

Building Inclusive State Child Care Systems

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the Ounce





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Introduction

In recent years, there has been increased interest in achieving full inclusion of young children with disabilities in early care and education programs, including child care. Although there are considerable challenges, new laws and guidance from the federal government and national advocacy and membership organizations provide an exciting opportunity to address this critical issue with renewed vigor. This resource is intended to support child care administrators, IDEA Part C and Part B 619 Coordinators, early childhood advocates, and other relevant stakeholders in leveraging this new opportunity. Read on for a brief overview of inclusion, requirements for inclusion in child care programs specifically, examples of state-level policies and practices that may improve the quality and supply of inclusive child care environments, and ideas for taking action to further full inclusion in child care.

Background

In 1986, Congress passed PL 99-457, which required states to provide free and appropriate public education and related services to preschool aged children with disabilities. Since that time, national progress toward quality inclusion has been virtually stagnant, with preschool inclusion increasing only 7.2 percent, from 36.8% to 42.5% for children ages three to five years old who have been identified to receive special education services.² Lack of inclusion is likely particularly pronounced in child care settings, given the considerable variation across state child care systems and limited resources and support available to child care programs and providers.

Recent literature highlights the barriers to the implementation of inclusion in a variety of early care and education settings that serve young children with disabilities, including public and private school settings, child care centers, and Head Start programs.³ A national follow-up survey distributed to administrators in early childhood education identified fiscal policies and funding, established policies between agencies or programs, and personnel training, qualifications, and supervision as major barriers to inclusion; however, a majority of the identified challenges were reported as attitudinal in nature.⁴ It is significant to note the attitudinal barriers to inclusion persist despite the existing literature supporting the effectiveness of inclusive settings for all young children and a consistent definition of quality inclusion. These findings are also consistent with literature that examined the perceptions of practitioners in high-quality settings. Similar barriers were found in regard to common philosophical beliefs about inclusion, time constraints, and collaborative efforts.⁵

¹ Contributing authors on this resource include Carie Bires, Karen Berman, Elizabeth Kenefick, and Alissa Rausch.

² Smith & Barton, 2015; U.S. Department of Education, 2014

³ Liber, Hanson, Beckman, Odom, Sandall, Schwartz, & Wolery, 2000

⁴ Smith & Barton, 2015;

⁵ LaMontagne, Johnson, Kilgo, Stayton, Carr, Bauer, & Carpenter, 2002



Although there is much work to be done, recent activity at the federal level is increasing opportunities for children to be included. Signed into law in November 2014, the Child Care and Development Block Grant Act of 2014 (CCDBG), made significant changes to the Child Care Development Fund (CCDF) program and includes several opportunities for new and renewed action on improving inclusion of children with disabilities in child care. Soon after, in 2015, the U.S. Department of Education (ED) & U.S. Department of Health and Human Services (HHS) issued the *Policy Statement on Inclusion of Young Children with Disabilities in Early Childhood Programs*.⁶ This unprecedented joint statement acknowledged that children with disabilities and their families face significant barriers to accessing inclusive high quality early childhood programs, and provided policy and practice recommendations for states, local education agencies, and programs to promote high quality inclusion. Finally, in January 2017, ED issued a Dear Colleague Letter (DCL) reaffirming its position that all young children with disabilities should have access to high quality early childhood programs where they are, and be provided with the individualized and appropriate supports to enable them to reach high expectations.

Taken together, disability-specific provisions in CCDBG, the ED-HHS joint policy statement, and the DCL form a strong message from the federal level that although there are challenges, children with disabilities belong in child care settings and we can and must do better. The DCL specifically states that “despite the expansion of early childhood programs, there has not yet been a proportionate expansion of inclusive early learning opportunities for young children with disabilities. The ED and HHS joint policy statement further provides “A mixed delivery system of public and private high-quality early childhood programs is important to increasing the availability of inclusive opportunities for children with disabilities.” The CCDBG provides a framework for states to leverage toward this end.

