

Coming Together for Children with Disabilities



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State Collaboration
to Support Quality,
Inclusive Child Care

By Jennifer Mezey,
Katherine Beh Neas, and
Kate Irish

December 2003



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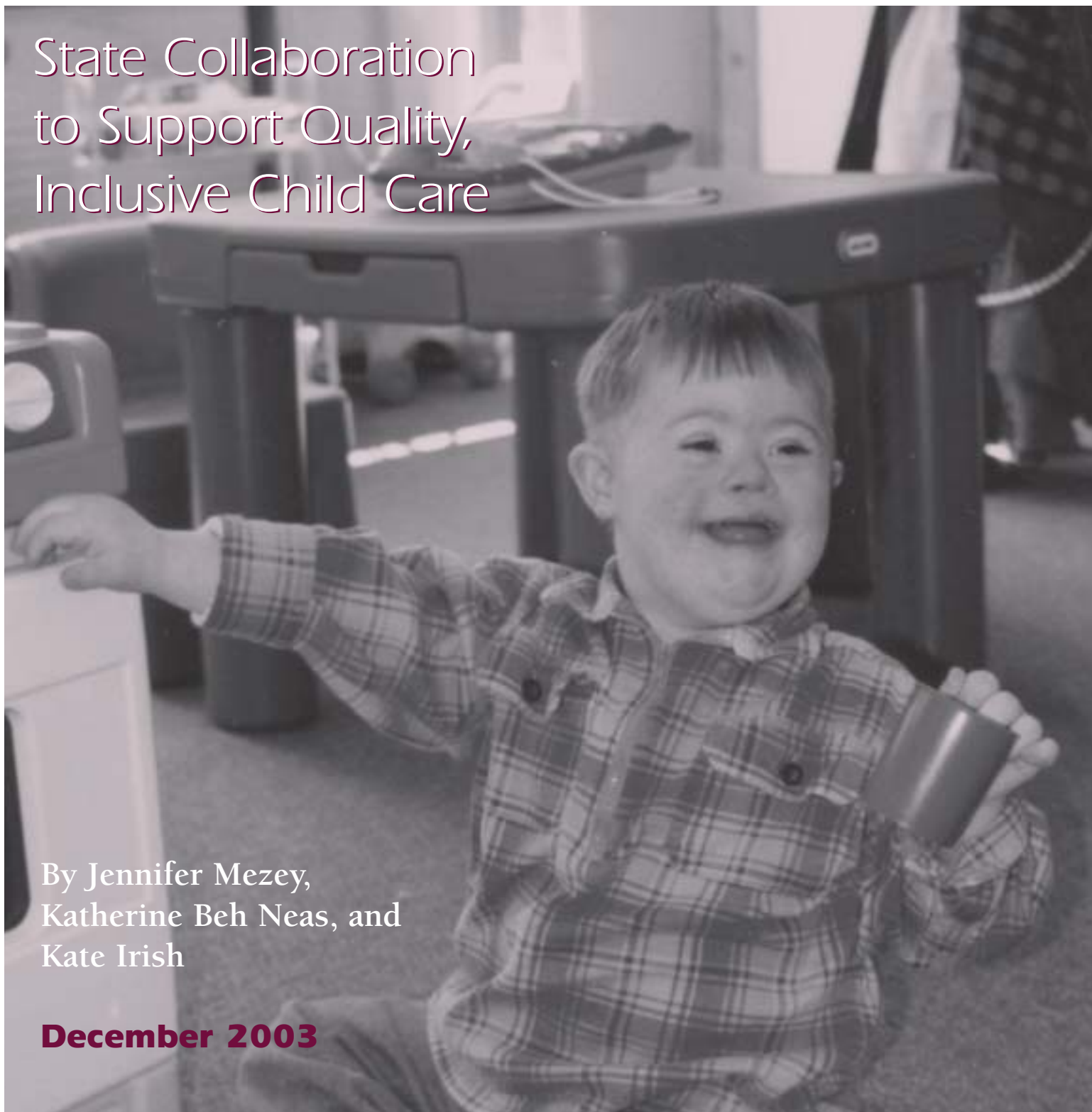
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About the Authors

Jennifer Mezey is a Senior Staff Attorney at the Center for Law and Social Policy who focuses on child care and welfare policy and funding issues at the state and national level.

Katherine Beh Neas is an Assistant Vice President of Government Relations at Easter Seals who focuses on early education and care issues for children with and without disabilities and their families.

Kate Irish is Programs Manager at Docs for Tots. Until recently, she was a Research Associate at the Center for Law and Social Policy.

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Executive Summary

Child care is an essential work support for families, and it also can provide quality early education opportunities for young children. However, families with children with disabilities have difficulty finding high-quality, appropriate child care for their children—and this is particularly true for low-income families.

States use funding from many different programs to provide child care, special education, early intervention, and supportive services to children with disabilities and their families; these programs include the Individuals with Disabilities Education Act (IDEA), the Child Care and Development Fund (CCDF) block grant, Temporary Assistance for Needy Families (TANF), Medicaid, the Maternal and Child Health Program, Head Start, and various state and local programs.¹ This paper focuses on policies designed to support the provision of special education and early intervention services for low-income children with disabilities through child care programs. Thus, this paper discusses the two early childhood programs funded through IDEA (Part C for infants and toddlers and their families and Section 619 for preschoolers) and CCDF.

IDEA- and CCDF-funded programs have different eligibility requirements, have different but

overlapping target populations, and are often administered by different agencies. This can lead to a lack of coordination, resulting in difficulties for families trying to find appropriate services. Both IDEA and CCDF agencies are attempting to address this lack of coordination through collaborative efforts to share resources and expertise to better meet the needs of children and families.

Congress is currently considering the reauthorization of both CCDF and IDEA. The importance of quality services, the adequacy of funding, and the need for collaboration among early childhood programs have all been a part of these and other early childhood debates.² Against this backdrop, the Center for Law and Social Policy (CLASP) and Easter Seals designed and disseminated a survey to the administrators of the IDEA and CCDF early childhood programs in all 50 states and the District of Columbia. The goal of the survey was to gather current data on collaboration in several specific areas from both the CCDF and IDEA perspectives, highlight comprehensive collaboration approaches, identify barriers that make collaboration more difficult, and make recommendations for federal and state actions that could facilitate collaboration to improve services.³

An analysis of the survey results, based on at least one agency in 39 responding states, leads to the following conclusions:

- All of the responding agencies reported some level of collaboration.
- In most states, the same agency does not administer all three programs, but collaboration occurs within and among agencies.
- The most common form of collaboration states report is joint training on child development and on the inclusion of children with disabilities in child care programs.

- Many states perceived no barriers to collaboration, while others identified a few specific issues; most of the identified barriers did not stem from legal requirements.

The following report discusses the challenges low-income families face in attempting to access quality child care for children with disabilities; describes the CCDF and IDEA programs and the children and families they serve; discusses the importance of and barriers to collaboration; presents the findings of the CLASP-Easter Seals survey; and suggests policy recommendations for federal and state governments.

