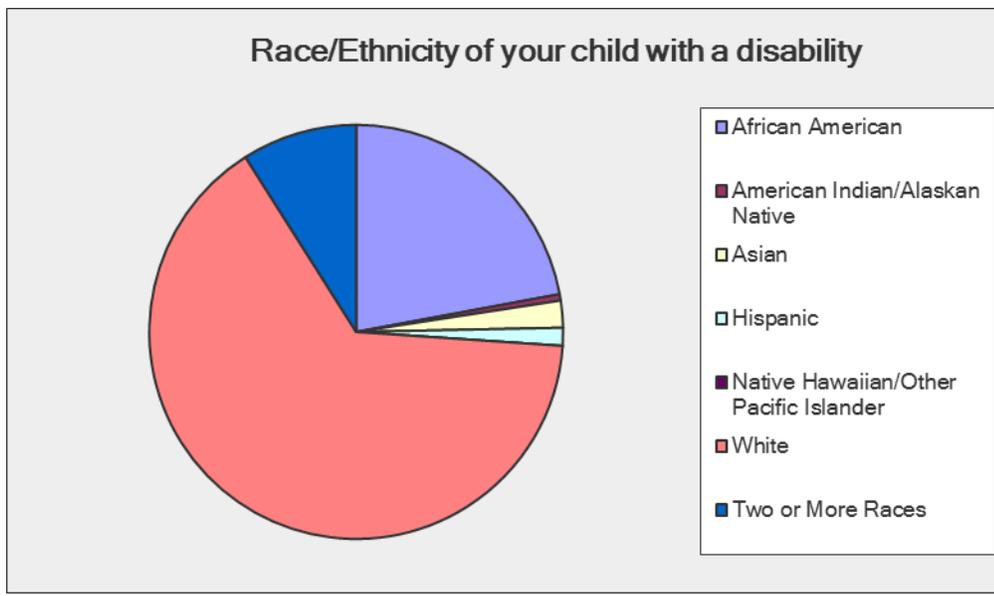
Survey

The Maryland Developmental Disabilities (DD) Council conducted two surveys in August and September 2011 about access to child care and out of school time activities for children with disabilities. The surveys were distributed to families of children with disabilities as well as providers of child care and out of school time activities, including after school care. Approximately 450 families and 480 child care providers responded.

In developing this report, the DD Council gathered data through multiple sources, using the surveys and targeted interviews with providers. A description and summary of the barriers to accessing child care and out of school time activities follows.

Demographics

446 completed surveys were received from families in 22 counties and Baltimore City allowing input from families in rural, suburban and urban areas of the State [16]. The surveys reflected the racial and ethnic diversity of the State, with 65% of the respondents being White/Caucasian, 22% being African-American, 9% identifying as two or more races, 2% Asian, and 1.4% Hispanic/Latino.

Race/Ethnicity of your child with a disability

- African American
- American Indian/Alaskan Native
- Asian
- Hispanic
- Native Hawaiian/Other Pacific Islander
- White
- Two or More Races

Approximately three-quarters of the parents were married, while the rest reported that they were single, separated, divorced or widowed at the time of filling out the survey. When asked their child's diagnosis families provided detailed information with more than a third reporting developmental delay. Almost half the respondents reported having a child (birth-21) with an autism spectrum disorder.
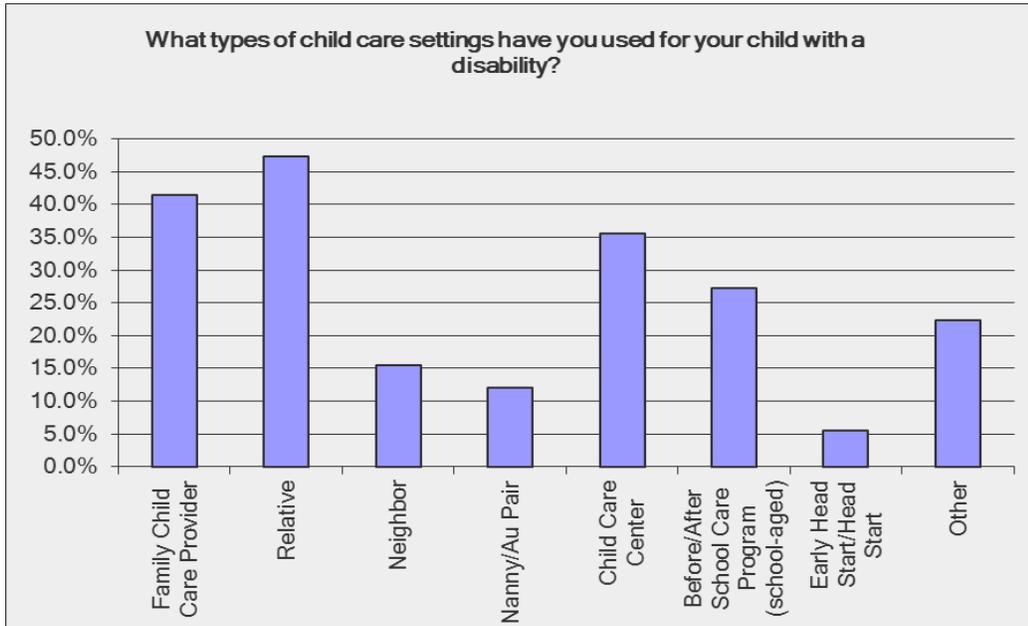
The number one barrier to finding, obtaining, or keeping child care is the lack of provider knowledge/training about disabilities.
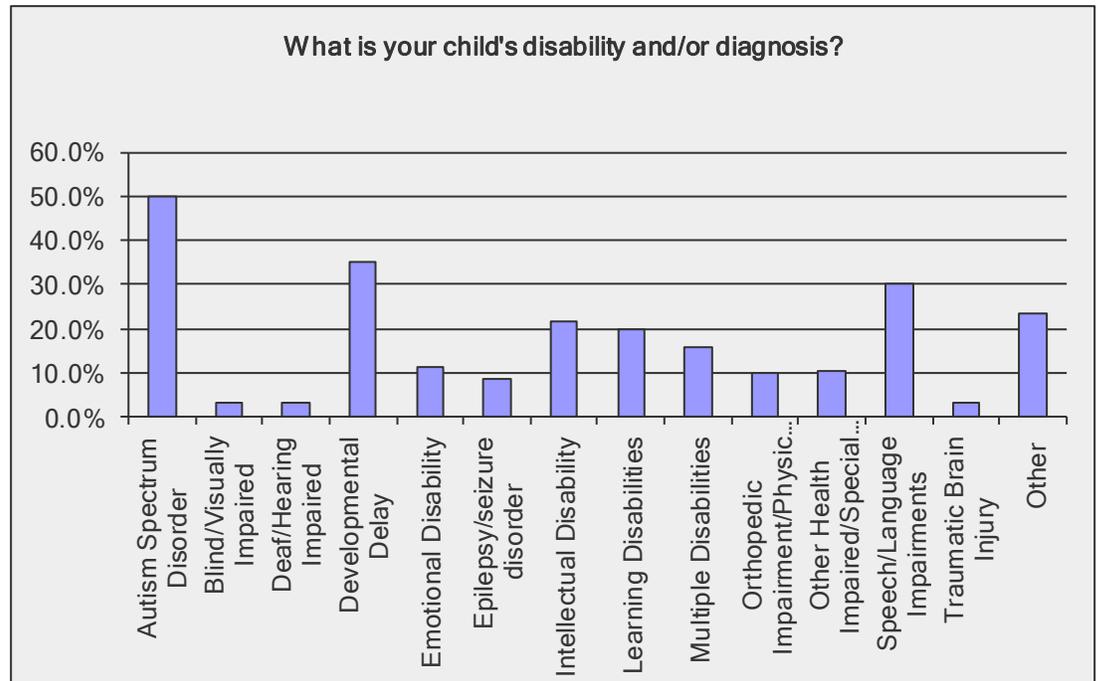
The majority of families (44%) had children ages five through twelve, 5% had young children birth through 23 months, 18% had children ages two to five, 17% had teenagers ages 13 through 16, and almost 16% had young adults over the age of sixteen.

