

Implementation Plan for Inclusive Child and School-Age Care

Report to the Governor and the General Assembly as Required by HB 932

January 1, 2006

Submitted by the Maryland State Department of Education
Division of Early Childhood Development

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Introduction

At the request of the Maryland General Assembly, a workgroup was formed to prepare this report on the development of an implementation plan for inclusive child care. The study group was formed pursuant to language in HB 932, which directed:

- (a) (1) The Maryland State Department of Education (MSDE) shall develop a plan to address the needs of children with disabilities, children with special health care needs, and child care providers that care for these children.
 - (2) The plan shall incorporate the recommendations of the Taskforce on Inclusive Child Care and After-School Care for Children with Disabilities and Special Health Care Needs and shall reflect input from families of children with disabilities and special health care needs.
 - (3) On or before January 1, 2006, the plan and assessment of the anticipated resources necessary for implementation of the plan shall be reported to the Department of Disabilities, and in accordance with §2-1246 of the State Government Article, the General Assembly.
- (b) The Department of Disabilities shall incorporate the plan into the State Disability Plan on or before January 1, 2006.
- (c) On or before July 1, 2006, July 1, 2007, and July 1, 2008, the Maryland State Department of Education shall submit a progress report detailing implementation of the plan developed under subsection (a) of this section to the Department of Disabilities and, in accordance with §2-1246 of the State Government Article, the General Assembly.

The workgroup was appointed by the Superintendent of the Maryland State Department of Education, with the charge to develop an implementation plan in alignment with the recommendations from the Taskforce on Inclusive Child Care and After-School Care.

The MSDE Inclusive Child Care Workgroup was co-chaired by Judith L. Rozie-Battle, Director of the Office of Child Care, Division of Early Childhood Development, and Rosemary King-Johnston, Program Manager, Division of Special Education/ Early Intervention Services. All members from the original Task Force were invited to participate in the Workgroup deliberations. The workgroup held four meetings to identify needed information, consider the information gathered by the workgroup members, and prepare recommendations for the workgroup report.

The report includes the recommendations for implementation made by MSDE's Inclusive Child Care Workgroup. These recommendations are in direct alignment by the Task Force on Inclusive Child Care and After-School Care. In addition, background and rationale for the Taskforce and Implementation plan, Taskforce Composition and Research, and appendices are included.

Alignment of Recommendations by MSDE Inclusive Child Care Workgroup with the Recommendations of the Taskforce on Inclusive Child Care and After-School Care

Taskforce Recommendations	Implementation Action Steps	Timeline
Phase 1		
<p>The Taskforce recommended that MSDE develop a comprehensive training infrastructure with mentoring components for child care providers.</p>	<p><i>Mandate training on inclusive child care for all licensed and registered child care providers.</i></p> <p><i>Establish a professional development and training program which includes the following:</i></p> <p>Develop and make available to providers continuing education hours/credits as well as voluntary training hours on inclusive child care.</p> <p>Develop a voluntary experiential training program enabling providers to participate in the care of children with disabilities and special health care needs, including medical interventions within inclusive settings. Make the program available to providers earning continuing education hours.</p> <p>Identify and provide an incentive for providers who attend the voluntary experiential training the inclusive child care training.</p> <p>Research and develop a data collection component that evaluates the effectiveness of the training sessions.</p> <p>Incorporate, as applicable, research-based practices and strategies of inclusive child care in Core Knowledge training outcomes as approved by the Office of Child Care.</p>	<p>January 2007</p> <p>July 1, 2006</p>

Taskforce Recommendations	Implementation Action Steps	Timeline
	<p>Enhance the existing technical assistance infrastructure of the Child Care Resource and Referral Agencies to include a full spectrum of supports ranging from short-term telephone assistance to long-term mentoring statewide.</p> <p>Research and develop a data collection component that evaluates the technical assistance program's effectiveness.</p> <p><i>Review and revise current Core of Knowledge training requirements regarding pertinent information on the American Disabilities and special health care needs, including medical interventions Act (ADA) and Section 504, including:</i></p> <p>Modification of each Core Knowledge area, as appropriate, (Child Development, Curriculum, Health, Safety, and Nutrition, Professionalism, Special Needs, and Community) to include information and training on inclusion of children with disabilities and special health care needs, including medical interventions in child care settings, the ADA, and Section 504.</p> <p>Develop new training programs to increase the content and required hours of "special needs" training at levels 4, 4 plus, 5, and 6.</p> <p>Add a credential level with a special designation for providers completing advanced course work and professional activities directly related to inclusion practices.</p> <p>Assurance that that all training opportunities include information on children with disabilities and special health care needs, including medical interventions, English Language Learners (ELL), and children who are cultural or ethnic minorities.</p> <p>Development of technical assistance modules, materials, and information packets in the areas of:</p> <ul style="list-style-type: none"> - Disabilities - early childhood mental health needs - mental health consultation model - positive behavior interventions and supports - special health care needs including medical interventions - inclusive strategies - accommodations - modification - community resources. 	<p>July 1, 2006</p>

Taskforce Recommendations	Implementation Action Steps	Timeline
	<p>Include in the regular orientation for all new child care providers information on the ADA, Section 504, and the inclusion of children with disabilities and special health care needs, including medical interventions in child care settings.</p> <p><i>Recruit qualified specialists in inclusive child care to provide professional development and training.</i></p> <p>Require that any training proposals from inclusive child care specialists include a component on how information on inclusion practices is provided.</p> <p>Enhance the existing technical assistance infrastructure to include a full spectrum of supports, including inclusive child care specialists, ranging from short-term telephone assistance to long-term mentoring statewide.</p> <p><i>Implement incentives to develop inclusive child care resources and opportunities in identified areas of need, including children with special health care needs and medical intervention.</i></p> <p>Implement incentives to develop inclusive child care resources and opportunities for children with disabilities and special health care needs, including medical interventions ages birth-21.</p> <p>Develop and disseminate printed and electronic materials to include:</p> <ul style="list-style-type: none"> - expectations for children with disabilities and special health care needs, including medical interventions in child care settings - parents right and responsibilities - the ADA and Section 504, and IDEA - legal issues - credentialing and accreditation - resources - advocacy 	<p>July 1, 2006</p> <p>July 1, 2006</p>