The Challenge: Quality Child Care for Children with Disabilities Is Scarce

The increased participation of mothers in the labor force has led to an increased need for child care among families at all income levels. Today more than half of married and single mothers of infants and toddlers and almost two-thirds of married and single mothers with preschoolers work outside the home.⁴ There are no national data on the number of these mothers who have children with disabilities. However, research shows that difficulty in finding child care for young children with disabilities can be a barrier to work. One study reported that 45 percent of mothers of infants with disabilities do not return to work because they cannot find appropriate child care.⁵

The availability of quality, inclusive child care—that is, care that adequately serves children with and without disabilities together—is especially important for children with diagnosed and undiagnosed disabilities. First, IDEA requires that children be served in natural environments (Part C) or least restrictive environments (Section 619). This means services should be provided to the maximum extent appropriate in inclusive settings. Second, higher quality care can be provided in these settings. A study by the Frank Porter Graham Center found that inclu-

sive pre-kindergarten classrooms in North Carolina were of higher quality than classrooms that just served children with disabilities.⁶ The authors of another study noted:

In a high-quality child care arrangement, the worlds of children expand beyond the family and neighborhood. Children and youth develop cognitive skills, patterns of social interaction, and the ability to regulate their own behavior and feelings. Not only do child care arrangements that include children with emotional or behavioral challenges with typically developing children enjoy more positive child centered outcomes, but they also tend to use more appropriate curricula and collaborate with parents more effectively.⁷

Well-educated or well-trained providers are more likely to identify and address previously undiagnosed disabilities in young children earlier in their lives. In fact, a child care setting might be the first opportunity for a childhood disability to be identified and addressed before children experience difficulties in school. This early intervention helps children and families.

In its annual review of the progress of the early intervention, preschool, and special education service systems for our nation's children, the U.S. Department of Education concluded:

One year after entry in early intervention, many children have mastered additional developmental milestones and have shown improvements in their behavior. Families report their child's communication and motor skills have improved, and over two-thirds of families report that early intervention has had a lot of impact on the child's development.⁸

Unfortunately, families of children with disabilities across all income levels have difficulty finding quality, inclusive child care programs. This

difficulty can be due to many factors, including resource and staffing sufficiency concerns; provider concerns about their capacity to care for children with disabilities, particularly children with emotional or behavioral needs; the difficulty of coordinating therapeutic and child care services; inadequate provider training; and the inability of parents to afford high-quality child care, even when it is available.⁹

These problems are compounded for low-income families for at least two reasons. First, low-income children are more likely to have a disability than children in higher income families.¹⁰ Second, low-income families are more likely to live in low-income neighborhoods, which have less available child care for children with special needs than higher income neighborhoods.¹¹



CCDF and IDEA and the Children and Families They Serve

There are three major programs that support child care, early intervention, special education, and supportive services for children and families: the Child Care and Development Fund (CCDF) block grant, the Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program for Infants and Toddlers, and the IDEA Section 619 Program for Preschoolers.

CCDF Block Grant

The CCDF block grant is a joint federal- and state-funded program that finances child care assistance to low-income working families and provides some support for systemic quality improvements.¹² In fiscal year (FY) 2001, states served approximately 1.8 million children through CCDF. States are not required to collect data on the number of CCDF-subsidized children with disabilities, however.

States must spend a minimum of 4 percent of their federal and state matching CCDF funds (including transferred Temporary Assistance for Needy Families [TANF] funds) on activities designed to improve the quality and availability of child care in the state. States support a wide

range of activities with these funds, including resource and referral activities; training and technical assistance to providers, including making available specialists in health and disability issues; and monitoring and enforcing health and safety standards.¹³

CCDF's authorizing legislation and regulations contain some general collaboration requirements. One requirement is that the CCDF lead agency coordinate with the state public health agency and the public education agency in developing the state's CCDF plan.¹⁴ These two agencies are often responsible for administering IDEA early childhood programs. There is no specific requirement that CCDF and IDEA agencies collaborate. However, in recognition of the importance of collaboration and inclusion, the U.S. Department of Health and Human Services (DHHS) has asked state child care agencies to describe—in their CCDF state plans for FY 2004-FY 2005—their collaboration with programs that promote the inclusion of children with disabilities, as well as any activities to promote inclusive care.¹⁵

Funding for CCDF is currently insufficient to provide services to the millions of eligible,

Reauthorization of CCDF and IDEA (as of November 18, 2003)

Congress has been considering the reauthorization of CCDF and IDEA for the last two years. The House and the Senate Health, Education, Labor, and Pensions (HELP) Committee have passed legislation reauthorizing CCDF and IDEA. The Senate Finance Committee has also passed a bill reauthorizing TANF and setting mandatory child care funding levels for the next five years. The CCDF, TANF, and IDEA bills have not been considered by the Senate as a whole.

The CCDF reauthorization bill voted out of the HELP Committee (S. 880) would explicitly require CCDF lead agencies to describe how they will coordinate with the agencies administering the IDEA Part C and Section 619 programs; the House legislation to reauthorize CCDF (H.R. 4) contains a general requirement that states report their collaboration efforts with other early childhood programs but does not specify IDEA as one of these agencies. The Senate HELP bill would also require states to collect data on the number of children who have IDEA service plans and are receiving CCDF-funded subsidies; the House legislation contains no such requirement.

Legislation to reauthorize IDEA has been approved by the House of Representatives (H.R. 1350) and corresponding legislation is pending in the Senate (S. 1248). Neither of IDEA's early childhood programs has been altered in the House bill. The Senate bill contains a series of provisions aimed at encouraging states to implement seamless services for children with disabilities from birth to age five. Specifically, the Senate bill encourages state early intervention agencies and the state special education preschool agency to jointly develop a plan to extend family-centered early intervention services to preschool-age children and their families. The Senate bill also sets a national eligibility floor for the early intervention program that, if enacted, would make more infants and toddlers eligible for Part C-funded services. The Senate provision requires states to serve infants and toddlers with 35 percent delays in one developmental area or 25 percent delays in two developmental areas; under current law, states can set their own standards with no minimum requirement.

low-income families who want and need them. Approximately two million children received CCDF- and TANF-funded child care subsidies in FY 2001, the most recent year for which federal data exist. This represents one out of seven of the children eligible for child care assistance under federal law. Current and future state fiscal constraints will likely make it hard for states to expand their programs in the near future. Moreover, states will likely continue to face difficult choices as they attempt to balance the goals of maintaining access to and preserving the quality of child care services, while keeping these services affordable to low-income families.¹⁶

IDEA

IDEA has two main service programs for young children with disabilities (Part C and Section 619) and one program that supports professional development and technical assistance (Part D).¹⁷

IDEA's Part C supports developmental services to infants and toddlers, up to age three, with developmental disabilities and delays, as well as to their families.¹⁸ Once a child is found to be eligible for Part C services, the state and the family develop an Individualized Family Services Plan (IFSP) that details the family's goals for the child and the services necessary for the child and family to achieve these goals. Almost 270,000 children participated in Part C in 2002. Most of the children who received Part C supports were served in their homes or in child care settings.¹⁹ Parents of infants and toddlers receiving Part C-funded services need child care services; 43 percent of these mothers and 90 percent of these fathers in 1999–2000 were employed at least part-time.²⁰

