

Session # A - 6

Title : Inclusive Settings – Policy and Practice

Moderator: Moniquin Huggins, Director, Operations Division, Child Care Bureau

Colleen A. Kraft, M.D., President, Virginia Pediatric Society

Michaelene Ostrosky, Ph.D., Professor, University of Illinois at Urbana-Champaign

Michal Rhymer-Charles, M.A., Assistant Commissioner, Department of Human Services, U.S. Virgin Islands

Patti Russ, State Technical Assistance Specialist, Region VIII, National Child Care Information Center

SUMMARY OF PRESENTATION

Each presenter walked through presentations and described their programs and services, specifically related to inclusion. The handouts for the session accurately cover the information.
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SUMMARY OF DISCUSSION

What validation or monitoring is built in to make sure the extra services are provided? (question to Patti Russ): Providers are visited by the CCR&R Early Childhood Specialist and are asked to demonstrate how the additional money they receive through the special needs subsidy is being used to support the child's placement.
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Do you have any way of knowing how having individualized rates makes a difference? (a way of tracking?) Question to Patti: Montana tracks the number of kids receiving a special needs subsidy through the State Inclusion Coordinator, located at Child Care Plus+. Each child's progress is monitored through periodic review and adjustments to the child care plan. However, the State's electronic child care system is not used to track children with special needs who are enrolled in child care that receive special needs services but do not receive a higher rate, nor are there reports available from the child care system that summarize the overall performance of the program.

Tom Olsen (Oregon) mentioned that they have a program similar to Montana's; they have two subsidy programs with different requirements.

Do you have materials around mental health consultations? Not yet, but there's one of the things CSEFEL is working on for the future.

Comment: glad that FFN providers are included in the differential subsidy payments in Montana. Helps families.
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For anyone: Are any states tracking the number of children enrolled? Mississippi is

(representative in the room). They do it through the subsidy program; Tom's state (Oregon) does it too. They only track children receiving subsidy. Outside of this, it's difficult to get a true picture. Tom is trying to do it with a program called the child care inventory program. It's at a relatively new stage. Definitions also vary across states, adding to the difficulty.

Some providers, even with a higher reimbursement are leery of providing the kinds of services special needs children often need.

For Dr. Creed, what language should providers use when telling a parent he or she needs to take the child to a pediatrician to be checked for something wrong? Something like, "sometimes I notice when I'm talking with all of the children, at times your child doesn't seem to hear me as well. Is that something you've noticed? Perhaps it's something you may want to get checked out...or something "gentle" like that. Other's suggested if you notice something, do some observation and recording of data to confirm your observation before presenting it to parents. Also, you can suggest that the pediatrician who is the partner for Healthy Child America can come to the center to evaluation the child (sometimes, getting to the Doctor can be a barrier for families).

KEY POINTS

CSEFEL

- Background on CSEFEL: a goal this time around: really work with some states on an intensive basis.
- Guiding principles/Values: preventing challenging behaviors, individualizing interventions, implementing in the context of naturally occurring routines, systematic change process, modifying strategies for cultural and linguistic diversity.
- Description of Pyramid Model: See handout for model. Also several products from CSEFEL are listed in the handout and the topics they apply to.
- Web site url: <http://www.vanderbilt.edu/csefel/practical-ideas.html>, contains tools and techniques and resources
- Work in states has three phases: 1) identify cadre of trainers and demonstration sites; 2) plan for monitoring, evaluation, sustainability and mentoring; 3) supports for sustainability. Working with three states so far (Colorado, Maryland, and Iowa)
- New materials coming in 2007 around research syntheses (user friendly formats); new "what works briefs," including maternal depression and infant mental health – some to be expanded into training modules; decision-making guidelines (like choosing a social/emotional curriculum or assessment); and tools for families (materials that are friendly to families).
- Lessons learned/Promising Practices

Pediatricians in Partnership

- Healthy Child Care America's goal is to maximize the health, safety and well being of all children.

- Children with Special needs are children first
- Every child should have a “medical home”; that refers to a structure and process for care; it’s more than a place. It’s where records are kept, etc.
- Fifty grantees across the U.S.
- Infrastructure building is important, and each state has a Healthy Child Care America contact.
- The web site provides downloadable tool on certain health topics; educational resources for both providers and parents.
- Also can find state chapter grantees on the web site.
- One thing that is very underemphasized is that child care settings are often where abnormalities are noticed, and child care providers are essential partners for pediatricians.
- Unfortunately, parents sometime feel blown off by pediatricians that don’t recognize some of the early development signs. But that’s changing, and there are a lot of early developmental screenings now in place. 9 mos, 18 mos, and 24 mos, and 30 months....different screenings for different ages.
- One thing coming up more often is partnering with Centers to do some of these screenings. They see the children every day.
- Inclusion is the strategy that should be used for all children. If we can get it right for the children at the top of the pyramid, we’ll have it right for all children.
- Pediatricians need to work with parents and providers to maintain open communication to help with inclusion.
- Managing infectious diseases in child care and schools: a good book with one-page work sheets on different conditions. Good resource. A similar book is in the works for information on inclusion/special needs conditions.

Virgin Islands Department of Human Services

- In 1995 VI initiated a task force to develop and Inclusive Certification Program.
- Initially designed for entry-level personnel. Initially, OCCRS paid for all of the students participating in the program. They eventually began to focus more on CC centers and Head Start programs.
- The Certificate Program served as a prerequisite for the degree in Early childhood education degree.
- Funding came from the quality expansion money to support the first cohort for the certificate.
- Rational for providing the scholarships: improve quality of child care; upgrade knowledge and skills of providers, ensure CC professional are trained to provide quality inclusive EC programs in centers and school age programs; and provide a continuum of educational opportunities.
- The program stresses the importance of natural environments, play support, and the integration of developmental and learning experiences into the curriculum.
- Students are trained to facilitate child development and parent-child relationships
- Over 100 students have earned the Certificate and the graduates are in HS classrooms, in private child care centers, others went on to complete the BA degree.

Rates Settings: Policy and Practice

- Early on, Montana participated in the Map to Inclusive Child Care program.
- Montana wanted to be very individualized in how they approached setting rates for children with special needs.
- Montana's mission was: "Sharing a vision that celebrates diversity and provides the necessary resources to ensure high-quality choices for all children and their families."
- Montana's special need subsidy ensures that children with special needs receive quality, appropriate care while their parents are working or in education programs. Subsidies can be different for different families, based on the needs and abilities of an individual child.
- Montana developed a special needs rating scale to help in assigning the subsidy rate. (Full example in handout)
- Some questions: do children who speak English as a second language qualify? (yes); Can parents choose FFN care? (yes); Do children have to have diagnosed disabilities to qualify (no); Are all families of children with disabilities eligible? (You have to meet the income guidelines)