Inclusion: what and why?

In 2009, the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) produced a joint statement on inclusion⁷, highlighting *quality inclusion or quality inclusive practices* as the demonstration of (1) access, (2) participation, and (3) supports for young children with disabilities. The statement defines these as:

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

⁶ U.S. Departments of Education & Health and Human Services, ‘Policy Statement on Inclusion of Young Children with Disabilities in Early Childhood Programs,’ 14 September, <https://www2.ed.gov/policy/speced/guid/earlylearning/joint-statement-full-text.pdf>.

⁷ DEC/NAEYC. (2009). Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC). Chapel Hill: The University of North Carolina, FPG Child Development, https://www.naeyc.org/files/naeyc/file/positions/DEC_NAEYC_EC_updatedKS.pdf.

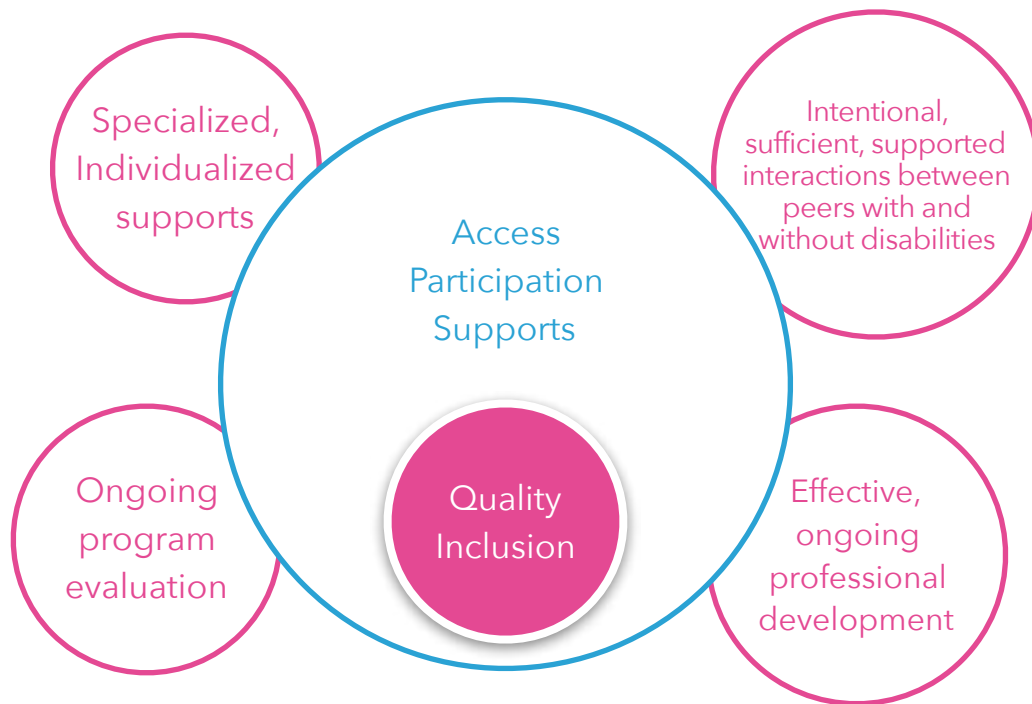


Figure 1.1 – A visual representation of quality inclusive practices/quality inclusion as defined by the DEC/NAEYC Joint Position Paper on Inclusion.