The Experiences of Families

When asked what types of child care they had used throughout their child's lifetime, 63% of families reported using a relative or neighbor, 40% reported using family child care providers, 35% reported using child care centers, 27% reported using before and after-school care programs, 12% reported using nanny or au pair services, and 6% reported involvement in a Head Start program [17].

What types of child care settings have you used for your child with a disability?

(Bar chart showing percentages by child care setting type)

Setting	Percentage
Family Child Care Provider	~41.5%
Relative	~47.5%
Neighbor	~15.5%
Nanny/Au Pair	~12%
Child Care Center	~35.5%
Before/After School Care Program (school-aged)	~27%
Early Head Start/Head Start	~5.5%
Other	~22.5%

Difficulty Finding, Obtaining and Keeping Child and After-school Care – Reported by Families

When asked whether they had difficulties in finding, obtaining or keeping child care, 72% of families responded *yes*. Families indicated a wide variety of problems when asked the reasons for these difficulties. The number one barrier to finding, obtaining or keeping child care was a lack of provider knowledge/ training about disabilities and special needs, particularly related to an individual child's disability and/or special need.

While overall, 29% of families did not indicate difficulties in finding, obtaining or keeping child care, approximately 61% of the families who responded to the survey indicated that they had to switch child care providers at least once. 60% of those families had switched providers for their child with a disability at least twice.

72% of families with children and youth with disabilities have had difficulties finding, obtaining or keeping child care.

60% of families indicated they had switched child care providers 2-5 times.
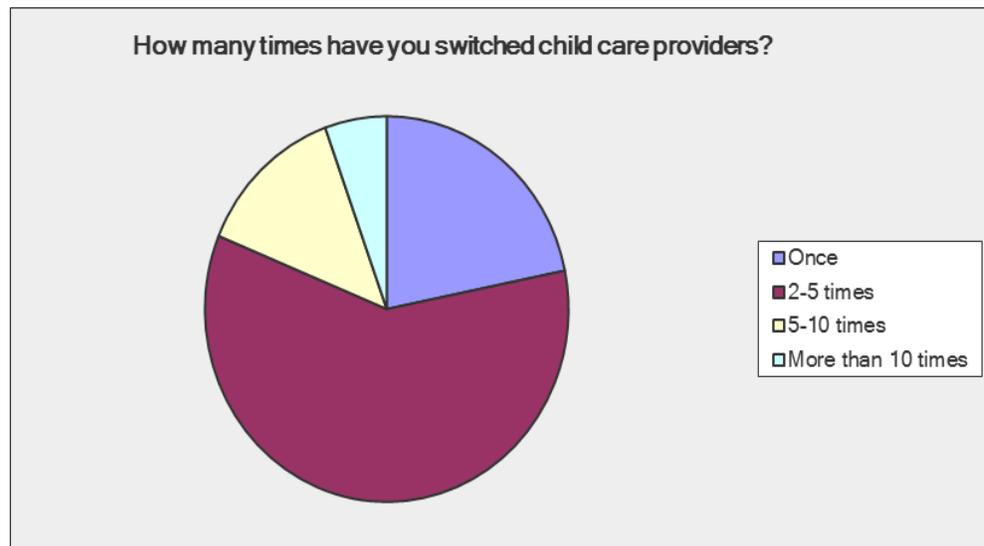
Families indicated that when they switched child care providers due to difficulties, there were usually multiple reasons for these difficulties. The lack of provider knowledge and training about disabilities was the most cited reason with 67% of all families indicating that as a reason.

Reasons it was Difficult to Find, Obtain or Keep Child Care – Reported by Families

REASON	#
Lack of provider knowledge/training about disability	209
Provider concerns about serving a child with a disability	168
Quality of program	138
Cost of program	125
Provider not will to make accommodations	105
Provider unwilling to accept child	102
Attitudes of staff	97
Attitudes of other parents	44
Location of program	37
Size of the group/facility	34

Respondents could provide multiple responses

When asked to provide more detail about a provider's concerns about serving their child with a disability, 65% of families reported behavior issues as the concern. Additional concerns are listed below.

Concerns Providers Have about Serving a Child with a Disability – Reported by Families

REASON	#	%
Child's behavior	144	65%
Child's inability to communicate effectively	128	58%
Toileting concerns	77	35%
Liability concerns	51	23%
Medical concerns	36	16%
Other concerns	35	16%
Medication administration	25	11%

Respondents could provide multiple responses

54% of those who responded had also chosen to remove their child from a child care setting/program. The two most common reasons given for removing a child from the child care setting were lack of provider training and concerns regarding the provider's attitude. However, a wide variety of reasons - related and unrelated to their child's disability - were given.

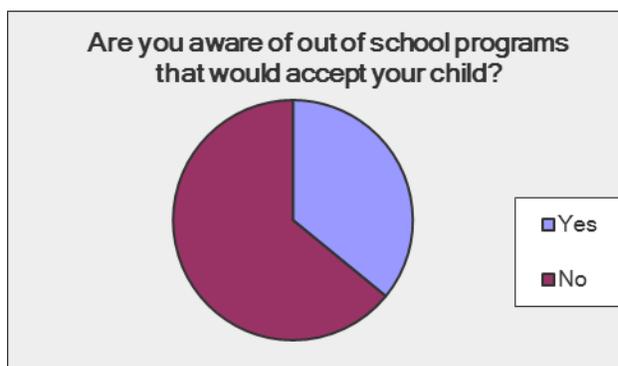*54% of families chose to remove their child from a child care program.*

Why a Child was Removed from a Child Care Program – Reported by Families

REASON	#	%
Provider not adequately trained	109	53%
Concerns regarding attitude of provider	106	51%
Unhappy with program	96	46%
Found a program that better met child's needs	51	25%
Unsafe environment	46	22%
Other	37	18%
Provider raised fees	28	14%
Attitudes of other parents	25	12%
Child aged-out of program	21	10%
Relocation	10	5%
Job change	8	4%

Respondents could provide multiple responses

64% of families report that there are no out of school time activities for their child with a disability.