Taskforce Recommendations	Implementation Action Steps	Timeline
	<p>Collaborate with MCC, Friends of the Family, Developmental Disabilities Council, Partners for Success, and Parents' Place of Maryland to develop and deliver training and information to families.</p> <p>Develop long-term budget projections, using current and new funding through FY2009</p>	<p>April 15, 2006</p>
<p>The Taskforce recommended that MSDE establish of a committee to complete a review of the current OCC regulations with recommendations to be submitted to the taskforce by June 1, 2006.</p>	<p><i>The Office of Child Care (OCC) shall review all regulations pertaining to child care centers and family child care, and:</i></p> <ul style="list-style-type: none"> ○ Develop and issue a circular letter clarifying OCC's requirements and expectations around the inclusion of children with disabilities and special health care needs, including medical interventions. ○ Modify and enhance the "About My Child" form to identify possible accommodations ○ Research and develop a data collection component that evaluates the availability of inclusive child care for children with disabilities and special health care needs, including medical interventions. ○ Develop and implement protocol supporting implementation and adherence to the policies identified within the ADA as well as Section in child and after-school care settings. ○ Modify the existing orientation for current and potential child care providers to include an overview of the ADA and Section 504. <p>Develop long-term budget projections, using current and new funding through FY2009</p>	<p>June 1, 2006</p> <p>April 15, 2006</p>
<p>The Taskforce recommended that MSDE coordinate with the Summer Camp Advisory Committee at DHMH to address barriers to inclusion</p>	<p>Incorporate guidelines impacting children with disabilities and special health care needs, including medical interventions into the <i>Technical Assistance Guide: Health and Safety for Youth Camps, Educational Centers, After School Programs, and other MSDE Sponsored/Funded Programs.</i></p>	<p>March 1, 2006</p>

Taskforce Recommendations	Implementation Action Steps	Timeline
of children with disabilities and special health care needs, including medical interventions and` potential solutions.	Partner with the Maryland Committee for Children and Resource and Referral Centers Network to disseminate the <i>Technical Assistance Guide</i> information to families, providers, and school systems, State and local child serving agencies and LMBs, in printed form and on the websites.	
The Taskforce recommended that MSDE link with existing efforts and other state resources to develop a comprehensive statewide public awareness campaign inclusion in camps as well as child care after-school care. Develop a fact sheet to educate state, local, and private agencies of the importance of inclusive child, after-school and summer care.	<p>Incorporate the information developed for parents and providers (see above) into the state's public awareness campaigns, including <u>Countdown to Kindergarten</u>, and other campaigns sponsored by state agencies and non-governmental agencies.</p> <p>Develop long-term budget projections, using current and new funding through FY2009</p>	<p>July 1, 2006</p> <p>April 15, 2006</p>
Phase 2		
The Taskforce recommended that MSDE develop a comprehensive MOU with appropriate partners, including the Child Care Administration, Maryland State Family Child Care Association, Maryland State Child Care Association, Maryland After School Care	MSDE shall establish a steering committee with representation of major stakeholders to develop a statewide Memorandum of Understanding in maintaining access and research-based practices in child care for children with disabilities and special health care needs, including medical interventions.	July 1, 2006

Taskforce Recommendations	Implementation Action Steps	Timeline
Alliance, Maryland Committee for Children, Maryland State Department of Education and local school systems, Maryland Department of Health and Mental Hygiene, Maryland Department of Disabilities, and the Governor’s Office for Children, Youth, and Families and local management boards (LMBs), etc.		

Background and Rationale for Taskforce and Implementation Plan

PHASE 1

The Taskforce on Inclusive Child Care and After School Care for Children with Disabilities and special health care needs, including medical interventions and Special Health Care Needs

In 2003-04, the Maryland Department of Disabilities and the Maryland Child Care Administration co-chaired the *Task Force on Inclusive Child Care and After School Care for Children with Disabilities and Special Health Care Needs*. The Task Force was not required by statute, but was a voluntary effort led by the Department of Disabilities and the Department of Human Resources, Child Care Administration¹ to address the child care needs of children with disabilities and special health care needs, including medical interventions.

- During 2003-04, the Maryland Department of Disabilities and the Maryland Child Care Administration held four regional public forums at different locations throughout the State. The forums heard from community representatives, families, child care providers, disability organizations, local policymakers, advocates, and other stakeholders about barriers to community based child and after-school care for children and youth with disabilities and special health care needs.
- The Taskforce developed a series of recommendations aimed at reducing barriers and improving the access and quality of child care and after-school care for children with disabilities and special health care needs, including medical interventions. Most of the recommendations required broad stakeholder input and coordination from State agencies and administrations, such as the Maryland State Department of Education, Developmental Disabilities Administration, Mental Hygiene Administration, and Maryland Department of Disabilities, along with child care providers, families, and disability organizations.
- Implementation of the recommendations involves two phases: Phase 1 refers to resource development and education, and Phase 2 refers to state policies and interagency agreements.

The Taskforce recommended that MSDE develop a comprehensive training infrastructure with mentoring components for child care providers.

¹ The former Child Care Administration (CCA) was transferred to MSDE on July 1, 2005, and established as the Office of Child Care (OCC) within the Division of Early Childhood Development.

Presently, a wide range of training courses are offered, however, there is no evidence that a comprehensive training assessment has been conducted to identify gaps in training from a holistic approach aimed at eliminating barriers to inclusion.

Currently, Illinois offers a mandatory, inclusive training program, which MSDE plans to explore for possible implementation. This model may be used to develop Maryland's inclusive child care program that is specific to the state's current child care training infrastructure and needs.

The Taskforce recommended that MSDE establish a mediation program available to parents and providers at no or little cost; research what other states are doing to address issues around ADA compliance; outline how Maryland is currently handling this issue and are there ways we can modify the existing process; identify how the federal government is handling this issue and investigate potential OCR initiatives; review training on ADA and Section 504.

The current process for addressing ADA complaints against child and after-school care providers within Maryland required review and a careful application to address the needs of parents and providers through mediation rather than legal redress. The Federal Office of Civil Rights (OCR) was consulted on the legal ramifications of ADA and Section 504 as it applies to child care.