There are many reasons to promote inclusion as it is defined above. Simply put, children with disabilities and developmental delays birth to age eight who are included in early childhood educational settings with their typically developing peers have more positive outcomes than children who are not.⁸ For example, greater success for children with disabilities has been noted in social-emotional, behavioral, cognitive, and language development.⁹ Additionally, research on the benefits of inclusion for typically developing children has shown positive attitudinal outcomes from being engaged in inclusive educational settings, including¹⁰ demonstrated helpfulness, compassion, and empathy.¹¹

Research is also indicative of a trend that inclusive programs deliver higher quality intervention for all children.¹² This trend is primarily attributed to the use of specialized and intensive instruction, ongoing assessment, and progress monitoring systems, as well as increased parental engagement in the inclusive classrooms that support all young children within that setting.¹³

Multiple studies have also found that quality inclusion is not more expensive in service delivery than segregated programs, demonstrating benefit to the program and community at large.¹⁴ One

⁸ Holahan & Costenbader, 2000; Odom, Zercher, Marquart, Sandall, & Brown, 2006

⁹ Buisse, Goldman, & Skinner, 2002; Strain & Bovey, 2011; Strain & Hoyson, 2000


¹⁰ Buisse, Wesley, Bryant, & Gardner, 1999; Diamond & Huang, 2005; Odom, Zercher, Li, Marquart, Sandall, & Brown, 2006; Okagaki, Diamond, Kontos, & Hestenes, 1998

¹¹ Cross, Traub, Hutter-Pishgahi, & Shelton, 2004

¹² Bricker, 1995; Daugherty, Grisham-Brown, & Hemmeter, 2001; Grisham-Brown, Schuster, Hemmeter, & Collins, 2000

¹³ Buisse et al., 1999; Grisham-Brown, Pretti-Frontczak, Hawkins, and Winchell, 2009.

¹⁴ Odom, Hanson, Lieber, Marquart, Sandall, Wolery, Horn, Schwartz, Beckman, Hikido, & Chambers, 2001; Odom, Parrish, & Hikido, 2001



research study found the cost of a specialized inclusive model for children with autism was estimated to be half or two-thirds the cost of a one-on-one teaching model and produced the same or better quality developmental outcomes.¹⁵

Supporting full inclusion in child care

With the many benefits of quality inclusion in mind, it is exciting to note that the CCDBG provisions related to children with disabilities and inclusion are aligned with and designed to support high quality inclusion as defined in the DEC/NAEYC statement. Each of the provisions, taken together, support policies and practices that advance access, participation, and supports for children, families and providers.

CCDBG provisions that support inclusion

Prioritizing child care assistance services to children with disabilities is not a new requirement in the CCDBG Act of 2014;¹⁶ however, the recent reauthorization both reinforced the existing provisions and included new provisions that support states' ability to embed the DEC/NAEYC best practices for inclusion. These requirements present an unprecedented opportunity to ensure that children with disabilities have equitable opportunities to access high quality child care. In particular, states are required to¹⁷:

- Develop strategies for increasing supply and quality of child care
- Continue prioritizing assistance to children with special needs
- Provide training and support to child care providers
- Collect and report data on children with disabilities served
- Ensure children receive developmental screenings and referrals

Whether you are a child care, Part C or Part B 619 administrator, creating high quality inclusive child care settings requires intentional collaboration, alignment of policies and practices, a holistic approach, and the implementation of multiple strategies. The state Child Care and Development Fund (CCDF) Plan can serve as a vehicle for collaborative planning and implementation of state-level policy strategies that take full advantage of the opportunities available through CCDBG to further inclusion in child care, albeit not the only one. Embedding these strategies in administrative legislative and regulatory changes are also powerful ways to ensure the sustainability of these efforts.

The rest of this resource will be dedicated to discussing how states can maximize opportunities in the new requirements to promote good inclusion.