Out of School Time Activities (After-school Care)

When asked if they were aware of out of school time programs that would accept their child, 64% of respondents stated that there were not available programs for their child with a disability and 36% said there were available programs.
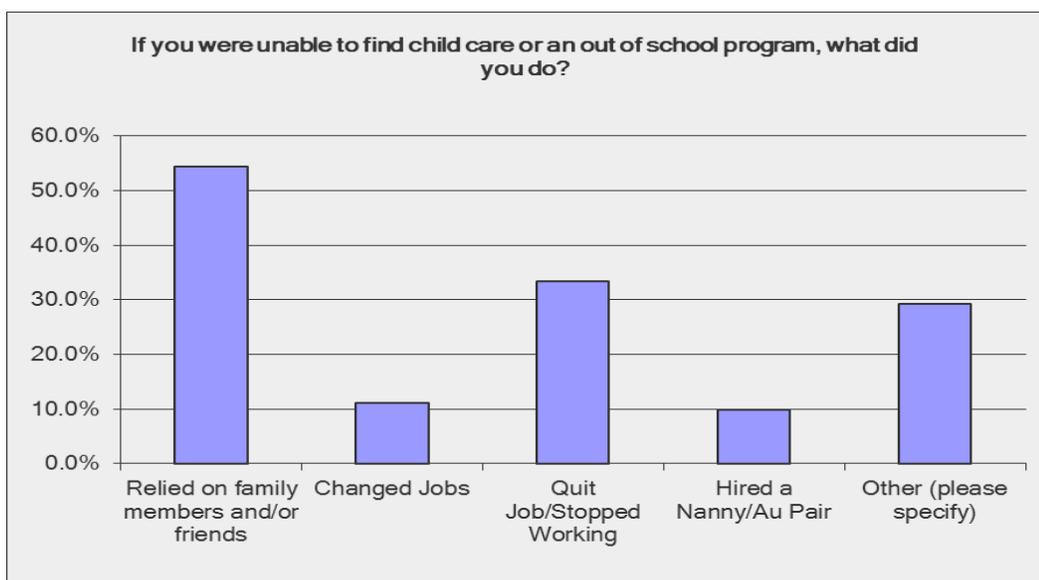

Are you aware of out of school programs that would accept your child?
- Yes
- No

Finding Child Care

When asked what resources families used to find child care, 41% of respondents reported using LOCATE Child Care or LOCATE: Enhanced Special Needs Service [18] and 35% used the Child Care Resource and Referral Network. Over 36% used other ways to find child care including family, neighbors, local infants and toddlers programs, local provider agencies, and generic internet searches.

When asked what their alternative was when they were unable to find child care, of the 287 responses, 54% relied on family members and/or friends and 10% hired a nanny or au pair. 32% stated that they had quit their jobs or stopped working and 11% changed jobs to accommodate their lack of child care. Another 30% reported other alternatives, including leaving their children with disabilities home alone after school, taking family leave, adjusting schedules, and taking their children to work.

32% of families quit their jobs or stopped working because they were unable to find child care.

83% of families had assisted the child care provider to better support their child. When asked what efforts they had made, 37% of respondents said that they had worked directly with staff, 32% reported that they had provided training materials, books, or information from the internet, and 8% reported that they arranged for training by an outside organization.

83% of families have assisted the child care provider to better support their child.

When asked whether they had sought assistance from a specialized child care training service or program, such as Project ACT [19], PACT: Helping Children with Special Needs [20] or the Local Child Care Resource and Referral Center, 49% of respondents reported that they had used such services, 25% said they had not and 27% indicated they did not know these specialized services were available.

Economic Impact on Families

64% of all families lost income due to lack of child care and/or out of school time programs for their child with a disability.

64% of all families lost income due to a lack of child care and out of school time activities for their child with a disability. When asked what the consequences of a lack of child care and out of school time activities have been on their lives, only 10% of families reported that there was *no financial/employment consequence*. The rest of the families reported financial and/or employment consequences.

CONSEQUENCE	#	%
Missed work on numerous days	199	55%
Used leave time for child care issues	188	52%
Decreased work hours	126	35%
Quit job/stopped working to stay home	117	32%
Passed up for promotion/career advancement	86	24%
Worked alternative shift	82	23%
Changed job and/or position	72	20%
Declined promotion	54	15%
Other	43	12%
Terminated from employment	19	5%

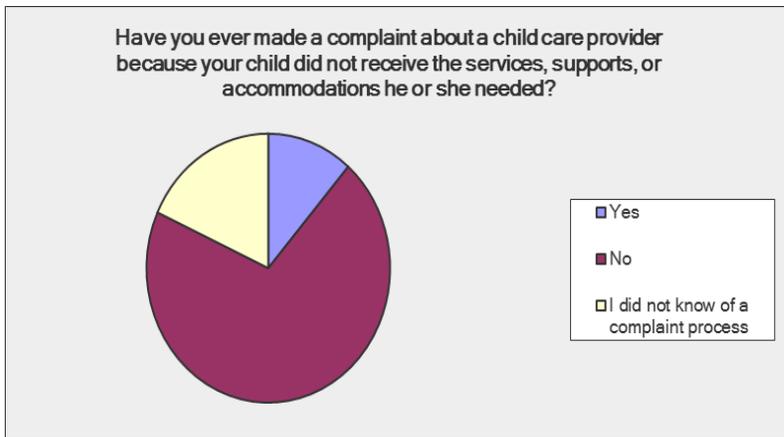*Respondents could provide multiple responses*

Complaints Made because a Child did not Receive Needed Services, Supports, or Accommodations—Reported by Families
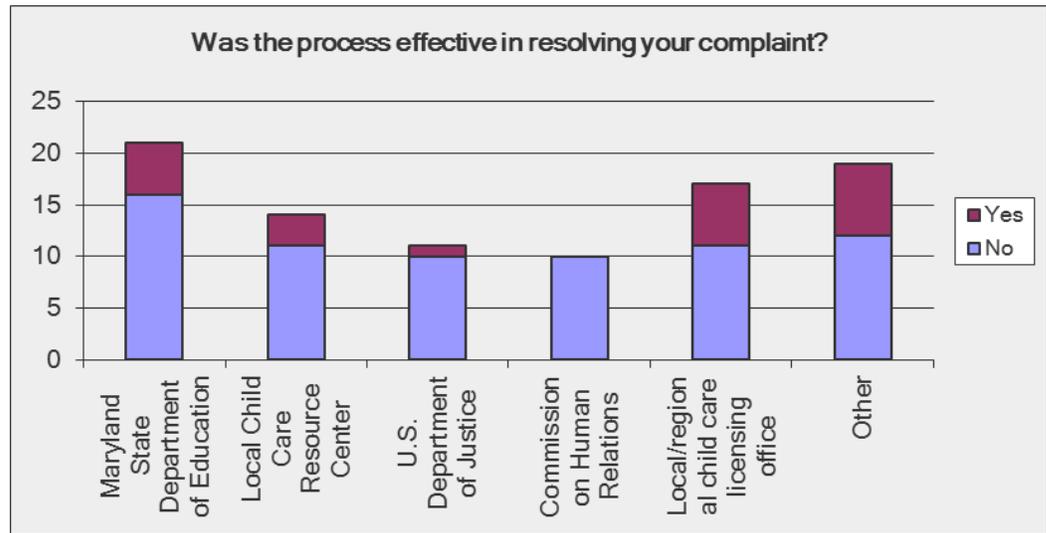
When asked whether or not they had ever made a complaint about a child care provider because a child did not receive the services, supports or accommodations he or she needed, the majority of families had never made a complaint (70%). In addition, if a complaint was made, families indicated that the complaint was not resolved effectively regardless of where the complaint was made. In fact, a total of 100 reports were made by families responding to the survey. Families reported that 75% of all those complaints were not resolved effectively.

Families reported some of the following reasons for not making a complaint:

> * "I had no idea of the process of reaching them [to make a complaint]."
> * "I needed a lawyer to officially file a complaint otherwise nothing was done."
> * "The alternatives and options were very limited."