MSDE will develop a resolution/mediation process for parents and providers and will determine a manner to implement the process.

The Taskforce recommended that MSDE develop a comprehensive resource map relating to child and after-school care for children birth- 21 years. In doing so, review the role of the Resource and Referral Centers in terms of local resource mapping and addressing issues at local level. This would be completed by the Department of Disabilities and special health care needs, including medical interventions with support from the Child Care Administration (currently Office of Child Care).

Currently, Maryland does not have a resource map relating to child and after-school care for children birth through 21 years.

MSDE will explore the feasibility of contracting with mapping experts to develop Maryland's resource map.

The Taskforce recommended that MSDE establish of a committee to complete a review of the current CCA regulations with recommendations submitted to the taskforce by June 1, 2005.

A Taskforce Sub-Workgroup was formed to review OCC's regulations and it was determined that the regulations did not need any immediate amendments. Subsequently, as a result of discussions with Paul Cushing, OCR, HHS, (Appendix B,

Power Point Presentation) it was determined that OCC would develop and issue a circular letter to clarify the meaning and application of child care program responsibilities to obtaining and using written information about the individual needs of each child enrolled in care. The implementation workgroup has also determined that training regulation changes are necessary.

The Taskforce recommended that MSDE develop training and education materials (a “roadmap”) for parents about child and after-school care, and embed information materials in health care, education, and other support systems.

Presently, there is not a “road map” to outline parental rights with regard to child care from both a practical and legal perspective. The goal is to help parents navigate the system for children with disabilities and special health care needs, including medical interventions, and develop a clear understanding of what to expect from these systems.

The Taskforce recommended that MSDE identify and further develop resources for child care providers.

To achieve quality inclusive child care, providers must be educated about resources available to assist in making accommodations for children with disabilities and special health care needs, including medical interventions.

The Taskforce recommended that MSDE coordinate with the Summer Camp Advisory Committee at DHMH to address barriers to inclusion of children with disabilities and special health care needs, including medical interventions, and offer potential solutions.

According to some parents, there appear to be limited camping opportunities for children with disabilities and special health care needs, including medical interventions. MSDE is currently working on a Technical Assistance Guide for summer camps, educational centers, and after school programs.

The Taskforce recommended that MSDE link with existing efforts and other state resources to develop a comprehensive statewide public awareness campaign inclusion in camps as well as child and after-school care and a fact sheet about the importance of inclusive child, after-school, and summer care.

The public-at-large is generally unaware that children with disabilities and special health care needs, including medical interventions, are experiencing significant challenges with respect to accessing child care.

PHASE 2

The Taskforce recommended that MSDE develop a comprehensive MOU with appropriate partners, including the Child Care Administration, Maryland State Family Child Care Association, Maryland State Child Care Association, Maryland After-School Care Alliance, Maryland Committee for Children (MCC), Maryland State Department of Education and local school systems, Maryland Department of Health and Mental Hygiene, Maryland Department of Disabilities, and the

Governor’s Office for Children, Youth, and Families² and local management boards (LMBs), as well as other appropriate organizations.

MSDE will review existing materials from their partners and develop a comprehensive resource brochure for families and providers.

Research

- Families, child care providers, child and disability-rights advocates, and State agencies have long recognized that barriers to child and after-school care exist for children with disabilities and special health care needs, including medical interventions. Even though the American with Disabilities Act (ADA) was signed over a decade ago and prohibits discrimination based on disability, Maryland families report limited access and care based solely on the fact that their child has a disability or special health care need.
- According to the National Study of Children with Special Health Care Needs, there are 1.3 million children with a disability, developmental delay, or chronic health conditions. These are citizens who are capable and willing to work and support our economy, and want to contribute to their communities but may be unable to do so because of limited availability and access to child care.
- In 2003, the Maryland Disabilities Council released its report, *Barriers to Quality Child Care: Families of Children with Disabilities and Special Health Care Needs Speak Up*, a compilation of information from families of children with disabilities and special health care needs, including medical interventions, about their experiences with childcare. Over 400 families from 22 counties and Baltimore City (48percent of all families who responded) resulting in the following findings:
 - When asked whether they had difficulties in finding, obtaining, or keeping childcare, 83% of respondents said “yes.” When asked what their alternative was when they were unable to find child care, 42% stated they had quit their jobs or stopped working, 33% stated that they had relied on family members or friends, 15% had changed jobs to accommodate their lack of child care, and 2% had retired.
 - 76% of families who answered the question reported they had lost income due to child care issues.
 - When asked whether they had concerns about availability of child and after-school care for older children, 78% of responses indicated that this is an area of concern for families.

² The GOCYF was renamed to Governor’s Office for Children in 2005.

- Studies estimate that 32% of women not in paid employment, but wanting to work, said their main obstacle was lack of child care. According to the Maryland Developmental Disabilities Council study, this number jumped to 44% for parents of children with disabilities and special health care needs. It is estimated that in Maryland the families of 3-5 year old children with disabilities and special health care needs, including medical interventions, alone lose \$36.4 million per year in income.
- Unscheduled absenteeism in 2002 cost an average of \$60,000 a year for small companies and more than \$3.6 million for large companies, according to a national survey of human resource executives. One-quarter of unscheduled absences were due to family issues including children's illness and unscheduled breakdown of child care arrangements. (Harris Interactive. The 2002 CCH Unscheduled Absence Survey. River Woods, IL: CCH, 2003)

Appendices

Appendices

Appendix A - List of Experts providing information before the Inclusive Child Care Implementation Workgroup

Appendix B - Paul Cushing, Office of Civil Rights/U.S. Department Health and Human Services, Power Point Presentation

Appendix C - Taskforce on Inclusive Child and After-School Care Policy Sub-Workgroup Recommendations

Appendix D - Training Sub-Workgroup Recommendations

Appendix E - Policy Sub-Workgroup Recommendations

Appendix F - Invitation Letter

Appendix G - Inclusive Child Care Workgroup Membership

Appendix H – Agendas

**List of Experts Providing Information Before the
Inclusive Child Care for Children Implementation Workgroup**

September 19, 2005

Rolf Grafwallner, Assistant State Superintendent
Division of Early Childhood Development
Maryland State Department of Education