- Leverage existing infrastructure
- Provide grants and contracts to support providers and individualized supports
- Establish differential payments or tiered reimbursements for individual children
- Provide training and support to child care providers
- Collect and report data on children with disabilities served in child care
- Ensure children receive developmental screening and referrals

¹⁵ Strain and Bovey (2011)

¹⁶ Child Care and Development Block Grant (CCDBG) Act of 1990, Sec. 658E(c)(3)(B)

¹⁷ Per the CCDBG Act of 2014, the *Final FY16-18 CCDF Preprint* published December 2015, the CCDF Program Final Rule published September 2016, and the revised *CCDF Administrative Data Reports 800 and 801*



Leverage existing infrastructure

The first step in developing policies and practices to improve the supply and quality of child care for children with disabilities is to identify and meet with your agency partners in child care and [Part C](#) and [Part B 619](#) and complete a scan of the technical assistance and support systems already in place in your state. These may include Child Care Resource and Referral Agencies (CCR&Rs), additional child care training and technical support initiatives supported by the state child care system, and federally funded Individuals with Disabilities Education Act (IDEA) [technical assistance entities](#). Many states already have some infrastructure for inclusion support, and may be able to extend that expertise to support child care settings. While this might require some additional resources for capacity, it may be more effective and cost efficient to extend the reach of the current entities.

Provide grants and contracts to support providers and individualized supports

Providing grants and contracts to child care providers is one strategy outlined in the CCDBG and the CCDF state plan pre-print to meet the requirement that states develop and implement strategies to increase the supply and improve the quality of child care services for children with disabilities. Grants and contracts are paid directly to the child care provider so long as slots are adequately filled, which is a more predictable funding source than vouchers or certificates. The commentary portion of the CCDF Program Final Rule, notes that:

While this final rule does not require the use of grants and contracts for direct services, we continue to think a system that includes certificates, grants or contracts, and private-pay families is the most sustainable option for the CCDF program and for child care providers. Certificates play a critical role in supporting parental choice; however, demand-side mechanisms like certificates are only fully effective when there is an adequate supply of child care.¹⁸

The CCDBG rule commentary also suggests that states may use grants or contracts to incentivize providers to open in an area they might not otherwise consider, or to serve children for whom care is more costly. Grants and contracts have the advantage of enabling child care programs to build a quality infrastructure for inclusion that is predictable and sustainable, and allows programs to prepare to welcome children with disabilities before they even step through the door. Stable funding offers providers an incentive to pay the fixed costs associated with providing high-quality child care, such as adequate salaries to attract qualified staff, or to provide higher cost care, such as for infants and toddlers or children with special needs, or to locate in low-income or rural communities.

Establish differential payments or tiered reimbursements for individual children

The CCDBG Act of 2014 also suggests alternative reimbursement rates as a strategy for increasing access to and quality of child care services for children with disabilities. The CCDF

¹⁸ “Child Care and Development Fund (CCDF) Program--Subpart F: Use of Child Care and Development Funds, § 98.50 Child Care Services” Federal Register, Vol. 81, No. 190, 30 September 2016, <https://www.gpo.gov/fdsys/pkg/FR-2016-09-30/pdf/2016-22986.pdf>.



state plan pre-print provides that states can choose to set different base payment rates as well as tiered rates or add-ons for factors such as children with special needs. It notes that the higher rates for children with special needs acts as “both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children.”

It is important to keep in mind that differential payments or tiered reimbursements are most effective when paired with expertise to inform what needs to be modified to ensure that the child can fully participate in the program, and with ongoing and embedded training and support for staff.

Provide training and support to child care providers

Under the new law, states must have professional development and training requirements “to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.”¹⁹ The professional development and support must be conducted on an ongoing basis, be developed in consultation with the State Advisory Council, incorporate knowledge of early learning and developmental guidelines, and be “appropriate for a population of children that includes children with disabilities.”²⁰

States are able to financially support these new requirements because professional development and training is considered an allowable use of CCDF quality set-aside funds.²¹ With respect to children with disabilities, the law specifically stipulates that these funds can be used for “offering specialized training for child care providers caring for children with disabilities.”²²

In designing training and technical assistance, states should consider awarding professional development credit for training, ensuring that leaders and teachers are engaged, and creating pathways for credentials for specialization in inclusive practice.²³

Collect and report data on children with disabilities served in child care

As states prioritize and develop strategies for increasing the supply and quality of child care for children with disabilities, new provisions speak to how to document that children with disabilities are able to access child care assistance and enroll in child care settings. The CCDBG requires states to report monthly on the number of children with disabilities that are included in child care.^{24,25} In addition, federal reports generated by HHS will include findings about whether