Families reported that 75% of complaints were not resolved effectively.

Have you ever made a complaint about a child care provider because your child did not receive the services, supports, or accommodations he or she needed?

- Yes
- No
- I did not know of a complaint process

Was the process effective in resolving your complaint?

Out of School Time Activities

81% of all families who responded to the survey said their child needed support and/or supervision before and/or after school. And 89% said their child needs support and/or supervision during the summer. However, despite this great need, only 36% of families were aware of an out of school program that would accept their child with a disability.

81% of children needed support and/or supervision before and/or after school. 89% during the summer.
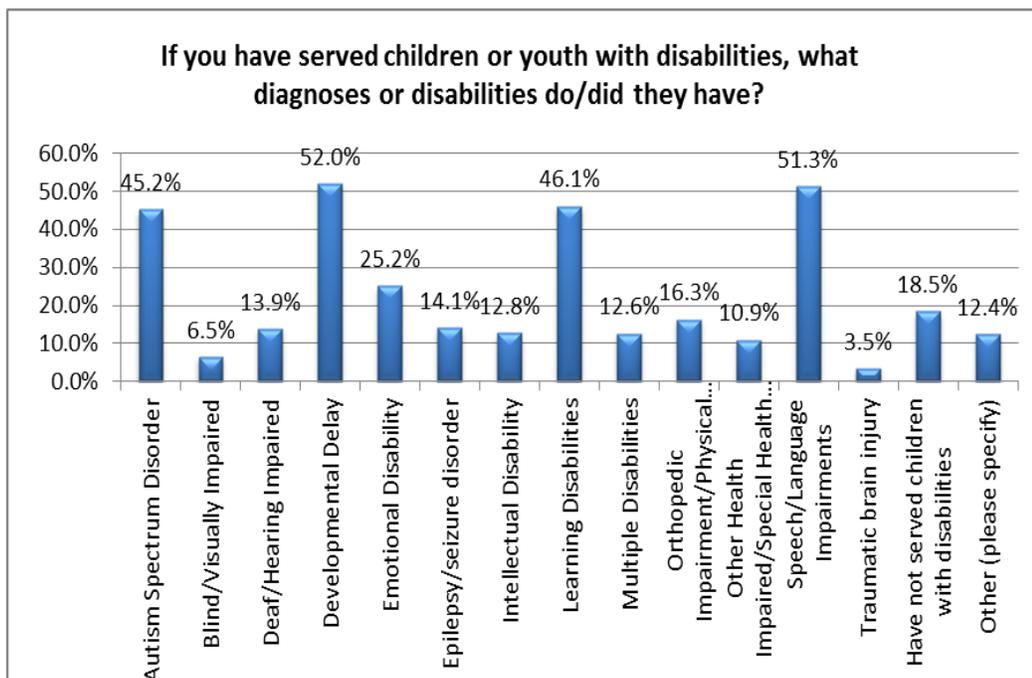

Do you have a concern about the availability of programs as your child ages?
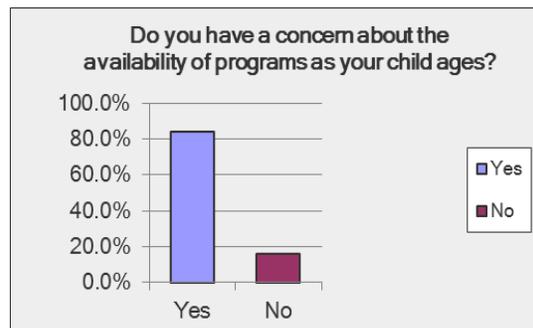
"Right now my child is 10 years old and in 5th grade. She attends an afterschool program…When she moves to middle school next year there is no afterschool program. I'm worried again that I may have to quit my job due to lack of availability." – Parent

Finally, comments from families also indicated that they had great difficulties finding summer care for their children with disabilities. Families indicated that there was a lack of available day camps and child care options throughout the summer months, and that for children and youth receiving Extended School Year (ESY) services, there was a lack of child care and camp options both at the beginning and end of the summer and on a daily basis after ESY services.

The Experiences of Providers

Of the 481 responding child care providers, 460 indicated that they had supported a child with a disability in their program. While those that responded had supported children with a variety of disabilities, the largest percentage supported children with developmental delay (52%), speech/language impairments (51%), learning disabilities (46%), and autism spectrum disorder (45%).

If you have served children or youth with disabilities, what diagnoses or disabilities do/did they have?

Disability	Percentage
Autism Spectrum Disorder	45.2%
Blind/Visually Impaired	6.5%
Deaf/Hearing Impaired	13.9%
Developmental Delay	52.0%
Emotional Disability	25.2%
Epilepsy/seizure disorder	14.1%
Intellectual Disability	12.8%
Learning Disabilities	46.1%
Multiple Disabilities	12.6%
Orthopedic Impairment/Physical...	16.3%
Other Health Impaired/Special Health...	10.9%
Speech/Language Impairments	51.3%
Traumatic brain injury	3.5%
Have not served children with disabilities	18.5%
Other (please specify)	12.4%

Child care providers continue to report difficulties in supporting children with disabilities.
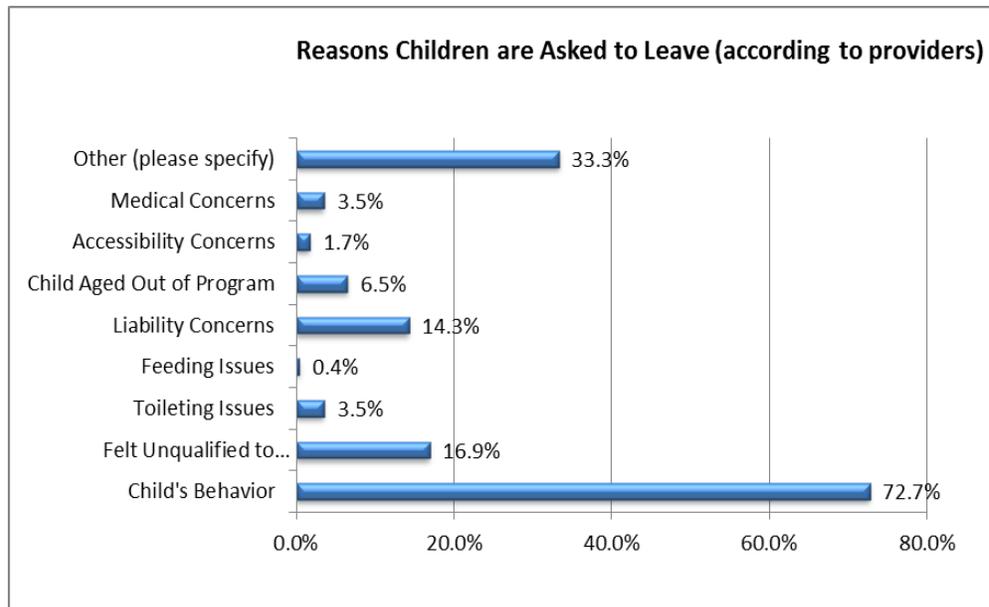
On a daily basis, child care providers support children and their unique needs. However, when asked to support a child with a disability, providers continue to report difficulties. They report the largest reason for those difficulties is behavioral issues with 48% encountering difficulties related to a child's behavior. In addition, challenges with parents (39%), not being able to make accommodations (34%) and a lack of knowledge and training (30%) were reported as significant barriers to supporting children with disabilities in child care and out of school time activities.