Michelle Hart, Co-Director, Public Policy Initiatives/Parent
Maryland Developmental Disabilities Council

Elizabeth Kelley, Program Manager
Credentialing Branch, Office of Child Care
Maryland State Department of Education

Phil Koshkin, Program Chief
Licensing Branch, Office of Child Care
Maryland State Department of Education

Lynell Otto, Director of Children's Policy
Maryland Department of Disabilities

David Thompson, Educational Equity Specialist
Equity, Assurance and Compliance Branch
Maryland State Department of Education

October 6, 2005

Steve Rhode, Director of Training and Technical Assistance
Maryland Committee for Children

November 3, 2005

Paul Cushing, Regional Manager, Office of Civil Rights
U.S. Department of Health and Human Services

Linda Bluth, Branch Chief
Community and Interagency Services Branch
Maryland State Department of Education

Mary Coster-Ekren, Program Director, World of Care
PACT: Helping Children with Special Needs

Arna Griffith, Director of Locate Child Care
Maryland Committee for Children

November 16, 2005

Valerie Green
Assistant Attorney General
Office of Legal Counsel
Maryland State Department of Education

Patricia A. Jennings, Program Manager
Special Projects, OCC/DECD
Maryland State Department of Education – staffed the workgroup

**PowerPoint Presentation by:
Paul Cushing, Regional Manager, Office of Civil Rights
U.S. Department of Health and Human Services**

PRESENTED ON: November 3, 2005

**PRESENT TO: The Inclusive Child Care for Children Implementation
Workgroup**

PRESENTATION AVAILABLE UPON REQUEST

Maryland Department of Disabilities

Kristen Cox, Secretary Robert L. Ehrlich, Jr., Governor
Diane McComb, Deputy Secretary Michael S. Steele, Lt. Governor
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Taskforce on Inclusive Child and After-School Care
Recommendations for
Achieving Quality Inclusive Child Care in Maryland

Prepared by:
The Maryland Department of Disabilities and the
Maryland Department of Human Resources Child Care Administration

December 2004

Independence .. Empowerment .. Quality of Life

**Taskforce on Inclusive Child and After-School Care
Recommendations for Achieving Quality Inclusive Child Care in Maryland.**

The following recommendations were developed through the work of the 2004 Taskforce on Inclusive Child and After-School Care. The Department of Disabilities and the Child Care Administration co-chair the Taskforce and have the support of the Maryland General Assembly, multiple State departments, childcare providers, advocates for children with disabilities and families, Members include: Abilities Network, the ARC of Maryland, Child Care Administration, Department of Disabilities, Developmental Disabilities Administration, the Governors Office for Children, Youth and Families, Maryland Child Care Resource Network, the Maryland Coalition of Families for Children's Mental Health, the Maryland Committee for Children, the Maryland Developmental Disabilities Council, the Maryland Disability Law Center, Maryland School Age Child Care Alliance, Maryland State Department of Education, Mental Hygiene Administration, Office for Genetics and Children with Special Health Care Needs, the State Child Care Association, the State Family Child Care Association, a member of the State Senate and House of Delegates, and four family members of children and youth with disabilities or special health care needs.

Phase One: Policy Restructuring

- 1) Develop a comprehensive training infrastructure with mentoring component for child care providers.
 - A comprehensive training assessment will allow for the identification of gaps in training in terms of subject matter, level (beginner or advanced), geography, age of child, and diversity.

In addition, assess the requirements and availability of trainings on the 1) law, 2) ethical considerations/professionalism, 3) practical considerations related to caring for children with disabilities and special health care needs, and 4) resources available, for directors of child care centers and after-school care programs, and make recommendations. This recommendation addresses the particular role and needs of directors, who set the tone for center and program staff, have overall responsibility for child care programs, and take on the responsibility for finding resources to make inclusion successful.

The assessment of the training requirements of summer camp directors and staff in partnership with the Maryland Department of Health and Hygiene Office of Food Protection and Consumer Health Services Division of Community Services and its advisory committee, and make recommendations, will address concerns that children with disabilities and special health care needs are turned away from youth camps.

Appendix C

- Develop an incentive base to the current credentialing program and/or increase the number of courses on special needs required under the various credentialing levels. This recommendation is meant to encourage child care providers to take available training workshops on serving children with special needs. Currently 15 clock hours on special needs is required to have a Level 4 credential. CCA can look at changing clock hour requirements for credentialing at lower credential levels.
 - Develop a strategic training plan, as well as review potential for every training for child care providers to include information on including children with disabilities as well as other subgroups (e.g. Non-English speakers). There is a concern that not all trainers have this expertise and by requiring the inclusion of information on diverse populations, this could potentially result in a loss of trainers. The benefit, however, may be that making this a requirement would force trainers to raise their level of expertise and result in trainings in which the message regarding inclusion of children with special needs is constantly reinforced to child care providers .
 - Provide technical assistance models, with particular emphasis on mental health/behavioral assistance and children with significant developmental disabilities to child care providers.
- 2) Establish a mediation program available to parents and providers at no or little cost; research what other states are doing to address issues around ADA compliance; outline how Maryland is currently handling this issue and are there ways we can modify the existing process; identify how the Federal Government is handling this issue and investigate potential OCR initiatives; as well as review training on ADA, Section 504, etc.

This recommendation is meant to address concerns that 1) the current process for addressing ADA complaints against child and after-school care providers within Maryland is not working, and 2) based on family reports, there is a need for some sort of mediation or facilitation process to assist families and child care providers in meeting legal requirements and getting the appropriate supports to include children with disabilities and special health care needs in child and after-school care.

- 3) Develop a comprehensive resource map relating to child and after-school care for children birth- 21yrs. In doing so, review the role of the Resource and Referral Centers in terms of local resource mapping and addressing issues at local level. This would be completed by the Department of Disabilities with support from the Child Care Administration.