As a condition of receiving Part C-funded services, states must establish a State Interagency Coordinating Council (SICC)

whose membership must include representatives of service providers; the agencies providing Section 619 services (explained below), child care, Head Start, and health insurance; parents of children with disabilities; a member of the state legislature; and an individual responsible for personnel preparation. (The IDEA Amendments of 1997 made a state's child care agency a required SICC member.) The SICC is responsible for working with the Part C lead agency to identify sources of funding for early intervention services, to promote interagency agreements, and to assist with transitioning toddlers to preschool programs, among other duties. The SICC can also advise and assist the Part C agency and the state's educational agency in providing appropriate services for children ages zero to five.²¹

IDEA's Section 619 program provides special education and related services to preschool-aged children with disabilities. Once a child is found eligible, the local school district and the child's parents develop an Individualized Education Program (IEP) that details the specific education goals for the child and the services

necessary to achieve the goals. More than 645,000 children participated in the IDEA Section 619 preschool program in 2002. Half of these children received special education and related services in settings with typically-developing peers for at least part of the day—in public school, child care, and Head Start, among other settings.²²

The IDEA early childhood programs also do not have sufficient funding to meet fully the needs of all of the children with disabilities. For example, IDEA preschool grants provide local school districts with less than \$1,000 per preschooler with a disability. However, in 1999-2000, the total cost for special education services per preschooler with a disability ranged from \$7,667 in public schools to \$9,062 for programs outside public schools. State and local education agencies provide the majority of the resources for public school preschool programs.²³ So, while schools are required to provide special education services to preschoolers with disabilities, the federal government does not provide sufficient resources to address the unique needs of such children.

Why Collaboration Is Necessary

In order to provide quality services that address the needs of children with disabilities and their families, states must overcome several challenges, including:

- **Insufficient funding.** Funding for CCDF and IDEA is not sufficient to fully meet the needs of eligible populations.
- **Different program missions.** The IDEA programs fund early education and intervention services for children with disabilities but cannot accommodate the full-time child care needs of the families they serve. CCDF funds quality child care that can meet the developmental needs of children and allow low-income parents to work, but it cannot generally fund therapeutic interventions.
- **Different target populations.** The IDEA early childhood programs serve children ages 0–5 with disabilities or developmental delays or who are at risk of these conditions, depending on the program, regardless of their parents' work status or income. CCDF serves children ages 0–13, or older in limited circumstances, whose parents must be low-income and working or participating in education or training.
- **Different service delivery mechanisms.** The majority of CCDF-funded services are delivered through child care vouchers, which enable parents to choose any legal provider of their choice. The majority of Part C and Section 619 services are delivered through contracts with providers to deliver early intervention, special education, and related services. The latter mechanism gives the government more ability to set conditions for and monitor the delivery of IDEA-funded services.²⁴

Collaboration among agencies at all levels of government on program and planning issues can help promote the provision of complementary, inclusive services. According to a report about child care for children with disabilities in California:

Programs and caregivers who receive adequate support and training from agencies that work specifically with families and children with disabilities and other special needs, and that collaborate and communicate effectively with one another and with the families they serve, can create and maintain quality inclusive programs that nurture and benefit young children with typical and atypical development alike.

By nurturing collaborative relationships among staff, families, and support agencies, early care programs can effectively transform their developmentally and age-appropriate curriculum into one that is also individually appropriate to meet the unique needs of young children with disabilities and other special needs.²⁵

Findings of the Survey of State CCDF and IDEA Administrators

CLASP and Easter Seals sent surveys to CCDF, Part C, and Section 619 administrators in every state and received responses from at least one agency in 39 states, with 62 total responses.²⁶ The survey focused on state level collaboration, but respondent information about local collaboration efforts or barriers to collaboration was incorporated if provided.

The following analysis does not purport to be a representative or comprehensive nationwide study of collaboration and coordination efforts among state CCDF and IDEA agencies. For instance, it is possible that the agencies that responded were more likely to be collaborating than were non-respondents. It is intended, instead, as a snapshot of current activities in most states and as a guide for future research.

Administering Agencies

Based on a review of the agencies that administer the three programs in all 50 states and the District of Columbia, CCDF is most often administered through a social services agency, whereas Section 619 is administered by a state's department of education. The Part C program is administered through a variety of agencies, primarily through state departments of health, but also through social services or education agencies. In a few states, the Part C program is

administered jointly by two different agencies. Only one state (California) currently administers all three programs through the same agency.²⁷ In 21 states, the CCDF program and either the Part C or Section 619 program are administered by the same agency. (See Appendix 1 for a list of the agencies that administer the three programs in all 50 states and the District of Columbia.)

Surprisingly, there does not appear to be a direct connection between whether programs are administered by the same agency and the number and extent of collaborative activities reported by the states in their survey responses.

Collaborative Activities

CLASP and Easter Seals asked CCDF and IDEA agency administrators if they engaged in three important types of collaborative activities to promote quality, inclusive child care:

- (1) joint trainings on a variety of subjects to teach child care, early intervention, special education, and related service providers how to care for children with disabilities and improve provider comfort level in providing this care;
- (2) collaborative technical assistance so that child care providers have a place to go for support and assistance while they are caring for a child with disabilities; and
- (3) consultation

and strategic planning among CCDF and IDEA programs.

All states responded that they did at least one of these activities. (See Appendix 2 for a chart summarizing the responses of all states.)

Examples include:

Joint trainings for child care and early intervention or special education services providers. Joint trainings can conserve resources for agencies and promote sharing of expertise and strategies from different disciplines. For instance, child care providers can learn about how to best meet the needs of children with disabilities, and early intervention and special education service providers can learn how to provide their services in group settings.

Thirty-four of the responding states reported that their CCDF agency and at least one of their IDEA agencies collaborate to provide at least one of the specified joint trainings. The most common were on child development for children of all abilities and on the inclusion of children with disabilities in child care settings. States have facilitated these joint trainings in several ways. For example, in Texas, Part C staff and CCDF agency staff have conducted cross-trainings to familiarize each agency with the other's work. Several states, such as Alaska and Illinois, described training sessions run by one agency to which providers funded by the other agency were also invited.

Collaborative technical assistance to providers.

Thirty-one states have provided collaborative technical assistance to providers. By offering collaborative, ongoing technical assistance, IDEA and CCDF agencies can hopefully enhance the effectiveness of training activities by providing individual, interactive support to providers. Some states work with their local resource and referral agencies to provide this technical assistance. Two specific examples of collaborative technical assistance are:

- In West Virginia, the Department of Health and Human Resources and the Department of Education (the agencies that administer the CCDF and IDEA programs respectively) jointly sponsor the State PIECES (Partners Implementing an Early Care and Education System) Advisory Council. One of the PIECES subcommittees is the Technical Assistance Steering Committee with representatives from CCDF, IDEA, early childhood programs, and Head Start.
- In North Dakota, after a series of trainings for child care providers on working with children with disabilities, “[t]he need for more hands-on help following the training became apparent” to the Section 619 and CCDF agencies administering the training. Section 619 funds were used to do follow-up home visits to child care providers to administer additional training and technical assistance.

