

Early Learning Council Recommended Strategies for Addressing Inclusion in child care in CCDF Plan, policies, and procedures

Introduction

The All Families Served (AFS) and the Inclusion Subcommittees of the Early Learning Council (ELC) worked in a public-private collaboration with IDHS to develop the following road map for consideration to address inclusion in the state Child Care Development Fund (CCDF) plan and state child care policy.

We recognize the current demands on the child care system and the challenges presented by the years of lack of a state budget. This document does not just recommended strategies, but reports on what we have learned in this collaborative process as a “state of the state” on inclusion and serving children with special needs. It highlights what the state is doing well, places where challenges remain, and provides a roadmap of options the state can employ to meet the priorities and requirements of Child Care Development Block Grant (CCDBG), and ensure that young children with disabilities and their families have an equitable opportunity to access high quality child care.

A combination of strategies is essential to ensure access, participation and supports are in place for children with disabilities. These strategies can be adopted sequentially or concurrently and at different points in time, if necessary. The strategies are also categorized by which will require few resources versus high resources.

IDHS recently released its updated mission, vision, and motto. The mission being “Strengthening IL by building up lives and communities.” The strategies outlined in this document align closely with this vision, in particular, “supporting individuals with developmental disabilities,” “serving people where they are,” focusing on teamwork, and basing decisions on quality data. We thank our partners in both subcommittees and IDHS for this collaborative process.

Background

In 2009, the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) produced a joint statement on inclusionⁱ, highlighting *quality inclusion* or *quality inclusive practices* as the demonstration of (1) access, (2) participation, and (3) supports for young children with disabilities. The statement defines these as:

- **Access.** Providing access to a wide range of learning opportunities, activities, settings, and environments is a defining feature of high quality early childhood inclusion.
- **Participation.** Even if environments and programs are designed to facilitate access, some children will need additional individualized accommodations and supports to participate fully in play and learning activities with peers and adults.
- **Supports.** In addition to provisions addressing access and participation, an infrastructure of systems-level supports must be in place to undergird the efforts of individuals and organizations providing inclusive services to children and families.

More recently, in 2015, the United States Departments of Education and Health and Human Services issued a joint policy statement on inclusion that specifically cites the opportunities within CCDBG to improve opportunities for inclusion, and in 2017, the federal Office of Special Education Programs issued a Dear Colleague Letter clarifying that least restrictive environment for children who are pre-school age includes their child careⁱⁱ.

The recent reauthorization of the CCDBG Act of 2014ⁱⁱⁱ included several opportunities for new and renewed action on improving inclusion of children with disabilities in child care. Prioritizing child care assistance services to children with disabilities is not a new requirement; however, the reauthorization reinforced the existing provisions and included new provisions that support states' efforts to embed the DEC/NAEYC best practices for inclusion.

In particular, states are required to^{iv}:

- Develop strategies for increasing supply and quality of child care
- Prioritizing assistance to children with special needs
- Provide training and support to child care providers
- Collect and report data on children with disabilities served
- Help ensure children receive developmental screenings and referrals by making families and providers aware of existing screening opportunities

The following pages highlight specific strategies that IDHS could consider to meet these requirements. The new law, rules, and CCDF plan templates require us to increase enrollment and to ensure that when children are enrolled, they can fully participate and that the providers have the skills and assistance to support the children. While Early Intervention (EI) and Early Childhood Special Education (ECSE) provide individualized supports for children with disabilities, we know that the settings (the personnel as well as the environments), must be ready and able to support children with disabilities and collaborate with those providers.