Reasons it is Difficult to Support Children with Disabilities –
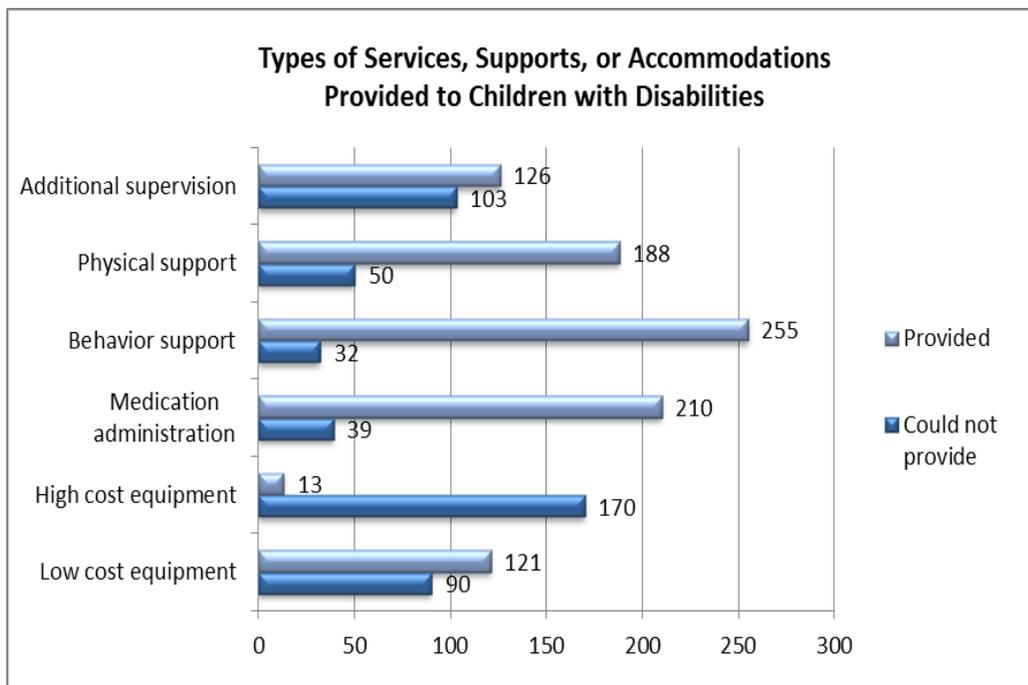*Reported by Providers*
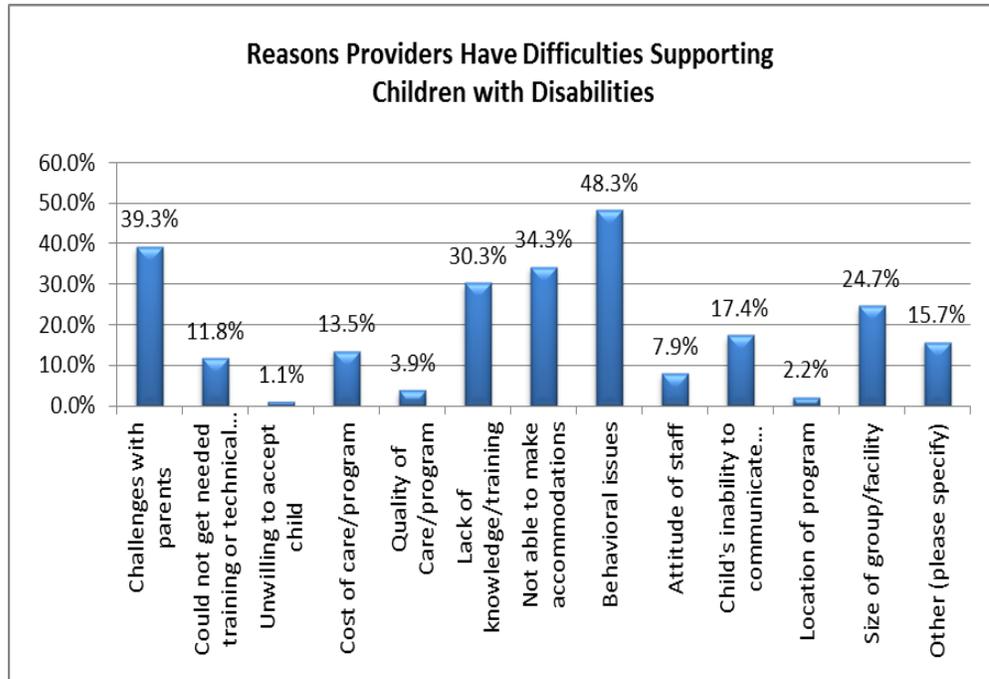
Behavioral issues are the number one reason children with disabilities are asked to leave a child care program.

Reasons Providers Have Difficulties Supporting Children with Disabilities

Category	Percentage
Challenges with parents	39.3%
Could not get needed training or technical...	11.8%
Unwilling to accept child	1.1%
Cost of care/program	13.5%
Quality of Care/program	3.9%
Lack of knowledge/training	30.3%
Not able to make accommodations	34.3%
Behavioral issues	48.3%
Attitude of staff	7.9%
Child's inability to communicate...	17.4%
Location of program	2.2%
Size of group/facility	24.7%
Other (please specify)	15.7%

When asked why a child has ever been asked to leave a child care program, providers again reported that a child's behavior was the overwhelming reason – 73%.

Reasons Children are Asked to Leave (according to providers)

Category	Percentage
Other (please specify)	33.3%
Medical Concerns	3.5%
Accessibility Concerns	1.7%
Child Aged Out of Program	6.5%
Liability Concerns	14.3%
Feeding Issues	0.4%
Toileting Issues	3.5%
Felt Unqualified to...	16.9%
Child's Behavior	72.7%

Though behaviors were clearly the number one reason children with disabilities were removed from child care and out of school time activities, providers indicated that they actively sought behavior support. In fact, for 255 of the responding providers, behavior supports was the most offered type of service, support or accommodation. Only 32 providers indicated that it was a support service that could not be provided.

Types of Services, Supports, or Accommodations Provided to Children with Disabilities

Service	Provided	Could not provide
Additional supervision	126	103
Physical support	188	50
Behavior support	255	32
Medication administration	210	39
High cost equipment	13	170
Low cost equipment	121	90

92% of providers are willing to receive training to better care for a child with a disability.

When asked whether they had been willing to receive training to better care for a child with a disability, 92% of those providers who answered said *yes*. When asked whether they had sought assistance from a specialized child care training service or program, such as a Local Child Care Resource Center, Project ACT or PACT: Helping Children with Special Needs, 81% had used such services. In addition, 59% of providers indicated that a parent or family member had assisted them to better support a child with a disability.

Did you seek assistance from a specialized child care training service or program?

Category	Percentage
Other (please specify)	22%
Did not know about specialized training services...	20%
Did not seek specialized training	22%
Local Child Care Resource Center	43%
PACT: Helping Children with Special Needs	8%
Project ACT	17%

Survey Summary

Clearly families of children with disabilities still face obstacles to finding and keeping high quality, inclusive child care and out of school time activities in Maryland. As a result, families are losing jobs, losing income and facing financial challenges in addition to not getting the support they need for their children to meaningfully participate in appropriate programs. In fact, according to families:

⇒ 72% have had difficulties finding, obtaining or keeping child care.
⇒ 64% have lost income due to the lack of child care options.
⇒ 32% have quit their jobs to stay home with their child.
⇒ 82% need support for their child before and after school, but only 36% know of programs that would accept their child.
⇒ 53% removed their child from a child care or out of school time program because the provider was not adequately trained to support their child.
⇒ 75% of complaints about a child care provider not providing the services, supports or accommodations a child needed were not resolved.