CCDF agency consultation with Section 619 and/or Part C agencies during the development of CCDF state plans. Twenty-two states reported that their CCDF agencies have consulted with the Section 619 and/or Part C agencies in the development of biennial CCDF state plans. These plans provide fiscal and policy information to the U.S. Department of Health and Human Services (DHHS) and report on planned activities for the next two years. Child care agencies are required to consult with others during the state plan development process. During this consultation process, IDEA agencies can, in turn, evaluate their activities to determine whether they should undertake new efforts.

CCDF participation on Part C State Inter-agency Coordinating Councils. Thirty-four states reported that their child care agencies were represented on their Part C State Interagency Coordinating Councils (SICC).²⁸ Through these councils, states can conduct strategic planning and coordination across

programs to create seamless services for young children with disabilities.

Joint strategic planning. Twenty-seven states reported that they have engaged in joint strategic planning. Joint planning can bring together agencies to commit to a common vision that can underpin program coordination.²⁹ Some of this strategic planning was done through SICC. Other examples of joint strategic planning include the following:

- Some states have continued joint strategic planning under the now-defunct federally funded Map to Inclusive Child Care project. The Map project was initiated by the Child Care Bureau of DHHS to bring together state partners to plan and offer services designed to increase the supply of quality, inclusive child care for children with disabilities. Some of these “Map” states continue to fund these activities although DHHS no longer participates. Eighteen states responding to our survey were among the 30 states that were part of the Map to Inclusive Child Care program that had a strategic planning component; not all of these states, however, are continuing Map’s strategic planning activities.
- In some states, collaboration has occurred around early learning initiatives. In Maryland, the child care and IDEA early childhood agencies have worked together on the development of early learning guidelines for all children in the state. In Arkansas, CCDF and IDEA agencies have worked to develop pre-kindergarten literacy training and an English as a Second Language early childhood academy involving the agencies administering those programs, public pre-kindergarten, and public schools.
- Other state child care and IDEA programs are collaborating around inclusive child care initiatives. In Massachusetts, the child care agency received a federal grant to create a more unified system to provide child care, Part C, Medicaid, and Section 619 services to

families more efficiently. An evaluator is currently working to identify and replicate best practices in the state. Vermont reported that it is engaged in a similar process.

Other examples of collaboration. A number of states have developed collaborative activities that were not specified in the survey but are worth noting:

- **Natural Allies.** The child care agencies in Texas and Oklahoma are participating in a project funded by the U.S. Department of Education’s Office of Special Education Programs called Natural Allies. Through this project, led by the Frank Porter Graham Center at the University of North Carolina, community college students are trained to work with infants, toddlers, and young children of all abilities and with the children’s families in inclusive settings.
- **Enhanced Resource and Referral Services.** The Massachusetts CCDF and Part C agencies fund Early Intervention Regional Consultation Programs. These programs support enhanced resource and referral for children and families with special needs. They also assist in providing family services identified in a family’s IFSP in the child care setting.
- **Guidebook Production.** Illinois developed a guidebook, *One of Us*, to help school district and community-based organization administrators facilitate the process of serving children with special needs in natural settings. The guidebook resulted from the work of a committee that included representatives from the state Board of Education, Head Start, the Department of Child and Family Services, the Department of Human Services, and the Governor’s office. The guidebook is designed for use by school superintendents, as well as special education, early intervention, child care, and Head Start directors and providers. The purpose of the guidebook is to increase awareness and expand implementation of federal and state initiatives to support collabor-

oration and inclusive practices, as well as to increase access to high-quality services for young children with disabilities and their families.³⁰

Comprehensive Initiatives

While all the states in this survey reported CCDF-IDEA collaboration to some degree, some states have gone a step further to create comprehensive coordinated initiatives aimed at improving the quality of child care provided to children with disabilities. Below are some examples:

Hawaii. Hawaii has at least two comprehensive collaborative projects:

- Through the Inclusion Project, the CCDF and Part C agencies agreed to use federal CCDF funds to subsidize inclusive child care and preschool experiences for infants and toddlers with disabilities.
- The CCDF and Part C agencies are also jointly funding the Keiki Care project, which provides consultation, training, and support to early childhood providers to promote the inclusion of children ages 3–5 with challenging behaviors.

Minnesota. Minnesota runs Project Exceptional, a statewide network that promotes and supports inclusive child care programs and providers of care for both preschool and school-aged children. Through Project Exceptional, the state provides leadership, administrative support, training, and consultation to providers and parents of children with disabilities and other special needs. Project Exceptional is funded with CCDF and Section 619 dollars.³¹

North Carolina. The state CCDF and IDEA agencies participate in the Partnership for Inclusion (PFI), which is a statewide technical assistance project promoting inclusion of young children from birth to age five in child care settings. PFI offers consultation, training, strategic planning, program evaluation assistance, and

other services to a variety of entities, including schools, child care and preschool programs, and community colleges.³²

Challenges to Collaboration

In undertaking this survey, CLASP and Easter Seals wanted to identify any barriers to state CCDF-IDEA collaboration. Some respondents identified barriers related to state and local policy implementation. Most of these barriers did not appear to flow from federal legal requirements, however. The barriers identified by the survey respondents included:

Difficulty in cross-agency collaboration. When different agencies administer these programs, communication and collaboration can be difficult. One CCDF respondent wrote, “[w]hen funds reside in various agencies, merging the resources can be challenging if cabinet-level leadership does not mandate or otherwise encourage it. [Collaboration] is not necessarily a challenge because of requirements, but because of bureaucratic structures in the state system.”

However, the extent of collaboration within a state is not necessarily directly correlated with the programs being administered by the same agency. In Minnesota, a state with a high degree of collaboration, all three programs were administered by the Minnesota Department of Children, Families and Learning at the time this survey was administered.³³ In North Carolina, however, Part C and CCDF were in the same agency; Section 619 is separate. In Hawaii, another state that engages in a lot of collaboration, none of the programs were lodged in the same agency. Having different agencies administer the IDEA- and CCDF-funded early childhood programs might create some difficulties, but these challenges did not seem insurmountable to many states. Some states, such as Arkansas, Illinois, and Vermont, seemed to be addressing this issue through memoranda of understanding among agencies.

Disconnected state and local collaborative efforts. Some respondents identified a disconnect between state and local collaboration efforts. One respondent wrote that her state department of education could not require local school districts to collaborate with child care providers to provide services to Section 619-eligible children. So even though resources were being shared at the state level under a memo of understanding, local school districts were not required to collaborate. In other states, respondents indicated that local collaboration existed on an as-needed basis without a clear mandate from the state.