- 4) Establish a committee to complete a review of the current CCA regulations with **recommendations submitted to the taskforce by June 1, 2005.**

Phase 2: Resource Development and Education

- 1) Develop comprehensive MOU with appropriate partners, including the Child Care Administration, Maryland State Family Child Care Association, Maryland State Child Care Association, Maryland After School Care Alliance, Maryland Committee for Children, Maryland State Department of Education and local school systems, Maryland Department of Health and Mental Hygiene, Maryland Department of Disabilities, and the Governors Office for Children, Youth, and Families and local management boards (LMBs), and other partners that:
 - Makes a commitment to the principles of inclusion, support and partnership, and a commitment to raising the profile and importance of reaching out to children with disabilities and special health care needs, and supporting inclusive child and after-school care throughout Maryland.
 - Strengthens training through and linkages with community colleges, university programs, and high schools to train child care providers and provide internships within child care programs.
 - Addresses the transfer of children with disabilities to and from child care providers by local school system departments of transportation.
 - Commits to the dissemination of education materials that combat provider misperceptions regarding liability insurance and children with special needs.
 - Reviews, improves, coordinates, and promotes the current process that allows existing national and state approved trainings to automatically qualify for CCA credentialing and/or as CCA approved training curriculum.
 - Ensures that requests for proposals for grant funds from state agencies such as 21st Century Grants (MSDE), Subcabinet After-School Programs, and quality initiatives (CCA) include requirements that grantees include children and youth with disabilities and special health care needs reflective of their community, and as well incorporate into grant reporting mechanisms, requirements for data on the inclusion of children and youth with disabilities and special health care needs.

Appendix C

- 2) Develop training and education materials (a roadmap) for parents about child and after-school care, and embed information materials in health care, education, and other support systems.

This recommendation was developed in the belief that families of children with disabilities and special health care needs should be knowledgeable about their own rights with regard to child care, the roles and responsibilities of child care providers, basic legal and regulatory information, the credentialing and accreditation systems, and resources available to assist them and their child care providers, so that they can be a partner to child care providers, play a role in ensuring accountability, and be a resource to families and child care professionals.

- 3) Identify and further develop resources for child care providers.
 - Educate providers on community resources available to assist in making accommodations. It is important to ensure providers have access to resources when trying to make accommodations without passing along any added cost to the family.
 - Create links with existing community service providers to enable child care provider's access when working to accommodate children with disabilities. Create a lending resource for specialized equipment (i.e. Lifts, assistive technology) and a funding pool for additional staffing and/or environmental changes. Ensure families are not penalized in the process.
 - Increase private/public partnerships to support inclusive child and after-school care through lending libraries, training, and school system/child care partnerships to educate young children in natural environments.
 - Link child care providers with the Maryland Assistive Technology Co-op in order to purchase low-cost assistive technology and software.
 - Recommend the State provide assistance, expertise to the MD State Child Care Center Association / the MD State Family Provider Association in applying for private funding which may be used for accommodations, inclusion costs, training, etc.
- 4) Coordinate with the Summer Camp Advisory Committee at DHMH to address barriers to inclusion of children with disabilities and potential solutions.
- 5) Link with existing efforts and other state resources to develop a comprehensive statewide public awareness campaign supporting inclusion in camps as well as child and after-school care. Develop a fact sheet to educate state, local, and private agencies of the importance of inclusive child, after-school and summer care.

Recommendations from Training Sub-Workgroups

Strategy: Develop a model for a state mandated and supported curriculum of training for child care providers and licensing staff for including children with disabilities and special health care, including medial interventions, in child care settings.

Action Steps:

1. Review current Core of Knowledge training requirements.
2. Modify each area as appropriate (Child Development, Curriculum, Health, Safety, and Nutrition, Professionalism, Special Needs, and Community) to include information and training on inclusion of children with disabilities and special health care, including medial interventions, in child care settings, the ADA, and Section 504.
3. Develop and implement a training model(s) including effective strategies and practices on including children with disabilities and special health care, including medial interventions, in child care settings.
4. Mandate as a licensing requirement the completion of training module(s) on including children with disabilities and special health care, including medial interventions, in child care settings.
5. Include in orientation for child care providers information on the ADA, Section 504, and the inclusion of children with disabilities and special health care, including medial interventions, in child care settings.
6. Ensure that all training opportunities include information on children with disabilities and special health care, including medial interventions, English Language Learners (ELL), and children who are cultural or ethnic minorities.
7. Require that any training proposals include a component on how information on inclusive practices is provided.

Strategy: Develop and implement a technical assistance model/network to support child care providers in their interaction with children with disabilities and special health care, including medial interventions, ELL, and other cultural and ethnic minorities.

Action Steps:

1. Develop technical assistance modules, materials, and information packets in the areas of:
 - disabilities
 - early childhood mental health needs

- mental health consultation model
- positive behavior interventions and supports
- special health care needs including medical interventions
- inclusive strategies
- accommodations
- modification
- community resources

Strategy: Develop and disseminate information on resources for child care, after school care/programs, and camps for children with disabilities and special health care, including medial interventions.

Action Steps:

1. Collaborate with the Maryland Committee for Children and the Resource and Referral Centers Network to develop a map of resources for children with disabilities and special health care, including medial interventions, ages birth through 21.
2. Disseminate resource map information to families, providers, and school systems, State and local child serving agencies, LMBs in printed form, on websites.
3. Analyze availability of inclusive resources and identify gaps.
4. Implement incentives to develop inclusive child care resources and opportunities in identified areas of need, including children with special health care needs and medical intervention.
5. Implement incentives to develop inclusive child care resources and opportunities for children with disabilities ages 13-21, including children with special health care needs and medical intervention.

Strategy: Develop, deliver, and disseminate to families, training and informational materials about child and after school care, and summer camp/programs.

Action Steps:

1. Develop and disseminate printed and electronic materials to include:
 - expectations for children w/disabilities in child care settings
 - parents rights and responsibilities
 - the ADA and Section 504, and IDEA
 - legal issues
 - credentialing and accreditation
 - resources
 - advocacy

2. Develop a training module for families to include:
 - expectations for children w/disabilities and special health care, including medical interventions in child care settings
 - parents rights and responsibilities
 - the ADA and Section 504
 - legal issues
 - credentialing and accreditation
 - resources
 - advocacy
3. Partner with MCC, Friends of the Family, Developmental Disabilities council, Partners for Success, and Parents' Place of Maryland to develop and deliver training and information to families.
4. Support the developmental needs of children with disabilities in partnership with LITPs and LSS.