¹⁹ CCDBG Act of 2014, Sec. 658E(c)(2)(G)

²⁰ CCDBG Act of 2014, Sec. 658E(c)(2)(G)(ii)(V)(cc)

²¹ CCDBG Act of 2014, Sec. 658G(b)(1)

²² CCDBG Act of 2014, Sec. 658G(b)(1)(A)

²³ Child Care and Development Fund (CCDF) Program Final Rule (September 2016), 45 CFR § 98.44(b)(v)(2)

²⁴ “Overview of Proposed Changes to ACF-800 and ACF-801 Administrative Data Reports,” Office of Child Care, Administration for Children and Families, US Department of Health and Human Services, 2 June 2015, <http://www.acf.hhs.gov/programs/occ/resource/overview-of-proposed-changes-to-acf-800-and-acf-801-ccdf-administrative-data-reports>.

²⁵ 80 FR 26266 (7 May 2015) <https://www.federalregister.gov/articles/2015/05/07/2015-10988/proposed-information-collection-activity-comment-request>



states complied with the prioritization of services,²⁶ and whether states use CCDBG funds for improving quality, availability, or access for child care services, with priority given to children from families with very low incomes as well as children with disabilities.²⁷ Failing to adequately give priority for services could leave states with penalties for noncompliance.²⁸

For most states, collecting data on the number of children with disabilities receiving subsidized child care through the CCDF program will be a new endeavor. Partnering with Part C and Part B 619 administrators to leverage possible existing data collection systems may be useful. It is important to make sure there is a clear definition of which children will be counted in the data collection, and to set targets or goals for ensuring that children with disabilities can access high quality inclusive child care.

Ensure children receive developmental screening and referrals

Child care providers play a critical role in early identification of children who may have developmental delays and in daily monitoring of a child’s development between screenings. Under CCDBG, states must collect and disseminate information on developmental screenings to parents and providers.²⁹ This information includes existing resources and services such as “the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act” and IDEA’s section 619 and part C developmental screening services, as well as a description on how a family could use these services. States might consider this as an opportunity to strengthen relationships across sectors to make successful connections to services that can provide critical support for the children and families they serve.

Existing resources include the Center for Disease Control’s (CDC) Learn the Signs. Act Early, the Administration for Children and Families’ Birth to 5: Watch me Thrive!, and Easterseals’ Make the First Five Count.

States can also leverage developmental screening and referral as an opportunity for family engagement and professional development, thus maximizing the return on investment of early identification efforts. Requiring or offering training and support for child care providers to conduct developmental screenings, discuss results, and support families with any referrals can serve to increase capacity and competency of child care providers while building stronger trusting relationships between providers and families.

If states employ a combination of the strategies outlined above, they will not only be in compliance with the new CCDBG law and rules—they will have implemented policies and practices that create high-quality inclusive child care settings where children with disabilities can thrive.

²⁶ CCDBG Act of 2014, Sec. 658L(a)

²⁷ CCDBG Act of 2014, Sec. 658E(c)(3)(B)(ii)(I)

²⁸ CCDBG Act of 2014, Sec. 658E(c)(3)(B)(ii)(II)

²⁹ CCDBG Act of 2014, Sec. 658E(c)(2)(E)(ii)



Taking action

The road to achieving full inclusion in child care is long, but fortunately, some relatively simple steps are available to start you on the journey.

Current state CCDF plans are in effect until September 30, 2018, which means there is still plenty of time to support implementation of the new requirements around inclusion and serving children with disabilities in child care settings. If you aren't already, connect with state agency staff responsible for CCDF and Part C and Part B programs, relevant advisory bodies, and child care and inclusion advocates to identify areas of implementation that could be strengthened. Find approved state plans (as of June 2016) are available on the [ACF Office of Child Care website](#). Appendix B includes a chart of which states said in their plan they were implementing key provisions supporting high-quality inclusion such as grant and contracting for *increasing supply* of child care for children with disabilities.