Child care providers acknowledge difficulties in supporting children with disabilities in their programs. According to providers:

⇒ 48% encountered difficulty related to the child's behavior.
⇒ 73% asked that a child leave the program because of the child's behavior.
⇒ 92% are willing to receive additional training to help them serve a child with a disability.

What Has Been Done to Improve the Experiences of Maryland Families and Child Care Providers?

In 2004, throughout the process of listening to families and professionals, a number of recommendations were made to eliminate the barriers that families face when seeking quality child care and after-school care. These recommendations were outlined in the Maryland Developmental Disabilities Council's 2004 *Barriers to Quality Child Care* report. This report will summarize those recommendations that have been implemented since 2004, examine those that have not and recommend additional actions that should be taken.

Quality Assurance and Enhancement

As previously noted, Maryland continues to increase initiatives to improve the quality of child care and out of school time programs. For example, the voluntary quality rating and improvement system in Maryland, Maryland EXCELS, awards ratings to family providers, center-based and public school child care programs, and school age before and after school programs that meet increasingly higher standards of quality in key areas. Though still in testing phase, Maryland EXCELS will be fully implemented in 2013. The standards are in the broad program areas of early care and education, including licensing, learning environments, staffing and professional development, developmentally appropriate learning and program practices, child assessment, program administration and policies, and accreditation [21].

Dimensions of quality as they relate to inclusive practices were incorporated into the standards, including requirements that programs, to reach a certain level, have defined policies and procedures, make specific professional development efforts, involve parents and make resources available, and observe each child's progress. The incorporation of these specific standards can help child care programs to shape practices aimed at ensuring that children with disabilities and their families have full access to the child care needed so children have multiple opportunities to learn, develop, and form positive relationships.

While MD EXCELS and its standards, establishes a solid foundation for increasing quality, it is a voluntary program which does not reach all providers and is only one piece of many improvements that need to be made.

In conjunction with Maryland EXCELS, the Office of Child Care has also modified the credentialing program for child care providers. The credentialing program, Maryland Child Care Credential, which has been in place since July 2001, recognizes child care providers who go beyond the requirements of State

licensing regulations. There are six credential levels and four administrator levels, each one recognizing a child care provider's achievement of a specified number of training hours, years of experience and professional activities which lead to quality child care. The modifications will require more training, including training about children with disabilities, inclusion and the Americans with Disabilities Act.

However, these on-going quality enhancement initiatives as well as training and technical assistance will not be effective if providers do not have the base knowledge from which to start. For that reason, the recommendations around quality assurance in the DD Council's 2004 report remain of utmost importance.

In 2004, it was recommended that the Maryland State Department of Education (MSDE) take many steps to standardize practice, policies and trainings for child care providers about inclusion and supporting children with disabilities. This included developing a *Code of Ethics and Standards of Practice* for all early childhood education professionals that include a statement of nondiscrimination and language regarding the value of diversity and inclusive child care. Since most licensed professionals are governed by standards of practice, abiding by this *Code of Ethics* and *Standards of Practice* should be a requirement of licensure. This was not developed and despite other efforts to promote inclusion, there are no standards of practice for child care or out of school time providers.

The 2004 report also recommended that the MSDE increase and standardize the knowledge of licensing staff regarding best practices and legal requirements for serving children with disabilities and revise quality assurance/licensing reviews to include information about child care providers' capacity to serve such children. This has not been done and licensing staff as well as quality/licensing reviews remain inconsistent across the state.

Additionally, it was suggested that MSDE develop an "inclusion checklist" for providers so they can better evaluate their own capacity for serving children with disabilities and special health care needs. A yearly discussion and review during the renewal of a child care provider's license would highlight the importance of this issue to MSDE and encourage child care providers to increase their knowledge about children with disabilities and special health care needs. While MD EXCELS incorporates some methods of self-evaluation in certain standards, there is no requirement that child care providers assess their own capacity for serving children with disabilities and special health care needs.

Furthermore, it was recommended that laws needed to be changed to require training for all child care providers about the American's with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act - Nondiscrimination Under

Federal Grants and Programs**.** Steps have been taken by MSDE to require training for some providers. For example, the credentialing modification now requires participants in that program to have training on the ADA and inclusive practices. However, less than 38% of all providers participate in that program [22].

Finally, it was originally recommended that MSDE develop a dispute resolution process so that discrimination complaints can be made and investigated. MSDE could then sanction child care providers who discriminate against children with disabilities. Other advisory groups, including MSDE's Inclusive Child Care Workgroup, continued to look at this issue over the years because many families experience discrimination from child care providers who refuse to care for their child with a disability, but they do not file Americans with Disabilities Act (ADA) complaints because of the daunting process and ultimately they do not want to place their child with a child care provider who has been forced to follow the law. The Inclusive Child Care Workgroup is no longer meeting and there is still not a formal complaint process for families.

Support to Existing Services

Support is one cornerstone to the successful inclusion of children with disabilities in early childhood programs as well as out of school time activities. Supports can include individual supports provided to meet a child's unique needs, services provided to a family to help them access and keep child care, training and technical assistance to programs so that more providers are willing and able to support children with disabilities as well as continued collaboration between all the agencies that provide services to children.

The previous report urged the Child Care Administration, now the Office of Child Care, to maintain and expand services that help families find child and after school care; maintain and expand training and technical assistance to child care providers; work in partnership with the Maryland Infants and Toddlers Program and Preschool Service Branch at MSDE; and fund and maintain highly specialized child care programs for children who are medically-fragile.

Families and providers still believe all of these supports are critically important. While some supports have been expanded, such as LOCATE: Enhanced Special Needs Service, many programs and services have lost funding over the years. For example, in 2010, funding was cut by MSDE to programs that specifically support children who are medically fragile. The DD Council partnered with those programs and other stakeholders to show MSDE and the General

Assembly the importance of this funding. As a result, 70% of it was restored and the programs continue to serve children who are medically fragile.

There has been an increase in collaboration between the Office of Child Care and the Division of Special Education/Early Intervention Services. With a closer partnership, children with disabilities and their families are more likely to receive early intervention services in natural environments, including child care programs.

Training & Technical Assistance

Recently, many efforts have been made to improve and standardize training and increase requirements. For example, the credentialing program was modified and now requires each participating provider to complete a course about the Americans with Disabilities Act and inclusive practices. While this is a critical step to increasing the knowledge of child care providers about children with disabilities, less than 10% of all providers are credentialed [23]. The remaining providers are still not required to take a similar training.

In addition, the training approval process was revamped and all approved child care courses and workshops must include information on how the subject areas apply to children with disabilities. This was a direct recommendation from the 2004 report and has been implemented by the Office of Child Care.

Despite the improved training approval process, decreased funding has resulted in less training and technical assistance for child care providers across Maryland. Specifically, grants for specialized training about children with disabilities were decreased. Training and technical assistance provided by well qualified specialists who have expertise in working with children with disabilities is critical to ensure accurate and helpful information, resources and supports are provided to child care programs and providers.