Strategy: Modify credential levels to add incentives for increasing knowledge and expertise in inclusive child care, strategies and practices.

Action Steps:

1. Increase the content and required hours of "special needs" training at levels 4, 4 plus, 5, and 6.
2. Add a credential level with a special designation for providers completing advanced course work and professional activities directly related to inclusion practices.

**MSDE Inclusive Child Care Policy Sub-Workgroup
Recommendations for Implementation Plan**

November 17, 2005

The policy sub-workgroup of the Maryland State Department of Education (MSDE) Inclusive Child Care Work Group appreciates the opportunity to review the December 2004 recommendations developed by the Governor's Taskforce on Inclusive Child and After-School Care.

Since its review, the sub-workgroup has identified priority areas and made recommendations (see attached chart) in relation to policy implementation. The priority areas identified stem, in part, from the perceived lack of equal access to child care settings and services for children with disabilities (birth- 21 years old). We suggest that the Office of Child Care (OCC) incorporate this input as they move forward with developing an implementation plan regarding inclusive child care.

In order to ensure the Office of Child Care's policies and practices support inclusive child care, the policy sub-workgroup suggests that OCC work to clarify or enhance: 1) the Office's policy statement, articulating non-discrimination provisions to include children with disabilities and special health care needs in child care settings and services; 2) protocol supporting implementation and adherence to the policies identified within the ADA as well as Section 504 in child and after-school care settings; 3) the conflict resolution processes available to parents and providers of child care; 4) procedure, policy or regulatory language requirements and expectations around the inclusion of children with disabilities in licensed child care settings and services.

It is the intent and hope of the policy sub-workgroup that this information will provide insight and direction to the Maryland State Department of Education, in order to assist with prioritizing action steps and developing an implementation plan to improve access to quality child care for all children, including those with disabilities.

**MSDE Inclusive Child Care Policy Sub-Workgroup
Recommendations for Implementation Plan**

Major Action Steps	Procedural /Policy/ or Regulatory Change	Recommended Initiation Timeline	Fiscal Impact	Comments
Direction and Guidance:				
1. Develop and issue a circular letter clarifying OCC's requirements and expectations around the inclusion of children with disabilities.	Policy *	Immediate	Budget/Cost Neutral	
2. Develop and implement a campaign to inform childcare providers, train licensing specialist & families on inclusive child care.	Procedural	Short-term	TBD	
3. Modify and enhance the "About My Child" form to identify possible accommodations.	Procedural *	Immediate	Minimal	
4. Research and develop a data collection component that evaluates the availability of inclusive child care for children with disabilities.	Procedural *	Short-term	Moderate	Baseline data is vital in determining the success of inclusive child care & indicators for supports.
5. Develop and implement protocol supporting implementation and adherence to the policies identified within the ADA as well as Section 504 in child and after-school care settings.	Policy * or Regulatory (TBD) *	Long-term	TBD	
Conflict Resolution:				
1. Develop and implement a model statewide mediation/resolution process available to parents and providers of inclusive child care.	Policy *	Immediate	Minimal	Define and clarify differences between grievance, mediation and dispute resolution.
2. Identify and evaluate the State's current grievance procedure under the Office of Child Care available to child care providers and parents.	Procedural *	Immediate	Budget/Cost Neutral	
3. Educate child care providers and parents on available resources (local, state and federal) to resolve conflicts related to accommodating children with disabilities.	Procedural	Immediate	Minimal	

Appendix E

Resources:				
1. Educate child care providers on available resources to implement possible accommodations for children with disabilities.	Procedural	Immediate	Moderate	
2. Develop a comprehensive resource map relating to child and after-school care, camps, and summer programs.	Procedural	Long-term	Moderate	Define and outline expectations of the mapping process.
3. Develop an action plan and implementation schedule for phase two recommendations of the 2004 Taskforce on Inclusive Child and After-School Care.	Policy *	Long-term	TBD	See page 5-6

* **Issues requiring further discussion, clarification, stakeholder input, and legal interpretation** (see page 4).

Recommended Timelines for Initiation of Action Step: Immediate (within 6 mo.), Short-term (within 6-12 mo.), Long-Term (12mo. and beyond)

Fiscal Impact: Savings, Budget/Cost Neutral, Minimal, Moderate or Major

Appendix E

Major Action Steps	Procedural /Policy/ or Regulatory Change	Recommended Initiation Timeline	Fiscal Impact	Comments
Training Infrastructure: Tier 1- Classroom				
1. Modify the existing orientation for current and potential child care providers to include an overview of the ADA and Section 504.	Procedural	Immediate	Budget/Cost Neutral	
2. Develop and make available, to providers earning continuing education hours/credits, voluntary trainings on inclusive child care.	Policy	Short-term	Moderate	
3. Identify and provide an incentive for providers who attend the inclusive child care training.	Policy	Long-term	Moderate	
4. Research and develop a data collection component that evaluates the trainings effectiveness.	Procedural *	Short-term	Moderate	Baseline data is vital in determining training effectiveness & indicators for supports.
5. Mandate that all trainings approved by the Office of Child Care incorporate an aspect of inclusion, where appropriate.	Policy or Regulatory (TBD)	Short-term	Minimal	
6. Mandate training on inclusive child care for all child care providers.	Policy or Regulatory (TBD)	Long-term	Minimal	Include training within continuing education.
Training Infrastructure: Tier 2- “Hands-On” Experience				
1. Develop a voluntary experiential training program enabling providers to participate in the care of children with disabilities within inclusive settings. Make the program available to providers earning continuing education hours.	Policy	Short-term	TBD	
2. Identify and provide an incentive for providers who attend the voluntary experiential training program.	Policy	Long-term	Moderate	
3. Research and develop a data collection component that evaluates the trainings effectiveness.	Procedural *	Short-term	Moderate	Baseline data is vital in determining training effectiveness & indicators for supports.

