



Child Care and Disability Summit White Paper
April 9, 2009
Bismarck ND

As part of the Developmental Disabilities Assistance and Bill of Rights Act, and with a strong belief that the American Dream belongs to everyone, three organizations formed a collaborative network to service individuals with developmental disabilities living in North Dakota. The network was named the North Dakota Developmental Disabilities Network (NDDDN), and includes: The North Dakota Protection and Advocacy Project, the North Dakota Center for Persons with Disabilities, and the North Dakota State Council on Developmental Disabilities. The trio strives to assure that individuals with developmental disabilities and their families participate in the design of and have access to culturally competent community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, integration, and inclusion in all facets of community life.

The activities of each entity belonging to NDDDN fall within core emphasis areas established at the federal level. Emphasis areas include:

- quality assurance activities
- education and early intervention activities
- child-care related activities
- health-related activities
- employment-related activities
- housing-related activities
- transportation-related activities
- recreation-related activities
- other services available/offered to individuals in a community, including formal and informal community supports that affect quality of life

To gather current input on these emphasis areas, a series of summit meetings were designed. The summits were structured to encourage discussion and input from participants, and to gather information from professionals working in the emphasis areas. Each summit meeting covered one emphasis area, began with a keynote speaker, involved the audience in small group work, and featured a panel of presenters who discussed their particular experience with some aspect of the emphasis area. During the small group work, participants developed lists of actionable steps that could be used by NDDDN agencies in planning yearly goals and objectives. Results of the summit meetings were published in white papers and broadcast through websites to make information available to a broader range of constituents.

On April 9, 2009, the Child Care and Disability Summit took place in Bismarck. The summit opened with an explanation of the NDDDN network and its purpose. Participants of the workshop were introduced, and asked to identify their expectations for the summit. Identified expectations included:

- Sustainability of services and programs
- Building bridges – varieties of organizations who work with child care
- Networking – expanded access and provider support
- Hearing about child care issues
- Identifying resources
- Community child care – more children with disabilities being included in daycare centers
- Adolescent children (ages 12 and above)
- Community Development – families with children with special needs feeling comfortable and welcomed

Upon completion of reviewing participants' expectations, Linda Reinke, the Director of the Child Care Resource and Referral Program of Lutheran Social Services presented an overview of current state and federal childcare funding streams, the challenges faced by the industry and child care consumers, as well as proposed legislation and how it may impact child care services for children with special needs.

Based on the information presented by the keynote speaker, four to five main topic areas were developed and written on flow charts which were placed around the room. Following the keynote presentation, summit participants were directed to pick the topics they were most interested in, and spend ten to fifteen minutes in discussion to identify actionable steps that could be address each topic area. This process was completed two more times, which provided participants the opportunity to discuss a total of three topic areas. Topic areas and actionable steps identified during the small group work included:

Equity in Policy Access, Resources and Funding at State and Local Levels:

State :

- Fund the existing quality rating system plan
- Develop a policy that sets aside money for increased reimbursement for providers serving children with special needs
- Research availability of funding for a provider starting up a child care focusing on special needs
- Provide money for providers to access for structural needs
- Data on homes that are currently accessible for child care with special needs that are not licensed
- Mandate programs that are receiving child care assistance to be at a certain quality
- Make sure that inclusionary child care is recognized on State Department of Health advisory groups agendas
- Gather data/research numbers and needs of families of children with special needs, include with generic data child/kids count
- Provide guidelines to providers and families on how to discuss/arrange for needed provider reimbursement when agreeing on rates and include referral/service options for kids with intense support needs/and may or may not have a diagnosis

Local:

- Create a good clause exclusion for TANF families of children with disabilities
- Provide grants or incentives for starting an inclusive child care program in targeted underserved rural communities

Parent /Provider Support at State and Local Levels:

State:

- Explore ways to increase child care assistance for children with disabilities
- Availability of outreach – link trainings on websites
- Rural versus urban – access child care services and establish system
- Explore supporting children/families/parent with children over 12 years old
- Distribute child care resources –increase knowledge of what to do and where to go
- Training on ways to discuss services for children with families

Local:

- Need for joint training (do both ways) partnering
- Available
- Collaboration with parent and family

Access to Training at State and Local Levels:

State:

- Provide one on one onsite technical assistance to child care providers through CCR&R office
- Provide a FAQ (Frequently Asked Questions) resource specific to disabilities with the right answers and then share on multiple websites
- Update and revise current curriculum (On-line and face-to-face)
- Availability of delivering options
- Provide need base training (ex. Provider working with a child with Autism would like access to that to pick at that current time)
- Plan ways to extend training given to child care providers to parents who need similar information in ways and formats that are practical for all
- Help child care providers see and actualize their role as first responders
- Types of trainings needed – Joint training on communication skills for parents and providers