Illinois Strengths and Current Efforts

There are numerous efforts currently happening in Illinois that promote inclusive practice:

- In February 2017, an Illinois Early Childhood Inclusion Summit was held with 91 public and private policy leaders convening to set an ambitious and compelling vision and action plan for inclusion in the early childhood context.
- The Inclusion Subcommittee of the ELC worked with IDHS, the Illinois State Board of Education (ISBE), INCCRRA, and ExceleRate (Illinois' Quality Rating Improvement System) to develop screening [resource guides](#) and [Memoranda of Understanding forms](#) between child care programs and EI/ECSE. The creation of these materials was to further support the inclusion quality strand within ExceleRate, which in itself, is also an Illinois strength. Currently, a webinar is being developed to increase dissemination of these guides and forms and to encourage best practice.
- The EITP developed videos and resources for child care providers and Early Interventionists:
 - [EI and Child Care: Natural Partners in Natural Environments](#)
 - [Natural Partners in Natural Environments: Childcare and EI - A Guide to Early Intervention Services in Illinois](#)
 - [Working with Early Intervention as a Child Care Provider](#)
 - [Working in Child Care as an EI Provider](#)
- Early CHOICES, a preschool least restrictive environment initiative funded by the Illinois Council on Developmental Disabilities (ICDD) and ISBE, in collaboration with the Early Intervention Training Program (EITP) conducted three *Natural Partner* trainings between child care providers and Early Interventionists. These trainings aimed to increase knowledge and collaboration between the two sectors and foster relationships, while also providing EI and Gateways professional development credit. Through continued funding and a partnership with EITP, Early CHOICES plans to continue to support these trainings for child care provider and Early Interventionists.

- Early CHOICES has also created a [module](#) to help program staff better understand inclusion and practices that support high quality by applying the concepts from the Inclusion Policy Statement.
- The EITP is collaborating with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) to disseminate the DEC Recommended Practices to its trainers and liaisons.
- There was previously an Award of Excellence for Inclusion within Excelerate Quality Rating Improvement System (QRIS). There are 22 programs who received the award. There are efforts underway to sustain and build on the principles of the award: Early CHOICES and Early Childhood Least Restrictive Environment Stakeholders Consortium are continuing efforts to recognize high quality inclusive programs by providing a similar recognition.
- The ICDD has funded a project to improve the capacity of the early childhood workforce to support children with special needs:
 - Illinois State University will lead a team to increase capacity for inclusive teaching. The Gateways to Opportunity competencies will be aligned with standards and guidelines to reflect the inclusion evidence base. The project team will identify gaps in Illinois' professional development system and disseminate strategies to fill those gaps. Resources will be developed for higher education faculty and Gateways trainers to support incorporation of competencies into professional development systems.
- Led by the Governor's Office of Early Childhood Development, Illinois is now embarking on becoming a Pyramid Model State. We can consider how to utilize this approach within the context of inclusion and support inclusive practice efforts. Some of the Child Care Resource & Referral (CCR&R) Agencies are building their capacity by attending Pyramid Model trainings and some child care programs may begin the training modules.
- PA 100-0105, preventing early childhood expulsions due to challenging behavior from school- and community-based programs receiving ECBG funds (Preschool For All, Prevention Initiative) and licensed child care providers serving children ages 0-5, was signed into law this year. The legislation outlines a process that programs must follow, which includes access to developmental screenings and referrals to EI and ECSE. This legislation underscores the need for child care providers to build capacity to serve children.

Current Challenges

Illinois still faces some identified challenges and barriers around inclusion:

- The Project Collaborative Care (PCC) was a study was conducted throughout Illinois in 2015-2017 with the purpose of better understanding the inclusion of very young children with disabilities in child care from the perspectives of professionals. The study (pending publication) included an online survey of 620 child care providers and 371 IDEA Part C EI providers from across the state. Providers represented both center-based and family child care, directors, owners, teachers, and other early childhood professionals as well as a range of EI providers across disciplines. The top five barriers to inclusion identified were:
 - Not enough training to prepare child care providers to effectively work with young children with disabilities who are enrolled in child care programs;
 - High teacher to student ratios (too many children per each adult);
 - Child care facilities are not designed for children with disabilities (e.g., rooms are too small for wheelchairs, adequate supplies, lack of special equipment, or lack of assistive technology);
 - Not enough high-quality child care programs; and
 - Lack of time for planning and coordinating services for children with disabilities between child care providers and EI providers.