However, other states reported cooperation between state and local entities. For instance, several states mentioned local implementation of statewide initiatives through local resource and referral agencies, such as the Massachusetts enhanced resource and referral discussed above and a similar Georgia program to promote inclusive child care.

State or federal legal requirements. Some states reported that state or federal require-

ments make collaboration difficult. One CCDF respondent stated that “the entitlement requirements for services under Part C and Section 619 are at times seen as barriers to sharing resources, including the payor of last resort requirements.” Under Part C, the state can use its Part C funds to pay for direct services to children and families ONLY after reimbursement for such services have been denied by other public and private sources. It is unclear whether this barrier is a function of the IDEA requirements themselves or the fact that resources are limited. Another respondent stated that IDEA’s requirement that early intervention service providers meet the highest standard in the state forces many private preschool teachers and child care providers who are not certified to be excluded as providers under Part C. Presumably, these requirements make it more difficult in this state to provide early intervention services in a child care setting. Further research in these states is needed to understand these barriers, explore available solutions under current law, and propose statutory or regulatory changes if necessary and advisable.

Recommendations

Based on the results of this survey and other studies of efforts to promote collaboration in the provision of inclusive child care services, CLASP and Easter Seals make the following recommendations for federal, state, and local policymakers.

Federal Reauthorization

- **More funding is needed for CCDF and the IDEA early childhood programs.** Collaboration alone cannot make up for insufficient funding levels. Child care programs across the country are facing budget cuts and other threats to funding due to state fiscal crises and the declining availability of TANF reserves. As child care programs are cut, the number of inclusive programs that will serve children with disabilities is reduced. In addition, states are challenged to provide the full scope, duration, and frequency of services that infants and toddlers with disabilities and preschoolers with disabilities may need to reach their developmental goals and enter school ready to learn. If child care and IDEA early childhood funding levels do not increase, states will be forced to provide fewer children with disabilities with the type of comprehensive, inclusive child care that supports their development and their parents' ability work.
- **The Senate CCDF reauthorization legislation is more supportive of CCDF-IDEA collaboration than the House bill; the Senate bill includes an explicit requirement that CCDF and IDEA early childhood programs describe how they will collaborate.** The federal Child Care Bureau is asking state CCDF agencies to describe, in their FY 2004-FY 2005 CCDF state plans, their coordination efforts with “programs that promote the inclusion of children with disabilities.” However, a state might be able to comply by reporting that it is doing no coordination. This legislative change proposed in the Senate bill would appear to indicate that states *must* undertake some collaborative effort in this area.
- **The data provisions in the Senate CCDF reauthorization legislation would allow for better tracking of unmet need by requiring the collection of data on children with IFSPs and IEPs.** Currently, states are not required to collect data on the number of children with disabilities who are receiving CCDF-funded child care assistance. This information could help CCDF and IDEA agencies determine the extent of overlap in their programs and how to better target their initiatives.
- **The Senate IDEA reauthorization legislation supports collaboration by requiring that the**

state agency responsible for child care partner with the state education agency to develop professional development plans. Most training sponsored by IDEA agencies is directed to early intervention and special education direct service providers, including occupational, physical, and speech therapy providers, but not to early childhood classroom staff. However, young children with disabilities increasingly have their specialized IDEA services delivered in child care settings. Requiring the state education agency to partner with the state child care agency will help to coordinate activities and maximize limited resources.

Federal Administrative Activities

At the present time, it is unclear whether CCDF or IDEA will be reauthorized during this fiscal year. However, there are actions that DHHS and the Department of Education (DOE) could take in the absence of statutory changes to improve collaboration between CCDF and IDEA programs.

- DHHS and DOE should collaborate further on technical assistance about using IDEA and CCDF funds together, promoting inclusive child care, and meeting legal requirements around accommodation of children with disabilities. DHHS and DOE each provide technical assistance in the areas of early childhood education and inclusion. These agencies also collaborate on trainings concerning inclusion and other initiatives; however, there does not appear to be any sort of formal collaborative technical assistance project on inclusion of young children in child care settings. DHHS is currently funding technical assistance in the areas of school-age care and care for infants and toddlers; although these initiatives will likely touch on issues related to care for children with disabilities, a separate initiative, conducted jointly with DOE, could be helpful to states.
- DHHS and DOE should ask states to report on their activities to increase the skill and expertise of early education and care staff to meet the needs of young children with disabilities in child care programs; DHHS and DOE should then disseminate this information to other states and the public. This information could be used to address shortages in early education and care personnel who can meet the unique needs of children with disabilities and to improve professional development activities for early education and care personnel in the states.
- DOE should enforce the requirements of IDEA's Part C and 619 programs. DOE must improve its efforts to enforce IDEA's early childhood programs to ensure that all eligible children are appropriately identified and served. States need help to identify all eligible children and to resolve shortages in qualified personnel.

State and Local Activities

- States should examine how their state and local policies are coordinated to support the creation of quality, inclusive child care settings for children with disabilities. States face many challenges as they attempt to maintain or expand access to child care assistance and improve child care quality. However, even if states do not currently have the resources to create new, comprehensive initiatives to support inclusive care, they can initiate individual activities discussed in this report, including training, collaborative technical assistance, consultation, and joint strategic planning. Collaborative planning is particularly important in difficult economic times. Through participation in the SICC or other cross-program planning groups, states can conduct needs assessments for their state, determine what programs would be necessary to build a comprehensive system to support inclusive care, and plan for a time when additional resources will be available to build such a system.

- **States should continue to invest collaboratively in professional development.** The importance of having well-educated and well-trained service providers, particularly for children with disabilities, has been extensively documented. CCDF and IDEA service providers who are caring for the same population of children should learn about the rules and resources of both programs. Finally, having providers with the same credentials and education levels can facilitate collaboration by making it easier to share staff across programs. One way to do this is to include early childhood providers in IDEA-funded personnel development activities. The SICCC could play a role in working across programs to ensure that all early childhood providers can access education and training opportunities.
- **States should work to ensure that state and local collaboration efforts support and complement each other.** Given that administration of CCDF and IDEA programs occurs at both the state and local levels, it is important for state and local entities to ensure that their efforts are coordinated.



Conclusion

The CLASP-Easter Seals survey has found that state CCDF and IDEA programs are collaborating at both the state and local levels in an effort to provide quality, inclusive child care services for children with disabilities. While state respondents identified barriers to collaboration at both the federal and state levels, these barriers have not precluded collaborative efforts in the surveyed states.

However, in the current fiscal climate, great unmet need remains for quality child care that

can support the healthy development of children of all abilities, as well as the work of their parents. States face tremendous challenges in just maintaining current levels of accessibility and quality of child care, special education, and early intervention services—let alone expanding services or creating new collaborative activities. This survey indicates that, while progress is being made to bring together child care and IDEA services, more needs to be done to build on these efforts. Additional resources will be needed to close the gaps that exist.