A great deal of research exists supporting the inclusion of children with disabilities in early intervention, education, and recreational settings, as well as specific strategies to support children in high quality, inclusive settings; however, few child care providers are knowledgeable about these best practices. Providers must have access to information about best practices.

Networking & Collaboration

Child care providers report that they learn best from one another. The availability of a local networking group where a new provider can learn from

those more experienced in serving children with disabilities would use the expertise available in the locality and promote mentoring relationships, leadership and professionalism. In addition, we know that most child care providers will not participate in a workshop on disability until they have a child with a disability in their program. Two recommendations were made in the 2004 report to address these issues.

They include supporting the development of local child care special needs networking groups aimed at providing local leadership and technical assistance to one another; and, developing a database of professionals available to provide immediate technical assistance to child care providers. While the specialized training programs offered through the Local Child Care Resource Centers, Project ACT and PACT: Helping Children with Special Needs do strive to address the training needs of providers, it is not enough. Partnerships are critical and should be promoted.

Interagency partnership and collaboration is also important to foster support for programs, providers, children with disabilities, and their families. Several families, who responded to this survey as well as the survey in 2004, stated that they were using DDA Family Support Service funding or Autism Medicaid Waiver funding to provide additional personnel support for their child so he or she could benefit from participating in a community-based child or after-school care program. With many child-serving agencies in Maryland, it was previously recommended that a workgroup be established to identify and implement creative uses of existing programs and resources that could support children with disabilities and special health care needs participation in community-based child and after-school programs.

<u>Out of School Time Activities</u>

Overwhelmingly, parents who responded to the survey questions expressed concerns about after-school care for their older children.

Since the 2004 report, there has been some work to increase the number of inclusive out of school time activities and programs throughout the State. The Maryland Out of School Time Network [24] has partnered with the State and other stakeholders to continue to pursue additional opportunities to expand these activities and programs. While Maryland's After-School Opportunity Fund [25] did begin to address the need for increased after-school care programs, these programs are not licensed by the Office of Child Care. A number of programs supported through this fund were in fact "drop-in" after-school programs that are not suitable for children and youth with more significant disabilities who require trained staff and additional supports.

During the 2012 legislative session, a bill was passed to transfer the After-School and Summer Opportunity Fund to the Governor's Office for Children. This encourages a more coordinated approach to increasing opportunities for children and youth, including those with disabilities, in high quality out of school time activities. It does so by promoting the use of technical assistance to ensure quality standards are met, and building the capacity of out of school time programs to serve and support more children and youth.

While this is a critical first step, more still needs to be done. Many families of children with disabilities continue to need after-school care through age 21. Community-based out of school time activities and programs do not exist for this age group. In 2004, the report noted an immediate need to develop an age-appropriate alternative (perhaps tied with transition services) that supports appropriate skill development in integrated and community settings. This need still exists.

In addition, in 2004, focus group discussions with families and the professionals who work with their children with disabilities revealed a sense of confusion about licensing requirements for older children. It was reported that many child care providers did not believe they could care for children over age 12. As a result, the DD Council recommended that child care providers be informed at orientation sessions and upon license reviews that they are eligible to care for children over age 12 and the process for doing so. And, families should be able to readily find information about licensing requirements. However, licensing specialists continue to provide inconsistent messages about serving children and youth with disabilities across Maryland.

What Should Be Done to Improve the Experiences of Maryland Families and Child Care Providers?

2012 Recommendations

Capacity of Community-based Programs

A. The Office of Child Care should work with providers to establish inclusive models of care with available, on-site nursing and other health professionals. While capacity is being developed, highly specialized child care programs for children who are medically-fragile must be maintained with adequate funding.

B. The Office of Child Care should establish guidelines and incentives for the use of Universal Design for Learning (UDL) in all child care and out of school time programs.

> UDL provides a framework that considers the widest diversity of needs possible so that all children benefit from an environment and/or a curriculum that is designed to ensure equitable access and meaningful participation by all children.

> Maryland has already embraced the concept of UDL. After reviewing the report and recommendations by the *Task Force to Explore the Incorporation of the Principles of Universal Design for Learning into the Education Systems in Maryland*, regulations were proposed and adopted [26]. In fact, during the 2013-2014 and 2014-2015 school years, local school systems will be using UDL guidelines and principles to develop and revise curriculum, and develop and provide curriculum, instructional materials, instruction, professional development, and student assessments [27]. Developing similar guidelines and principles for child care and out of school time programs is a critical next step.

C. The Office of Child Care with support from the Maryland Developmental Disabilities Council, should initiate interagency collaboration with the Developmental Disabilities Administration (DDA), Mental Hygiene Administration (MHA), Maryland State Department of Education (MSDE), Office of Genetics and People with Special Health Care Needs (OGPSHCN), and other pertinent agencies to identify and implement creative uses of existing programs and resources that could support children with disabilities participation in community-based child care and out of school time activities.

> Several families who responded to our survey stated that they were using DDA Family Support Service funding and Low Intensity Support Services, or Autism Medicaid Waiver funding to provide additional support for their child so he or she could participate in community-based child care or out of school time activities. This creative use of blending funds can be effective for some families and may prove financially beneficial for the State.

Training and Technical Assistance

D. Through an open process that fully engages stakeholders, the Office of Child Care should develop recommended changes to Maryland laws and regulations to require training for all providers on the American's with Disabilities Act (ADA), Section 504 of the Rehabilitation Act - Nondiscrimination Under Federal Grants and Programs and the inclusion of children and youth with disabilities in child care and out of school time activities. The Office of Child Care and stakeholders should work with the Maryland legislature to make the recommended changes.

> Maryland law already requires providers to have pre-service training which includes training in six core of knowledge competencies. One core competency is "special needs" and the Office of Child Care requires child care center staff as well as family child care providers to obtain introductory training in special needs. However, current law does not specifically require training on the ADA, Section 504 of the Rehabilitation Act or the inclusion of children and youth with disabilities.

E. The Governor should increase the Division of Early Childhood Development's budget so that more funds can be directed to specialized training and technical assistance services that provide on-site technical assistance to child care providers supporting a child with a disability.

Families report that the on-site technical assistance services of groups like Project ACT and PACT: Helping Children with Special Needs are vital to being able to keep their children in community child care and after-school care settings. And 92% of providers report that they are willing to receive more training in order to better serve children with disabilities.

F. The Maryland State Department of Education, in cooperation with the Maryland Higher Education Commission, should ensure that all trainers, including college and university professors, are knowledgeable about and offer child care providers and out of school time program staff information about best practices that support the inclusion of children with disabilities.

G. The Maryland State Department of Education should support expanded use of technology as a method of training and develop more training that is web-based and/or accessible online.

The Maryland Family Network is developing an e-learning module, with support and funding from the Maryland Developmental Disabilities Council, for child care providers about the ADA, children with developmental disabilities and the support they may need to participate in child care programs. Providers report that having a variety of training methods increases their opportunity and ability to access information.

H. The Division of Early Childhood Development should expand the technical assistance to child care and out of school time programs provided by the Early Childhood Mental Health Consultation Project to help them better address children's challenging behaviors and develop a similar program to address other needs (beyond behavior) of children with disabilities.

65% of families reported behavior issues as the main concern child care providers had about supporting their child with a disability. In addition, 73% of providers reported that behavior issues were the reason a child was asked to leave the program. Though behavior issues were the number

Funding

I. The Office of Child Care should dedicate funds that child care providers can access to support them in serving children with disabilities in inclusive settings.