- The new data collection requirements of CCDBG paint a very limited picture. Illinois is only collecting information on a diagnosed special need when families apply or re-determine. This number will never be an accurate representation of how many children with disabilities are in child care, which makes it hard to truly understand the scope of the problem.
- Furthermore, the required data collection does not tell us much information about children who cannot get into child care programs. This is a common national problem; however, Illinois is poised to realize the potential of CCDBG around data collection. We need to think about all the information we still need in order to make better public policy decisions that will help children with special needs get in the door.
- While there are current efforts and strengths (see above), they are not institutionalized or systemic.

Considerations for Action:

An overarching recommendation is to analyze and leverage existing infrastructure across systems in order to maximize resources and reduce burden. Illinois has some infrastructure for inclusion support in place, and may be able to extend that expertise to support children and providers in child care settings. While this requires additional resources to build capacity, it may be more effective and cost efficient to extend the reach of the current entities. Through the subcommittees' conversations with IDHS, we have learned of existing areas of data collection and provision of services that could be built upon quite easily in the short term or new strategies that they may consider adopting:

- IDHS is able to collect monthly data on the number of children with special needs under age five enrolled by CCR&R. They could consider providing quarterly updates to various committees (such as the Child Care Advisory Council) on this data.
- IDHS could consider including data collection around children with disabilities in their annual report.
- IDHS previously collected data on programs' use of the Quality Grants (data last collected in FY14) and if this funding was used to serve children with disabilities. IDHS could consider adding this question back into the application for the grants and provide guidance on how programs might utilize the grants to support inclusion.
- IDHS agreed to continue to review the data from the PCC study and determine if they needed more information. The two Subcommittees will continue to follow-up with IDHS on this issue and offer to assist in any surveying or data collection needed.
- IDHS is working with Action for Children to adapt and utilize their guidance document on *Strategies for Successful Partnerships with Early Intervention* to disseminate and offer as a resource to child care providers. The two Subcommittees will continue to follow-up and assist in this process.

Conclusion and Roadmap

The following chart represents the road map that Illinois can follow to continue to prioritize inclusive practices that promote access, participation and supports. Again, these strategies can be adopted sequentially or concurrently and at different points in time and should represent an on-going conversation and collaborative effort.

We are asking IDHS to continue to stay engaged in the conversation, collect and share more data, and set goals. We recognize that it is not IDHS' responsibility alone to improve inclusive practices and that it will take multiple systems to address any challenges. We encourage IDHS to continue to utilize the two Subcommittees in these efforts.

| Requirement | Citation within CCDF Program Final Rule (Sept 2016) ³ | Strategy to Address Requirement | Resources Required | Rationale |
|--|--|--|--------------------|--|
| Develop strategies for increasing supply and quality of child care | Subpart B. General Application Procedures Sec 98.16 Plan Provisions (x) for description of lead agency strategies to increase supply and improve quality of child care for children with disabilities | Adopt and disseminate standardized public messaging around the importance of Inclusion from existing resources. | Low | <p>In order to change attitudes and beliefs and in order to have a common understanding. There are many resources, videos, etc that can be used. Some examples are the DEC/NAEYC statement, materials from the Inclusion Summit, and guidance documents developed by IL Action for Children.</p> <p>Much of this dissemination can be done through standardized training so that providers know that they are required to accommodate all children with disabilities. Through the required CCR&R professional development work days hosted by INCCRRA, adding subject matter content on inclusion could help to disseminate this information CR&R staff.</p> <p>Additional channels might include IDHS notices to providers, CCR&R communications to providers, CCR&R websites, and messaging delivered by CCR&R staff working with providers (nutrition, quality specialists, referral and outreach teams).</p> |
| | | Bring additional quality standards related to inclusion within ExceleRate levels for a continuum of quality rather than placing the bulk of it in the Award of Excellence. Bring additional competencies related to inclusion into the Gateways Credentials and trainings. | Medium | <p>This strategy is a high priority, because it will lay the foundation for professional development.</p> <p>This work can possibly be incorporated into the work plan of the Quality Committee of the Early Learning</p> |