Endnotes

- 1 Danaher, J., Kraus, R., et al. (2003). *Section 619 Profile, 12th Edition*. Chapel Hill, NC: National Early Childhood Technical Assistance Center; Trohanis, P. (May 2002). *Progress in Providing Services to Young Children with Special Needs and Their Families: An Overview to and Update on the Implementation of the Individuals with Disabilities Education Act (IDEA)*. NECTAC Notes #7. Chapel Hill, NC: National Early Childhood Technical Assistance Center.
- 2 These issues have also been a very prominent part of the debate over the reauthorization of the Head Start Act. For more information on CCDF and IDEA reauthorization, see Neas, K.B., & Mezey, J. (2003). *Addressing Child Care Challenges for Children with Disabilities: Proposals for CCDBG and IDEA Reauthorizations*. Washington, DC: Easter Seals and the Center for Law and Social Policy. For information on Head Start reauthorization, see www.clasp.org for analyses of proposed legislation, current Head Start performance standards, and Head Start Program Information Report data.
- 3 For additional information on Section 619 collaborative efforts with Part C and with CCDF in 2002, see Danaher & Kraus (2003).
- 4 Gabe, T. (Updated Dec. 2002). *Trends in Well-Being, Work and the Economic Well-Being of Female-Headed Families with Children 1987–2001*. Washington, DC: Congressional Research Service.
- 5 Shonkoff, J., & Phillips, D. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington DC: National Academy of Science.
- 6 Frank Porter Graham Child Development Center. (Summer 2001). Pre-K for Children with Special Needs. *Early Developments*, 5(1).
- 7 Brennan, E., Caplan, E., Ama, S., & Warfield, O. (2001). Child Care: Inclusion as Enrichment. *Focal Point Articles: Research and Training Center on Family Support and Children's Mental Health*, 15(2).
- 8 U.S. Department of Education, Office of Special Education Programs. (2003). *Twenty-Fourth Annual Report to Congress*. Washington, DC: Author, p. IV–14.
- 9 Shonkoff & Phillips (2000). A Maine survey of child care providers confirms these conclusions. The survey found that only about one-third of the surveyed providers served children with medical, physical, or behavioral needs, and 12 percent of the providers reported that they had not enrolled a child because of the child's behavioral needs. See Hager, W., Dean, A., & Reidt-Parker, J. (2002). *Child Care, Money and Maine: Implications for Federal and State Policy*. Sanford, ME: Authors.
- 10 Shonkoff & Phillips (2000) ("It is well documented that children with a variety of special needs are overrepresented in poverty samples."); Meyers, M., Brady, H., & Seto, E. (2000). *Expensive Children in Poor Families: The Intersection of Childhood Disabilities and Welfare*. San Francisco, CA: Public Policy Institute of California (found through interviews with California welfare recipients in 1992 and 1996 that almost 20 percent of the families had at least one child with a disability or illness).
- 11 U.S. General Accounting Office. (1997). *Welfare Reform: Implications of Increased Work Participation for Child Care*. Washington, DC: Author.

- 12 A child is eligible for CCDF-funded subsidies if he or she is younger than 13 (or, in most states, 19 if the child has a disability and can't care for himself or herself), has parents who are working or in education and training, and has family income below 85 percent of State Median Income.
- 13 45 C.F.R. § 98.51.
- 14 45 C.F.R. § 98.14(a).
- 15 Child Care and Development Fund Plan Preprint for FFY 2004-2005, §§ 2.1.2 & 5.1.3.
- 16 Mezey, J. (2003). *Threatened Progress: U.S. in Danger of Losing Ground on Child Care for Low-Income Working Families*. Washington, DC: Center for Law and Social Policy.
- 17 This paper will only examine the Part C (early intervention) and Section 619 (preschool programs). The Part D program provides an important source of funding for investments in professional development, infrastructure building, and research.
- 18 Young children and their families are eligible for Part C services if the child is under the age of three and experiences developmental delays in one or more areas of development, or has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. States also have the option of serving children at risk of developmental delay. Nine states and Guam served at-risk children in 2000.
- 19 Data Tables for State Reported Data from the U.S. Department of Education, Office of Special Education Programs, Table AH1: Number of Infants and Toddlers Receiving Early Intervention Services, December 1, 2002. Available at www.ideadata.org.
- 20 U.S. Department of Education, Office of Special Education Programs. (2002). *Twenty-Third Annual Report to Congress*. Washington, DC: Author.
- 21 Individuals with Disabilities Education Act § 641.
- 22 Data Tables for OSEP State Reported Data, at Table AA2: Number of Children Ages 3-5 Served Under IDEA, Part B By Disability During the 2002-03 School Year & Table AB1: Number of Children Ages 3-5 Served in Different Educational Environments Under IDEA, Part B, by Disability During the 2002-03 School Year. Children between the ages of three and five are eligible for IDEA 619 services if the child has a disability and needs special education and related services. States have the discretion to include children between the ages of three and nine experiencing developmental delays and who need special education and related services.
- 23 Chambers, J., Parrish, T., & Harr, J. (Sept. 2002). *What Are We Spending on Special Education Services in the U.S. 1999-2000?* Palo Alto, CA: Special Education Expenditure Project of the Center for Special Education Finance.
- 24 This list applies factors relating to child care, Head Start, and pre-kindergarten from Schilder, D., Kiron, E., & Elliott, K. (Feb. 2003). *Early Care and Education Partnerships: State Actions and Local Lessons*. Washington, DC: Education Development Center (citations omitted). See also Schumacher, R., Greenberg, M., & Lombardi, J. (2001). *State Initiatives to Promote Early Learning: Next Steps in Coordinating Subsidized Child Care, Head Start, and State Prekindergarten*. Washington, DC: Center for Law and Social Policy for another discussion of barriers to collaboration and coordination among early childhood programs.
- 25 Shaw, P., Santos, S., Cohen, A., Araki, C., Provance, E., & Reynolds, V. (2001). *Barriers to Inclusive Child Care*. Sacramento, CA: California Children and Families Commission.
- 26 CLASP and Easter Seals surveyed CCDF, Section 619, and Part C administrators from all 50 states and the District of Columbia. We received responses from 32 CCDF administrators, 17 Section 619 administrators and 13 Part C administrators (representing 39 states), and we followed up with some respondents to resolve ambiguous or inconsistent responses. The chart in Appendix 2 captures the state responses to our survey.
- 27 In California, the CCDF and Section 619 programs are administered by the state Department of Education. The Part C program is administered jointly by the state Department of Education and the state Department of Developmental Services. Since this survey was completed, the Minnesota state agencies administering these programs were changed by executive order of the Governor. Child care is now administered through the Minnesota Department of Human Services, and Section 619 and Part C are administered through the Minnesota Department of Education. At the time the survey was administered, the Minnesota Department of Children, Families and Learning administered all three early childhood service programs.
- 28 The IDEA statute requires the participation of the state agency responsible for child care. Sometimes the agency representative is not from the child care division, however.