> The funds could be used to provide accommodations, equipment and/or more staff, for example. While most accommodations for children with disabilities are relatively inexpensive, there are occasions in which child care providers need additional resources for environmental modifications, adaptive equipment or other supports.

Information Dissemination

J. The Office of Child Care should maintain services like the LOCATE: Enhanced Special Needs Service and Child Care Resource and Referral Services, as well as further publicize and promote these services to families, particularly those living in outlying areas.

> Many families who were surveyed indicated how important these services were in finding child care and out of school time activities, however many families remain unaware of the services.

K. The Maryland Developmental Disabilities Council should lead an effort to develop a web-based repository of information and tools that providers, families and the public can access about inclusive child care and out of school time activities.

Policy

L. The Division of Early Childhood Development and the Division of Special Education must continue to collaborate to ensure that children, birth through five, receive needed early intervention services in natural environments, including early childhood education programs.

> Part C of the Individuals with Disabilities Education Act requires that children under age 3 be served in natural environments – those environments the child would be in were they not a child with a disability. The Maryland State Interagency Coordinating Council has recognized the benefits of natural and inclusive environments for young children with disabilities. Research indicates that children with disabilities and special health care needs make significant gains when they receive intervention in their natural environments.

Collaboration between these and other agencies and programs is essential to building the capacity of the child care community to offer quality, developmentally-appropriate care to such children.

M. The Maryland State Department of Education, in partnership with the Maryland Developmental Disabilities Council, should reestablish and revitalize the Inclusive Child and After School Care Workgroup to pursue its original mission to eliminate barriers and improve access to high quality, inclusive child and after school care for children and youth with disabilities and develop a comprehensive system of coordinated high quality inclusive child care services across agencies and programs.

The Inclusive Child and After School Care Workgroup was originally formed in 2004 to prepare an implementation plan for inclusive child care at the direction of the Maryland General Assembly. Recommendations were made and a report of issued. The Workgroup dissolved before the recommendations were implemented and did not get reestablished until 2011. The new workgroup is no longer meeting either.

N. The Office of Child Care, in partnership with the Maryland Out of School Time Network, should work to expand age appropriate, inclusive out of school time program options for middle and high school aged youth with disabilities throughout the State.

84% of families reported that they were concerned about the availability of child care and out of school programs and activities as their child with a disability ages.

Dispute Resolution

O. The Office of Child Care should establish a fair, consistent and timely dispute resolution process to investigate and address discrimination complaints against child care providers.

18% of families responding to the survey indicated they did not know a complaint process existed. For families that did make a complaint, they reported that 75% of those complaints were not resolved effectively. This data indicates that Maryland needs a viable dispute resolution process that families are made aware of. Since there is no current process by which families can make a formal complaint when they feel their child is denied access to child care and out of school time activities due to disability, this process will have to be established by law.

<u>Final Note</u>

The Maryland DD Council is committed to supporting the implementation of these recommendations and invites other stakeholders to help ensure they are carried out so that more children and youth with disabilities have the opportunity to learn and play in high quality, inclusive programs with their peers. In addition to these recommendations, there are many issues that fell outside the scope of this survey and report, but still need to be investigated and addressed.

They include:

• Employment and financial issues for families that result from the lack of child care and out of school time options for their children and youth with disabilities.
• Medical and health related services needed for children and youth with disabilities to be included in community-based programs.
• The reality for families of children with disabilities is that caregiving issues are dynamic, span across a person's life, and do not end when a person is no longer eligible for child care and/or out of school time programs.

Endnotes

1. Out of school time providers work for programs that provide services to children, youth and young adults before and after school and during the summer months.
2. NACCRRA, 2010 Child Care in the State of Maryland, March 2010.
3. Id. <www.naccrra.org/randd/data/docs/MD.pdf,> and LOCATE, Statewide Monthly Activities Chart, November 2, 2011 – March 31, 2012.
4. Maryland State Department of Education. March 2011. Getting Ready. The 2010-2011 Maryland School Readiness Report: Children Entering School Ready to Learn.
5. Maryland Out of School Time Network, April 2010. Maryland Out-of-School Time Programs' Quality Standards Framework: *Supporting Continuous Program Improvement for Quality Out-of-School Time.*
6. Morgan, G. (1986). Supplemental care for young children. In M. Yogman, & T. B. Brazelton (Eds.), *In support of families.* Cambridge: Harvard University Press.
7. The National Association for the Education of Young Children, position statement, *Early Childhood Inclusion*, April 2009.
8. In this report, the term programs refers to child care centers, family child care homes and other programs and/or facilities licensed by the State to provide child care in Maryland.
9. Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 (2009).
10. U.S. Department of Justice Civil Rights Division, Commonly Asked Questions about Child Care Centers and the American with Disabilities Act. < http://www.ada.gov/childq&a.htm>
11. Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 (2009).
12. LOCATE: Child Care, Maryland Family Network, November, 2009. Child Care for Children with Special Needs.
13. *Id.* Figure 12, pg. 13. 76.4% of family child care providers and 95.7% of group programs, including child care centers, indicated they had "some type of experience caring for children with disabilities This represents an almost 9% and 3% increase, respectively, since 2000.
14. MSDE, *Children Entering School Ready to Learn: 2011-2012, Maryland Model for School Readiness*, pg. 2.
15. *Id.* Appendix B, pg. 6. This information describes the percentage of students assessed who receive special education services and have and Individualized Education Plan (IEP).
16. No survey responses were received from Kent County.
17. These numbers do not equal 100% because respondents could choose more than one type of child care.
18. LOCATE counselors interact with families of children with disabilities to provide resource and referral services. In addition, LOCATE counselors work with the potential child care providers.
19. Project ACT Project ACT (All Children Together) provides child care centers, Head Start programs, family care providers, and preschool to elementary school classrooms with support in fostering school success and healthy. development for all children.
20. Among other things, PACT provides training to child care providers around the state to help them adapt their programs to meet the needs of children with medical, developmental, and behavioral issues..
21. <www.marylandexcels.org>.
22. As reported by the Office of Child Care, Credentialing Branch.
23. As reported by the Office of Child Care.
24. The Maryland Out of School Time Network is comprised of community members and groups campaigning for expanded funding, more effective policies, and increased program quality to ensure all young people in Maryland have access to activities in the out of school hours that enable them to achieve in all stages of their development. < www.mdoutofschooltime.org>
25. COMAR 13A.14.12.01. The purpose of the Maryland After-School Opportunity Fund Program (MASOFP) is to assist parents by providing after-school enrichment activities for school age children in the State.
26. The full report and recommendations of the Task Force, A Route for Every Learner: Universal Design for Learning as a Framework for Supporting Learning and Improving Achievement for All Learners in Maryland, Prekindergarten through Higher Education is available at : <marykandlearninglinks.org/1021>.
27. <www.marylandpublicschools.org/MSDE/divisions/child_care/programs/ECMH>.

<u>In Appreciation</u>

Maryland Developmental Disabilities Council
217 E. Redwood Street, Suite 1300
Baltimore, Maryland 21202
410-767-3670/800-305-6441
711 (MD Relay)
Info@md-council.org
www.md-council.org

The Maryland Developmental Disabilities Council is a public policy organization that advocates for the inclusion of people with developmental disabilities in all facets of community life.