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| | | | | <p>Council as they are already planning to conduct an evaluation of ExceleRate. There are documents that can be used as reference to inform any revisions: (the original framework of the Award of Excellence and “What Makes Inclusion Work,” which can be adapted to child care). Part of this work is also already beginning as INCCRRA is starting to conduct crosswalks of the credentials and trainings in Gateways and will be partnering with the LRE Stakeholders Consortium.</p> |
| | | <p>Provide grants and contracts directly to child care providers to:</p> <ul style="list-style-type: none"> • Support staff needs, in the form of training and technical assistance. • Modify a child care setting to accommodate children with diverse abilities and needs (building ramps, widening doors, etc.) • Buy items such as sensory equipment or computer equipment and software for children with special needs • Incentivize providers to open in an area they may not otherwise consider or to serve children for whom care is more costly or more involved due to a child’s disability. • Allow for staff time to be spent on planning, collaboration, and teamwork (both internally and with external partners): provide funding for staff release | High | <p>Certificates play a critical role in supporting parental choice; however, demand-side mechanisms such as these are only fully effective when there is an adequate supply of child care.^[i]</p> <p>One barrier to providing inclusive services is that it is difficult for a provider to wait for a child with special needs to come to them, then apply for a rate add-on, and then make changes to their program based on one child, which can be further complicated that the child may then leave. While this structure empowers families on an individual level, there still needs to be a base level of quality infrastructure that makes a family want to come to a provider in the first place.</p> |

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| | | <p>time to attend meetings; provide funding for substitutes to attend meetings; provide training stipends for those seeking professional development (including college course work); pay EI/SPED providers for collaboration time with child care providers regardless of where child receives services (as child care providers are not official providers).</p> | | <p>Early Intervention and Special Education provide services for children with special needs; however, we need to ensure that child care providers have an appropriate environment, the basic competencies/knowledge, and the time to be able to partner with the providers of the service in order to successfully support each child. Providing grants and contracts would allow providers to have the flexibility to be prepared and provide a high quality inclusive environment.</p> <p>Creative funding linkages could be investigated, such as ADA funding or other infrastructure grants and partnerships with community organizations and businesses.</p> |
| | | <p>Consider expanding the number of programs who are eligible to obtain differential payments and tiered reimbursements.</p> | <p>High</p> | <p>Currently in IL, providers may receive increased payments for serving children with disabilities. However, it is only available to site-administered programs, which represent a very small percentage of the full child care workforce in Illinois. We also know from field surveys that it is underutilized even within site-administered programs, because the paperwork is cumbersome. The amount of the payment should also be sufficient to provide the necessary supports.</p> |

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| | | | | Offering funding linked to an individual child will assist programs in responding to an individual child’s needs and include them in the classroom environment. It is important to note that this strategy does not supplant the one above. Both are seen as necessary and help provide a continuum of support. |
| Prioritize assistance to children of families with very low incomes and children with special needs | <p>Subpart B. General Application Process Sec. 98.16 Plan Provisions (g)(1) Special needs child</p> <p>Subpart E. Program Operations (Child Care Services) Lead Agency and Provider Requirements Sec. 98.46 Priority for child care services (a)(2)</p> | Establish a system for prioritizing children with special needs for enrollment in child care informed by analysis of current enrollment data. | Low | <p>Illinois currently does not have specific policies related to prioritization. Illinois does not maintain a waitlist for CCAP funding (all children who apply and are found eligible receive it). Therefore, we technically do not prioritize any child.</p> <p>Under current practice, the responsibility is mostly upon the parent to find high quality inclusive services. Through feedback from the field, we know that parents of children with special needs, are challenged in accessing care. There may be a limited amount of providers who can serve their children and the slots at these providers fill up quickly. We also know from feedback from providers, that they feel inadequately prepared to serve children with special needs, including those with chronic health conditions. Therefore, this strategy also links to the requirements under training and support to child care providers.</p> |