- 29 National State Boards of Education. (2003). *Creating a Unified, Comprehensive System of Early Childhood Education*. Alexandria, VA: Author (reporting on the work of six states that received grants to facilitate coordination and planning, among other activities, across early childhood programs in order to establish comprehensive, integrated services for young children).
- 30 Illinois survey response; National State Boards of Education (2003).
- 31 See <http://www.projectexceptional.org> for additional information about Project Exceptional.
- 32 See <http://www.fpg.unc.edu/~pfi> for additional information about Partnerships for Inclusion.
- 33 Since this survey was completed, the Minnesota state agencies administering these programs were changed by executive order of the Governor. Child care is now administered through the Minnesota Department of Human Services, and Section 619 and Part C are administered through the Minnesota Department of Education. At the time the survey was administered, the Minnesota Department of Children, Families and Learning administered all three early childhood service programs.

Appendices

Appendix 1: State CCDF, Section 619, and Part C Programs by Administering Agency

State	CCDF	619	Part C	CCDF and Part C or 619 are administered through same agency	All three are administered in same agency
Alabama	Department of Human Resources	Department of Education	Department of Vocational Rehabilitations	No	No
Alaska	Department of Education and Early Development	Department of Education and Early Development	Department of Health and Social Services	Yes	No
Arkansas	Department of Human Services	Department of Education	Department of Human Services	Yes	No
Arizona	Department of Economic Security	Department of Education	Department of Economic Security	Yes	No
California	Department of Education	Department of Education	Joint administration between the Department of Developmental Services and the Department of Education	Yes	Yes, with Part C jointly administered with the Department of Developmental Services
Colorado	Department of Human Services	Department of Education	Department of Education	No	No
Connecticut	Department of Social Services	Department of Education	Department of Mental Retardation	No	No
Delaware	Department of Health and Social Services	Department of Public Instruction	Department of Health and Human Services	Yes	No
District of Columbia	Department of Human Services	DC Public Schools	Department of Human Services	Yes	No
Florida	Florida Partnership for School Readiness	Department of Education	Department of Health	No	No

State	CCDF	619	Part C	CCDF and Part C or 619 are administered through same agency	All three are administered in same agency
Georgia	Department of Human Resources	Department of Education	Division of Public Health	No	No
Hawaii	Department of Human Services	Department of Education	Department of Health	No	No
Idaho	Department of Health and Welfare	Department of Education	Department of Health and Welfare	Yes	No
Illinois	Department of Human Services	Board of Education	Department of Human Services	Yes	No
Indiana	Family and Social Services Administration	Department of Education	Family and Social Services Administration	Yes	No
Iowa	Department of Human Services	Department of Education	Department of Education	No	No
Kansas	Department of Social and Rehabilitation Services	Department of Education	Department of Health and Environment	No	No
Kentucky	Cabinet for Children and Families	Department of Education	Cabinet for Health Services	No	No
Louisiana	Department of Social Services	Department of Education	Department of Education	No	No
Maine	Department of Human Services	Department of Education	Department of Education	No	No
Maryland	Department of Human Resources	Department of Education	Department of Education	No	No
Massachusetts	Office of Child Care Services	Department of Education	Department of Public Health	No	No
Michigan	Family Independence Agency	Department of Education	Department of Education	No	No
Minnesota ¹	Department of Human Services	Department of Education	Department of Education	Yes	Yes
Mississippi	Department of Human Services	Department of Mental Health	Department of Mental Health	No	No
Missouri	Department of Social Services	Department of Elementary and Secondary Education	Department of Elementary and Secondary Education	No	No
Montana	Department of Public Health and Human Services	Office of Public Instruction	Department of Public Health and Human Services	Yes	No
Nebraska	Department of Health and Human Services	Department of Education	Joint administration between Department of Education and Department of Health and Human Services	Yes	No
Nevada	Department of Human Resources	Office of Elementary and Secondary Education	Department of Human Resources	Yes	No

State	CCDF	619	Part C	CCDF and Part C or 619 are administered through same agency	All three are administered in same agency
New Hampshire	Department of Health and Human Services	Department of Education	Department of Health and Human Services	Yes	No
New Jersey	Department of Human Services	Department of Education	Department of Health and Senior Services	No	No
New Mexico	The Children, Youth and Families Department	Department of Education	Department of Health	No	No
New York	Office of Children and Family Services	State Education Department	Department of Health	No	No
North Carolina	Department of Health and Human Services	Board of Education	Department of Health and Human Services	Yes	No
North Dakota	Department of Human Services	Department of Public Instruction	Department of Human Services	Yes	No
Ohio	Department of Job and Family Services	Department of Education	Department of Health	No	No
Oklahoma	Department of Human Services	Department of Education	Department of Education	No	No
Oregon	Employment Department	Department of Education	Department of Education	No	No
Pennsylvania	Department of Public Welfare	Department of Education	Department of Public Welfare	Yes	No
Rhode Island	Department of Human Services	Department of Education	Department of Health	No	No
South Carolina	Department of Health and Human Services	Department of Education	Department of Health and Environmental Control	No	No
South Dakota	Department of Social Services	Department of Education and Cultural Affairs	Department of Education and Cultural Affairs	No	No
Tennessee	Department of Human Services	Department of Education	Department of Education	No	No
Texas	Texas Workforce Commission	Texas Education Agency	Interagency Council on Early Childhood Intervention	No	No
Utah	Department of Workforce Services	Department of Education	Department of Health	No	No
Vermont	Agency of Human Services	Department of Education	Joint administration between the Agency of Human Services and the Department of Education	Yes	No
Virginia	Department of Social Services	Department of Education	Department of Mental Health, Mental Retardation and Substance Abuse Services	Yes	No

State	CCDF	619	Part C	CCDF and Part C or 619 are administered through same agency	All three are administered in same agency
Washington	Department of Social and Health Services	Office of Public Instruction	Department of Social and Health Services	Yes	No
West Virginia	Department of Health and Human Resources	Department of Education	Department of Health and Human Resources	Yes	No
Wisconsin	Department of Workforce Development	Department of Public Instruction	Department of Health and Family Services	No	No
Wyoming	Department of Family Services	Department of Education	Department of Health	No	No

Source: National Early Childhood TA Center website, <http://www.nectac.org/contact/contact.asp> (as of 10/2/03), National Child Care Information Center website, <http://nccic.org/statepro.html> (as of June 2003, verified with state websites).

- 1 Since this survey was completed, the Minnesota state agencies administering these programs were changed by executive order of the Governor. Child care is now administered through the Minnesota Department of Human Services, and Section 619 and Part C are administered through the Minnesota Department of Education. At the time the survey was administered, the Minnesota Department of Children, Families and Learning administered all three early childhood service programs.