This also means that the time is right to prepare for the next iteration of your state's CCDF plan. The next plan will be due to the Office of Child Care by July 1, 2018, so many states may begin work revising current plans as soon as the fall of 2017. States and territories are required to consult various stakeholders in the development of the CCDF plan, make their CCDF plans publicly available, and hold at least one state-wide public hearing no more than 9 months ahead of the plan effective date. As described above, if you are not connected to key stakeholders and advisory bodies, now is the time to reach out and get involved with the plan development process. The earlier conversations begin, the greater chance states can leverage all available resources and successfully implement the policy recommendations described earlier. And keep in mind that while CCDF plans can support your framework and strategies for building inclusive child care, embedding these strategies within administrative legislative and regulatory changes are also powerful ways to ensure the sustainability of your efforts.

In addition to identifying immediate opportunities to support current and future implementation, you can also take action in your state in the following ways:

Learn more. Begin by increasing your familiarity with issues related to inclusion and child care. The [U.S. Departments of Education and Health and Human Services' joint policy statement on inclusion in early childhood programs](#) contains resources available to deepen your understanding of the available supports for children with disabilities, inclusive early care and education environments, child care subsidy systems, and more.

Take stock. Evaluate the current status of inclusion in your state's early childhood system and the resources available to you. The Early Childhood Technical Assistance Center recently published a [guide](#) that can assist with a [state system scan](#).

Build or strengthen relationships. Working with colleagues across systems can be very challenging. Establishing and maintaining positive and productive working relationships requires time, consistent engagement, and careful balancing of competing priorities and divergent perspectives. As you start or continue conversations with your partners about how to work together to incorporate the policy strategies discussed in this resource in your state, anticipate disagreement but remember to always look for common ground. Recognize that you will need to dedicate time and energy to building trust and learning about unfamiliar systems in order to be successful.



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Child Care Aware® is a national membership-based nonprofit organization working to advance affordability, accessibility, development and learning of children in child care. Founded in 1987, we advocate for child care policies that improve the lives of children and families, lead research that advances the child care and early learning field, leverage technology to help families make informed decisions about child care, and provide professional development for child care providers. Child Care Aware® of America is the only national nonprofit organization that focuses exclusively on child care and serves as ‘our nation’s leading voice for child care’.

The **Division for Early Childhood** (DEC) is an international membership organization for those who work with or on behalf of young children (0-8) with disabilities and other special needs and their families. DEC promotes policies and advances evidence-based practices that support families and enhance the optimal development of young children (0-8) who have or are at risk for developmental delays and disabilities.

The **Ounce of Prevention Fund** (the Ounce) is a private-public partnership dedicated to providing all children—especially those from low-income families—with high-quality early childhood experiences from birth to age 5. To give children and families most in-need the best chance for success, the Ounce develops programs, conducts research, trains educators and strongly advocates for early childhood education, in Illinois and across the country. Our early childhood programs, such as Educare, have created national models of high-quality early childhood education, ensuring that more children have access to opportunities best suited for their future success.

Appendix A

Child care inclusion in action

The opportunities outlined above are not necessarily new nor insurmountable. A number of states are already implementing policies and practices that support high-quality inclusion in child care programs and early learning more broadly. Read more about efforts underway in three states below and reference Appendix B for a summary of states' intentions to implement the strategies highlighted above, as reported in approved CCDF state plans.

Is your state or local area supporting high-quality inclusion in child care programs in an innovative or comprehensive way? We want to hear from you!

Contact us at cbires@theounce.org or Kberman@theounce.org.