Appendix E

Training Infrastructure: Tier 3- Spectrum of Technical Assistance				
1. Enhance the existing technical assistance infrastructure to include a full spectrum of supports ranging from short-term telephone assistance to long-term mentoring statewide.	Policy	Short-term	Major	
2. Research and develop a data collection component that evaluates the TA program's effectiveness.	Procedural *	Short-term	Moderate	Baseline data is also vital in determining indicators for supports.

* Issues requiring further discussion, clarification, stakeholder input, and legal interpretation (see page 4).

Recommended Timelines for Initiation of Action Step: Immediate (within 6 mo.), Short-term (within 6-12 mo.), Long-Term (12mo. and beyond)

Fiscal Impact: Savings, Budget/Cost Neutral, Minimal, Moderate or Major

**MSDE Inclusive Child Care Policy Sub-Workgroup
Recommendations for Implementation Plan**

The following is an outline of crucial issues that the policy sub-workgroup identified as requiring further discussion, clarification, stakeholder input, and legal interpretation.

- Regarding the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973:
 - How would the adoption of an ADA & Section 504 policy statement/ regulation affect Maryland State agencies?
 - How would the adoption of this (or a similar) policy statement/ regulation affect licensed child care providers in Maryland?
 - How would the adoption of this (or a similar) policy statement/ regulation affect families of children with disabilities seeking child care by a provider with a Maryland license?
 - What steps are required to formalize this (or a similar) policy statement? Who is responsible for doing so?
 - Does implementing this policy statement/regulation allow for licensing and/or funding restrictions, by the State, under conditions of non-compliance? If so, how and by whom? If not, why?
- Baseline data are vital for determining the success of inclusive child care and the effectiveness of provider trainings and technical assistance. Before baseline data can be collected, decisions need to be made regarding its collection. These decisions should include, but not be limited to, the following: a funding source; the data to be collected and the frequency of its collection; its use and accessibility; and the agency(s) responsible for the data collection and management.
- Clarify through review licensing procedures and develop, as needed, monitoring procedures, to ensure that childcare providers are in compliance with the ADA and, as applicable, Section 504.
- Resolve, with the support of the Office of Civil Rights, questions around what constitutes “receiving federal assistance.” The primary outstanding question is: If a child care provider accepts POC vouchers as payment for services for ANY child in their care, are they subject to Section 504?
- Clarify the definition of as well as provide tool to address how to determine “reasonable accommodations”.
- Clarify OCC requirements and expectations around diapering a child with disabilities within childcare settings. There are concerns within the provider community regarding the ability to maintain staff ratios, meet health and safety standards, as well as ensure privacy & security during diaper changes for children with disabilities of all ages. How do OSHA standards impact potential methods of accommodating this need?

**MSDE Inclusive Child Care Policy Sub-Workgroup
Recommendations for Implementation Plan**

- Clarify OCC requirements and expectations around the administration of medication to children with disabilities within child care settings. Where does liability rest (i.e. with the delegating nurse, provider, or family)? Who is responsible for training and monitoring? Address similar concerns for children who are medically fragile and receiving care in inclusive settings.
- Understanding that the Office of Child Care is now under the Maryland State Department of Education, Division of Early Childhood Development, is child care now an educational program rather than a human services program? If yes, please clarify. If not, why?
 - Can the IEP (or IFSP) team incorporate accommodations required for inclusion in the child care program within the IEP? If yes, how? (i.e. under related services or as method of community integration, social skills development, etc. and implemented within the child care settings.) If not, why?
 - Develop a process that informs parents of their ability to invite child care providers to participate in their child's IEP meeting for purposes of sharing information on accommodations to encourage consistency.

Phase two recommendations of the 2004 Taskforce on Inclusive Child and After-School Care:

- 1) Develop comprehensive MOU with appropriate partners that:
 - Makes a commitment to the principles of inclusion, support and partnership, and a commitment to raising the profile and importance of reaching out to children with disabilities and special health care needs, and supporting inclusive child and after-school care throughout Maryland;
 - Strengthens training through and linkages with community colleges, university programs, and high schools to train child care providers and provide internships within child care programs;
 - Addresses the transfer of children with disabilities to and from child care providers by local school system departments of transportation;
 - Commits to the dissemination of education materials that combat child care provider misperceptions regarding liability insurance and children with special needs;
 - Reviews, improves, coordinates, and promotes the current process that allows existing national and state approved trainings to automatically qualify for CCA credentialing and/or as CCA approved training curriculum;
 - Ensures that requests for proposals for grant funds from state agencies such as 21st Century Grants (MSDE), Subcabinet After-School Programs, and quality initiatives (CCA) include requirements that grantees include children and youth with disabilities and special health care needs reflective of their community, and as well incorporate into grant reporting mechanisms, requirements for data on the inclusion of children and youth with disabilities and special health care needs.
- 2) Develop training and education materials (a “roadmap”) for parents about child and after-school care, and embed information materials in health care, education, and other support systems.

Appendix E

- 3) Identify and further develop resources for child care providers.
 - Educate providers on community resources available to assist in making accommodations. It is important to ensure providers have access to resources when trying to make accommodations without passing along any added cost to the family.
 - Create links with existing community service providers to enable child care provider's access when working to accommodate children with disabilities. Create a lending resource for specialized equipment (i.e. Lifts, assistive technology) and a funding pool for additional staffing and/or environmental changes. Ensure families are not penalized in the process.
 - Increase private/public partnerships to support inclusive child and after-school care through lending libraries, training, and school system/child care partnerships to educate young children in natural environments.
 - Link child care providers with the Maryland Assistive Technology Co-op in order to purchase low-cost assistive technology and software.
 - Recommend the State provide assistance, expertise to the MD State Child Care Center Association / the MD State Family Provider Association in applying for private funding which may be used for accommodations, inclusion costs, training, etc.
- 4) Coordinate with the Summer Camp Advisory Committee at DHMH to address barriers to inclusion of children with disabilities and potential solutions.
- 5) Link with existing efforts and other state resources to develop a comprehensive statewide public awareness campaign supporting inclusion in camps as well as child and after-school care. Develop a fact sheet to educate state, local, and private agencies of the importance of inclusive child, after-school and summer care.