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| | | | | <p>Our state can be clearer by being more intentional about prioritizing children with disabilities for child care. We know that simply obtaining a CCAP voucher is insufficient when there is no provider who will enroll your child or support them successfully.</p> |
| <p>Provide training and support to child care providers</p> | <p>Subpart E. Program Operations (Child Care Services) Lead Agency and Provider Requirements Sec. 98.44 Training and professional development (b)(iv)(C)</p> <p>Subpart F. Use of Child Care and Development Funds Sec. 98.53 Activities to improve the quality of care (a)(1)(i)(B)</p> <p>Subpart F. Use of Child Care and Development Funds Sec. 98.53 Activities to improve the quality of care (a)(4)(iii)(B)</p> | <p>Coordinate and partner with other entities to offer/publicize joint professional development opportunities.</p> | <p>Low</p> | <p>Coordinating with other partners will help reduce burden to one agency or system and will leverage resources. Joint professional development opportunities also foster networking and assist staff in understanding other systems.</p> <p>The Early Intervention trainings (Natural Partner training and videos) are open to child care providers as well as trainings through StarNet (if they have the capacity). Efforts have been made to align these training with Gateways to Opportunities credentialing systems.</p> <p>Also, the project directors of StarNet, Early Choices, and the Early Childhood Center for Professional Development meet regularly to discuss PD and this could be opened to include representatives from child care</p> <p>Another option is to conduct a train-the-trainer in collaboration with</p> |

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| | | | | partners such as StarNet, Early Choices, or the EI Training Program for staff at the CCR&R's on Inclusion. |
| | | <p>Improve trainings currently available to include information on:</p> <ul style="list-style-type: none"> • What is Inclusion and the importance • Developmental screenings (how to conduct developmental screenings, discuss results, and how and where to refer children and families to obtain screenings if unable to do them within program) • How to support families through the process of referral and receipt of any services, including IDEA Parts C & B • Children with special needs • Challenging behaviors • Webinar on MOUs • The Inclusive Classroom Profile • The Illinois Inclusion Guidelines • The Pyramid Model | Medium | <p>Currently, Illinois offers the training <i>Welcoming Each and Every Child</i>, which is required for all licensed providers. However, it needs to be updated to include the elements listed here, because this training does not inform child care providers how to do developmental screenings and it does not include information on how to refer and support a child and family through EI and ECSE evaluations and services or how to best care for children with chronic health conditions and special health care needs.</p> <p>Much of this material has already been developed (through the Inclusion Summit, the Award of Excellence, and through Early Choices and StarNet); therefore, it could easily be adapted to apply to child care and could be incorporated into existing professional development. Also, part of this work is already beginning as INCCRRA is starting to conduct crosswalks of the credentials and trainings in Gateways and will be partnering with the LRE Stakeholders Consortium.</p> |
| | | Make available Inclusion Specialists at CCR&R's. | High | Currently, the CCR&R's have Infant-Toddler Specialists and Mental Health Consultants. While these are beneficial |

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| | | | | <p>resources that may overlap with issues of children with special needs and inclusion, these professionals may not have specific expertise in inclusion. This strategy builds off of the Head Start model, which has Disability Coordinators.</p> <p>Other states, such as North Dakota, offer technical support from an experienced Inclusion Specialist at no cost to early childhood service providers. The Inclusion Specialist serves an invaluable role in providing: educational resources, connections for families to community resources, on-site observations, and strategies for enriching environments. North Dakota uses the Quality Set-Aside to pay for Inclusion Specialists.</p> |
| Collect and report data on children with disabilities served | <p>Subpart A. Goals, Purposes and Definitions Sec. 98.2 Definitions <i>Child with a disability</i></p> <p>Subpart H. Program Reporting Requirements Sec. 98.71 Content of reports a. (18) whether the child has a disability</p> | Determine how to collect and use data on the number of children with disabilities in child care and how that data overlaps with other early childhood systems (EI, ECSE, etc). | | CCDBG clarifies the definition of children with disabilities in accordance with federal laws. Currently on the CCAP application, there is a question that asks applicants to report if a child has special needs. This is a non-mandatory field, and applicants do not receive context for what IDHS' definition of special needs is. Within the CCR&R's determination of eligibility, the application asks if a child has an IEP or an IFSP if the applicant is between 162% and 185% of poverty level. This current data collection only |