Local:

- Community Awareness
- Update and revise current curriculum (online and face-to-face)
- Community Awareness (Training events, marketing, advertising)
- Availability of delivering options
- Provide need base training (ex. Provider working with a child with Autism would like access to that to pick at the current time)
- In-depth training – more information on support resources (specific)
- Child Care Resource and Referral needs to have a support person for providers and parents – a one stop shop for concerns – know local supports and help people access supports

Continuity (Transitions, Turnover, Dismissal, Churning) on State and Local Levels:

State:

- Increased opportunities for preschool-aged children to remain in a single setting for the entire day (Have supports follow/stay with child)
- Training for Early Intervention (Birth to 3) in working with child care and helping with transitions between child care
- Create a workforce and develop plan to sustain the child care industry
- Include child care providers in medical home training/planning
- Increase funding of staff pay and parent reimbursement
- Increase staff training – accessible- parent education

Local:

- Availability of inclusion specialists (strategist), accessible support for providers
- Transition – have child development record, child care history templates available
- Make a tool for how to interview a provider if your child has special needs

After completion of the small group work, a panel presentation took place. Panelists shared their perspectives and experiences, identifying challenges they face, unmet needs they have identified, and potential solutions for those needs. The panel, composed of a combination of professionals and family members, included the following individuals:

Shelley Hauge –Director of Child’s Hope Learning Center since 1991, and a trainer for Child Care Resource and Referral in Bismarck/Mandan, as well as Minot.

Vicki Peterson –family consultant for Family Voices of North Dakota, part of the Region VII Regional Interagency Coordinating Committee, and parent of a child with special needs.

Shonda Wild – Coordinator of the North Dakota Programs for Infant and Toddler Caregivers with the Child Care Resource and Referral Program, and member of the Region VII and Region VIII Regional Interagency Coordinating Committee.

Geri Herring, - Director of First Steps Learning Center in Bismarck, as well as a certified Child Development Associate. Geri accepts children with special needs at First Steps, and is very committed to providing inclusive services for all children.

Outcomes/Lessons Learned:

Upon completion of the panel discussion, participants of the workshop were asked to vote on what they felt were the highest priority steps that had been identified during the earlier small group work. Each participant was instructed to cast three votes, and had the options of voting for three separate issues, or casting all three votes for one issue that they felt the strongest about. Actionable steps identified as highest priorities as well as the number of votes cast for each are as follows:

| <u>Number of votes:</u> | <u>Issue</u> |
|-------------------------|--|
| 10.5 | Fund the existing quality rating system plan |

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| 4 | Provide one-on-one onsite technical assistance to child care providers through the Child Care Resource and Referral Office |
| 4 | Develop a policy that sets aside money for increased reimbursement for providers serving children with special needs |
| 4 | Need for joint training (do both ways) partnering |
| 3 | Explore ways to increase child care assistance for children with disabilities |
| 2 | Research availability of funding for a provider starting up a child care focusing on special needs |
| 2 | Community Awareness (Training events, marketing, advertising) |
| 2 | Increased opportunities for preschool-aged children to remain in a single setting for the entire day (Have supports follow/stay with child) |
| 2 | Availability of inclusion specialists (strategist), accessible support for providers |
| 1 | Training for Early Intervention (Birth to 3) in working with child care and helping with transition between child care |
| 1 | Provide a FAQ (Frequently Asked Questions) resource specific to disabilities with the right answers and then share on multiple websites |
| 1 | Update and revise current curriculum (Online and face-to-face) |

The identified issues and proposed actionable steps can now be used in strategic planning for the agencies belonging to NDDDN, providing the agencies with a road map of needs and priorities to look at in designing programs and work tasks for the future. Although the summits were originally designed to elicit feedback from constituents on priority issues and actionable steps, other outcomes also resulted from the interactive group work, including:

- Networking among professionals from various agencies
- Education regarding services offered by agencies and programs
- Identification of new/increased priority areas for agencies
- Identification of possible funding sources for additional training
- Discussion of how agency personnel can collaborate on various issues

The objective of the Child Care Summit to gather current information on issues and identify actionable steps was successfully met. As a result of the excellent interactive group work and lively discussion among attendees, participants unexpectedly identified individual action steps for themselves and their agencies.

NDDDN agencies now have current information to carry forward into planning processes. Using the information gleaned from the summit meeting, NDDDN members can structure work plans and design

programs that are relevant to the needs of consumers and that ensure individuals with developmental disabilities have access to high quality programs and services that will promote self-determination, independence, productivity, integration and inclusion in all facets of community life.

Sponsored by the
North Dakota Developmental Disabilities Network (NDDDN)