**MSDE Inclusive Child Care Policy Sub-Workgroup
Recommendations for Implementation Plan**

Members of the MSDE Inclusive Child Care Policy Sub-Workgroup

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Appendix F

Nancy S. Grasmick
State Superintendent of Schools

200 West Baltimore Street, Baltimore, MD 21201 410-767-0100 410-333-6442 TTY/TDD

To: Inclusive Child Care Work Group

From: Rolf Grafwallner, Assistant State Superintendent of Schools
Division of Early Childhood Development

Carol Ann Baglin, Assistant State Superintendent of Schools
Division of Special Education/ Early Intervention Services

Date: September 6, 2005

Re: Development of an implementation plan for inclusive child care

HB 932 requires that MSDE develops a plan to address the needs of children with disabilities, children with special health care needs, and child care providers that care for children. This plan must be submitted to the General Assembly by January 1, 2006. The plan also must incorporate the recommendations of the Task Force on Inclusive Child Care and After School Care.

You are invited to participate in a work group, which has been charged by Dr. Grasmick to:

- Review the recommendations from the Task Force
- Determine the existing infrastructure of services which currently exist regarding training, technical assistance to parents and providers, dissemination of resource materials, and public awareness
- Determine the legal ramifications regarding ADA compliance or mediation
- Develop an implementation plan to address the needs of children with disabilities who need child care or after school care.

The work group meetings will take place at the **Nancy S. Grasmick State Education Building, 200 West Baltimore Street, Baltimore** on the following dates, times, and meeting places:

September 19, 2005, 1 – 4 p.m. 8th Floor, Conference Room #2
October 6, 2005, 1 – 4 p.m., 9th Floor Conference Room
November 3, 2005, 1 – 4 p.m., 8th Floor, Conference Room #2
November 16, 2005, 1 – 4 p.m., 8th Floor, Conference Room #6

The work group will be co-chaired by Rosemary King-Johnston, Division of Special Education/ Early Intervention Services, and Judy Rozie-Battle, Division of Early Childhood Development.

Please send the enclosed RSVP no later than September 15, 2005 to LaTanya Scott, Division of Early Childhood Development, at 410-333-2379 (Fax) or lscott@msde.state.md.us.

marylandpublicschools.org



Nancy S. Grasmick
State Superintendent of Schools

200 West Baltimore Street, Baltimore, MD 21201 410-767-0100 410-333-6442 TTY/TDD

RSVP

**MSDE Work Group
Development of an Implementation Plan for
Inclusive Child Care**

Name: _____

Organization: _____

Address: _____

Telephone: _____ E-Mail: _____

I will be available to attend the work group meetings on the following dates:

- _____ September 19, 2005, 1 – 4 p.m. 8th Floor, Conference Room #2
- _____ October 6, 2005, 1 – 4 p.m., 9th Floor Conference Room
- _____ November 3, 2005, 1 – 4 p.m., 8th Floor, Conference Room #2
- _____ November 16, 2005, 1 – 4 p.m., 8th Floor, Conference Room #6

_____ I will not be available to attend the work group meetings. Thank you for inviting me.

Send the RSVP no later than September 15, 2005 to:

Latanya Scott
Acting Executive Associate
Division of Early Childhood Development
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Baltimore, MD 21201
410-767-0335 (Tel.)
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marylandpublicschools.org

**Development of a Implementation Plan
for Inclusive Child Care Workgroup**

Appendix G

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Inclusive Child Care Work Group

September 19, 2005

1:00 – 4:00 p.m.

Nancy S. Grasmick State Education Building
200 W. Baltimore St. 8th Fl., Conference Room 4

AGENDA

- I. Welcome and Introduction
- II. Purpose, Review Charge of Workgroup
- III. Review of Materials
- IV. Reports of Previous Work
 - DDC Report: Barriers to Quality Child Care (Michelle Hart)
 - Inclusive Child and After School Care, Task Force (Lynell Otto)
 - Child Care Training Requirements (Liz Kelley, Phil Koshkin)
 - Proposed Regulation Changes (Phil Koshkin)
 - ADA, 504 issues (David Thompson)
- V. Next Steps (Rolf Grafwallner)
- VI. Small Group Work
 - Training Issues
 - Policy
- VII. Report Out
- VIII. Wrap up
 - Work schedule
 - Additional issues

Adjournment

Inclusive Child Care Workgroup

October 6, 2005

1:00 p.m.

MSDE, Ninth Floor Conference Room

AGENDA

- | | | |
|------|-----------|--|
| I. | 1:00-1:10 | Welcome and Introductions |
| II. | 1:00-1:15 | Review Charge of the Group |
| III. | 1:15-1:45 | Reports from Subcommittee |
| IV. | 1:45-2:15 | Training Resources <ul style="list-style-type: none">• Policy• Training• MCC – Steve Rohde• MSDE – Liz Kelley |
| V. | 2:15-2:25 | Break |
| VI. | 2:25-3:25 | Small Groups |
| VII. | 3:25-3:45 | Report Out |

Inclusive Child Care Workgroup

November 3, 2005

1:00 p.m.

MSDE, Eighth Floor Conference Room

AGENDA

- I. **Welcome and introductions**
- II. Review charge of the group
- III. Minutes
- IV. ADA, 504 Issues and general discussion
 - Paul Cushing, Regional Manager, U.S. Department of Health and Human Services
- V. Illinois Mandatory Inclusive Child Care Training
 - Patricia Jennings
- VI. Transportation discussion
 - Linda Bluth
- VII. Draft Policy
 - Phil Koshkin
- VIII. Reports
 - Training
 - Mary Coster-Ekren
 - The preliminary report on the results from family child care and center survey on special needs
 - Arna Griffith
- IX. Next Steps

Inclusive Child Care Workgroup

Appendix H-4

November 16, 2005

1:00 p.m.

Agenda

MSDE, 8th Floor Conference Room #6

I.	Welcome	5 minutes
II.	Change for the last meeting	10 minutes
III.	Report Out	
	Policy Sub-Workgroup	20 minutes
	Training Sub- Workgroup	20 minutes
IV.	General Discussion	40 minutes
V.	Breakout Groups	45 minutes
VI.	Report Back and Consensus Discussion	40 minutes