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| | | | | <p>represents a snapshot in time and is also not down to the center or program level.</p> <p>We need an agreed upon definition of children with disabilities and baseline and then need to develop a quality improvement plan. There are current ideas for the integration and merging of data that could be built upon (such as matching Head Start data to ISBE SIS data and/or reviewing data of children who have been found disabled and eligible for SSI benefits). Any data integration alignment efforts should prioritize collecting data on the enrollment of children with disabilities in child care.</p> |
| | | <p>Coordinate with and improve collection and reporting of data to the Child Find Project on developmental screenings.</p> | <p>Low</p> | <p>If a child care program is doing a screening within their program, consider requiring that they fill out the form and report it to their CFC or determine how to collect information electronically. Currently, the Illinois Child Find Project is investigating how to do this.</p> |
| <p>Ensure children receive developmental screenings and referrals</p> | <p>Subpart D. Program Operations (Child Care Services) Parental Rights and Responsibilities Sec. 98.33 Consumer and provider education</p> | <p>Increase dissemination of information of the resources that currently exist and ensure that the IDHS website is updated and accessible with information on:</p> <ul style="list-style-type: none"> Requirement of programs to provide information on existing screening opportunities, resources and services | <p>Low</p> | <p>CCDBG requires that states ensure that parents are aware of existing opportunities for developmental screenings; therefore, LEAs need to publish/share those with child care providers. Information is currently difficult to find on the ExceleRate website. It can also be helpful if the</p> |

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| | (b)(1)(iii) Subpart D. Program Operations (Child Care Services) Parental Rights and Responsibilities Sec. 98.33 Consumer and provider education (c)(1-2) | <ul style="list-style-type: none"> • How to conduct a screening within a program if they desire • EPSDT, IDEA Parts B & C, developmental screening, and disability eligibility determination under SSI • Guidance on the ExceleRate website • Info from CCR&R's • Info about Mental Health Consultants • Webinar on MOUs | | information is available in more than one place or website. Child care providers also report that they do not know about mental health consultants as a free resource. |

ⁱ National Association for the Education of Young Children (NAEYC) & The Division for Early Childhood (DEC), “Early Childhood Inclusion, A Joint Position Statement,” April 2009, https://www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_EC_updatedKS.pdf.

ⁱⁱ Child Care Aware, The Division for Early Childhood (DEC), & The Ounce of Prevention Fund, “Building Inclusive State Child Care Systems,” September 2017, <https://usa.childcareaware.org/wp-content/uploads/2017/09/CCDF-and-Inclusion-Final-Sept.-2017.pdf>

ⁱⁱⁱ Child Care and Development Block Grant (CCDBG) Act of 1990, Sec. 658E(c)(3)(B)

^{iv} Per the CCDBG Act of 2014, the *Final FY16-18 CCDF Preprint* published December 2015, the CCDF Program Final Rule published September 2016, and the revised *CCDF Administrative Data Reports 800 and 801*

^v “Child Care and Development Fund (CCDF) Program--Subpart F: Use of Child Care and Development Funds, § 98.50 Child Care Services” Federal Register, Vol. 81, No. 190, 30 September 2016, <https://www.gpo.gov/fdsys/pkg/FR-2016-09-30/pdf/2016-22986.pdf>.