North Dakota Inclusion Support Program

The North Dakota Department of Human Services contracts with Child Care Aware of ND to run the Inclusion Support Program, consisting of special grant funding and technical assistance that is written into statute and has a dedicated state appropriation. The program is available for both licensed home- and center-based child care providers caring for children with special needs (under the age of 13), as well as providers in the process of licensing. The grant funding is available for three purposes:

- Supporting staff needs (up to \$15,000/biennium)
- Modifying a childcare settings to accommodate children with diverse abilities and needs (building ramps, widening doors, etc., up to \$5,000 of one-time funding)
- Buying items such as sensory equipment or computer equipment and software for children with special needs (up to \$1,000 unless there is a specific demonstrated need for a higher award)

To apply, the provider must have the parent or guardian provide a letter outlining the need for additional support and create a care plan for each child with special needs with the parents and an inclusion specialist.

Technical support from an experienced inclusion specialist is also available at no cost to early childhood service providers. The inclusion specialist serves an invaluable role in providing: educational resources, connections for families to community resources, on-site observations, and strategies for enriching environments.

For more information on the program, contact the North Dakota Department of Human Services, Children and Family Services Division at (701) 328-2316 or visit: <http://www.nd.gov/dhs/services/childcare/inclusion.html>.

Alaska Inclusive Child Care Initiative (Alaska IN!)

Alaska IN! is a project of the Alaska Inclusive Early Care and Education Initiative Team (at the Alaska Department of Health and Social Services and the Alaska Department of Education and Early Development) that is funded by a grant from the Alaska Mental Health Trust Authority. Its stated purpose is “to enhance the skills of the child care provider, promote inclusive child care practices in child care settings, and ensure families participating in the Child Care Assistance Program, including children with special needs, have access to child care.”



According to Alaska's Statewide Child Care Resources and Referral Agency, *thread*, the program offers the following items in an effort to meet its purpose of high-quality inclusion:

- enhanced referrals, outreach, and education to parents about options;
- on-site observation of the child in their care setting by *thread*, and a Child Care Provider Inclusion Plan;
- specialized training and consultation for early childhood educators to support their practice; and/or
- supplemental payments, based on the needs of the child through the local Child Care Assistance office or the State of Alaska's Division of Public Assistance.

Thread staff are available to discuss with parents the child's needs and any additional accommodations, as well as if those accommodations qualify for a supplemental payment. In general, to be eligible for the supplemental payments, parents of children with special needs fill out an application verifying that they are eligible for the state's early care and education assistance program and that the child has a diagnosed special need and is under the age of 13.

For more information visit:

- Alaska IN! Website: <http://dhss.alaska.gov/dpa/Pages/ccare/specneeds.aspx>
- Thread FAQs for Early Educators: <http://threadalaska.org/index.cfm/Early-Educators/Frequently-Asked-Questions-%28FAQs%29/178>
- Thread FAQs for Families: <http://threadalaska.org/index.cfm/Families/Frequently-Asked-Questions-about-Early-Care/2>
- Alaska IN! Application for Parents: <http://threadalaska.org/layouts/thread/files/documents/forms/AK%20IN%21%20complete%20application%202010.pdf>

Delaware Early Childhood Credential in Inclusion

The Delaware Department of Education offers an Inclusion credential as part of its early childhood professional development credentialing system. Applicants to the program must have a high school diploma and approved higher education courses or have completed the necessary community-based training. If applicants do not have the education requirements, they can apply for the credential after the successful completion of 42-45 clock hours of Delaware Community-Based training.

The Delaware Institute of Excellence in Early Education, the entity that coordinates early childhood professional development credentials, offers a comprehensive list of inclusive education training courses from regionally accredited universities and community colleges. Candidates must successfully complete 3 credit hours of inclusive education from the approved course listings. All candidates must also go through a portfolio review that provides a demonstration of competency.

Delaware also offers technical assistance strategies and capacity grant awards. Technical assistance can be requested and used once a week for up to three months to address staffing and classroom management. Capacity grants are available to licensed providers serving children birth through school age who provide evidence of how they're supporting children with IEPs and ISFPs. This support can be utilized to purchase educational materials, provide professional development/staff training, purchase classroom furnishings, or offer services that will improve efficiency in operations.