Appendix 2: CCDF-IDEA Survey Responses

State	Program representatives that responded to survey	Does the same agency administer any of the programs? (As of the survey date)	Collaborative Activities						
			Joint training in the identification of disabilities	Joint training on child development for children of all abilities and inclusion of children with disabilities	Joint training on requirements of the Americans with Disabilities Act	Collaborative technical assistance	Consultation w/619/Part C in the development of CCDF state plans	CCDF agency participation on IDEA Part C State Interagency Coordinating Councils	Joint strategic planning
Alabama	619	None		X		X		X	
Alaska	All three	CCDF, 619 (DOE)	X	X	X	X ¹	X	X	X
Arkansas	CCDF	CCDF, Part C (DHS)	X	X	X	X	X	X	X
California	CCDF	All ² (DOE)		X	X			X	X
Colorado	All three	619, Part C (DOE)	X	X	X	X	X	X	X
Connecticut	All three	None	X	X	X	X	X	X ³	X
Florida	Part C	None	X	X	X			X	X
Georgia	CCDF	None	X	X	X	X	X	X	X
Hawaii	All three	None	X	X	X	X	X ⁴	X ⁵	X
Idaho ⁶	All three	CCDF, Part C (DHW)						X	
Illinois	CCDF	CCDF, Part C (DHS)	X	X	X	X			
Kansas	All three	None	X	X	X	X	X	X	X
Kentucky	Part C	None	X	X	X	X		X	X
Louisiana	CCDF	619, Part C (DOE)	X ⁷	X ⁷	X ⁷	X ⁷	X ⁷	X ⁷	X ⁷
Maine	All three	619, Part C (DOE)	X	X	X	X	X	X	X
Maryland	CCDF	619, Part C (DOE)	X	X	X		X	X	X
Massachusetts	CCDF	None	X	X	X	X	X	X	X
Minnesota	All three	All ⁸ (DCFL)	X	X	X	X	X	X	X
Mississippi	CCDF	619, Part C (DMH)	X	X	X	X			X
Missouri	CCDF	619, Part C (DOE)	X	X	X	X	X	X	
Montana	CCDF, 619	CCDF, Part C (DPHHS)		X ⁹	X ⁹	X	X ¹⁰	X	X ¹⁰
Nebraska	CCDF	CCDF (DHHS), 619 (DOE), Part C (DOE-DHHS) ¹¹	X	X	X	X	X	X	X
New Hampshire	CCDF	CCDF, Part C (DHHS)		X		X	X		
New Jersey	CCDF, Part C	None	X	X	X	X ¹²		X	X ¹²
New Mexico	CCDF	None	X	X	X	X		X	X
North Carolina	CCDF	CCDF, Part C (DHHS)	X	X	X	X	X	X	X
North Dakota	619	CCDF, Part C (DHS)	X	X	X	X		X	
Ohio	619	None	X	X		X		X	X
Oklahoma	CCDF, 619	619, Part C (DOE)	X	X		X		X ¹³	
Oregon	CCDF	619, Part C (DOE)					X	X	X

State	Program representatives that responded to survey	Does the same agency administer any of the programs? (As of the survey date)	Collaborative Activities						
			Joint training in the identification of disabilities	Joint training on child development for children of all abilities and inclusion of children with disabilities	Joint training on requirements of the Americans with Disabilities Act	Collaborative technical assistance	Consultation w/619/Part C in the development of CCDF state plans	CCDF agency participation on IDEA Part C State Interagency Coordinating Councils	Joint strategic planning
Pennsylvania	CCDF	CCDF, Part C (DPW)	X	X		X			
South Dakota	619	619, Part C (DOECA)							
Texas	CCDF, Part C	None	X	X	X	X		X	X
Utah	All three	None	X	X	X	X ¹⁴		X	X
Vermont	CCDF	CCDF (DHS), 619 (DOE), Part C (DHS-DOE) ¹⁵	X	X	X	X	X	X	
Virginia	CCDF, 619	None	X	X	X	X	X	X	X
Washington	619	CCDF, Part C (DHHS)						X	
West Virginia	CCDF	CCDF, Part C (DHHR)	X	X	X	X	X	X	X
Wyoming	CCDF	None					X	X	
Totals ¹⁶			30	34	29	31	22	34	27

Source: CLASP-Easter Seals survey sent to CCDF, IDEA Part C, and IDEA Section 619 state administrators and verified by respondents.

CLASP did not receive any surveys back from the following states: Arizona, Delaware, District of Columbia, Indiana, Iowa, Michigan, Nevada, New York, Rhode Island, South Carolina, Tennessee, Wisconsin.

The shaded areas indicate that all three of the state’s agencies responded to the survey.

- 1 The CCDF and 619 agencies provide collaborative technical assistance.
- 2 The Part C program is administered jointly through the Department of Education and the Department of Developmental Services.
- 3 A representative from the Department of Social Services sits on the council; it is not always a staff person from child care.
- 4 CCDF agency only indicated collaboration on this activity on the survey.
- 5 619 agency only indicated collaboration on this activity on the survey.
- 6 Part C and B routinely co-plan and provide in-service training. It is offered to parents and Infant Toddler Program and Part B pre-school personnel (admin, related services, teachers, etc.). State reports that future training and technical assistance to child care providers will be better coordinated with Parts C and B training due to a significant change in the infrastructure for child care assistance.
- 7 The state responded that the Department of Social Services is required by IDEA to be in attendance during any collaborating sessions regarding IDEA Section 619 preschool and Part C infants and toddlers.
- 8 Since the survey was completed, by executive order of the Governor, the state agencies administering these programs have changed. Child care is now administered through the Minnesota Department of Human Services and Part C and Section 619 through the Minnesota Department of Education. At the time the survey was completed, the Department of Children, Families and Learning administered all three early childhood services programs.
- 9 Trainings are funded through the Department of Human Services. Some Section 619 providers have participated at the local level.

- 10 CCDF agency only indicated collaboration on this activity on the survey.
- 11 The Part C Program is administered jointly through the Department of Education and the Department of Health and Human Services.
- 12 Part C agency only indicated collaboration on this activity on the survey. However, all three agencies participate in the Map to Inclusive Child Care Project through which these types of activities occur.
- 13 A staff person from the Department of Human Services works with the SICCC, but she is not from the child care division.
- 14 Collaborative technical assistance occurs through some local programs.
- 15 The Agency of Human Services administers the CCDF Program. The Department of Education administers the IDEA Section 619 preschool program. The Agency of Human Services and the Department of Education are designated co-lead agencies for the IDEA Part C program.
- 16 Totals include responses when only one or two out of three agencies responded that a specific collaborative activity occurs. Totals also include local activities, if noted in the survey.



The Center for Law and Social Policy (CLASP), a national nonprofit organization founded in 1968, conducts research, legal and policy analysis, technical assistance, and advocacy related to economic security for low-income families with children.

CLASP's child care and early education work focuses on promoting policies that support both child development and the needs of low-income working parents and on expanding the availability of resources for child care and early education initiatives. CLASP examines the impact of welfare reform on child care needs; studies the relationship between child care subsidy systems, the Head Start Program, prekindergarten efforts, and other early education initiatives; and explores how these systems can be responsive to the developmental needs of all children, including children with disabilities.

Center for Law and Social Policy
1015 15th Street, NW, Suite 400
Washington, DC 20005
202.906.8000 main 202.842.2885 fax
www.clasp.org



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Easter Seals
Office of Public Affairs
700 13th Street, NW
Suite 200
Washington, DC 20005
Phone: 202.347.3066
www.easterseals.com