For more information:

- Early Childhood Inclusion Credential: <https://dieecpd.org/early-childhood-credentials>
- Inclusion Credential Application: <https://dieecpd.org/static/uploads/files/credential-application-jun2016.pdf>
- Capacity Grants: <http://www.delawarestars.udel.edu/resources-supports/capacity-grant/>
- Capacity Grants: <http://www.cffde.org/early-childhood-funding>

Appendix B

Summary of State Implementation of Policy Strategies as Reported in Approved CCDF State Plans

Preprint Question #	Question	# of States/Territories (as of October 2016)
4.1.3	Using grants/contracts to provide child care services	25 states reported that in addition to offering certificates, they would provide services through grants or contracts
4.1.3	Using grants/contracts to increase supply for children with disabilities	11 states/territories <ul style="list-style-type: none"> - California - Delaware - Illinois - Indiana - Kansas - Mississippi - Oregon - Puerto Rico - South Carolina - Vermont - Wisconsin
4.1.3	Using grants/contracts to improve quality for children with disabilities	12 states/territories <ul style="list-style-type: none"> - California - Delaware - Indiana - Kansas - Mississippi - Missouri - Nevada - Oregon - Puerto Rico - South Carolina - Vermont - Wisconsin



Preprint Question #	Question	# of States/Territories (as of October 2016)
4.3.2	Using a tiered rate/rate add-on for programs serving children with special needs as defined by the state.	38 states/territories <ul style="list-style-type: none">- Alaska- Arizona- Arkansas- California- Colorado- Connecticut- DC- Florida- Georgia- Illinois- Indiana- Iowa- Kansas- Kentucky- Louisiana- Maryland- Massachusetts- Minnesota- Mississippi- Missouri- Montana- Nebraska- New Hampshire- New Jersey- New York- North Carolina- Ohio- Oklahoma- Oregon- South Carolina- South Dakota- Texas- Utah- Vermont- Virginia- Washington- West Virginia- Wisconsin

Appendix C

Opportunities for Inclusion in CCDBG Act, CCDF Plan, and CCDF Program Final Rule

Below is a crosswalk of the opportunities to support inclusion as cited in the Child Care and Development Block Grant legislative language, questions in the *FFY2016-18 CCDF Plan*, and the CCDF Program Final Rule.

CCDBG Provisions and CCDF Preprint Questions Related to Children with Disabilities			
	CCDBG Act (Dec 2014) ¹	FFY 2016-2018 CCDF Plan (Dec 2015) ²	CCDF Program Final Rule (Sept 2016) ³
Develop strategies for increasing supply and quality of child care	Sec. 658E(c)(2) (M)(iii) c. Requirements of a Plan 2. Policies and Procedures <i>M. Meeting the Needs of Certain Populations</i>	4. Ensure Equal Access to High Quality Child Care for Low-Income Children <i>4.6 Supply Building Strategies to Meet the Needs of Certain Populations</i> Questions 4.61 and 4.6.2	Subpart B. General Application Procedures Sec 98.16 Plan Provisions (x) for description of lead agency strategies to increase supply and improve quality of child care for children with disabilities
Continue prioritizing assistance to children of families with very low incomes and children with special needs	Sec. 658E(c)(3) (B)(i) c. Requirements of a Plan 3. Use of Block Grant Funds <i>B. Child care services and related activities</i>	3. Provide Stable Child Care Financial Assistance to Families <i>3.2 Increasing Access for Vulnerable Children and Families</i> Question 3.2.1	Subpart B. General Application Process Sec. 98.16 Plan Provisions (g)(1) Special needs child Subpart E. Program Operations (Child Care Services) Lead Agency and Provider Requirements Sec. 98.46 Priority for child care services (a)(2)
Provide training and support to child care providers	Sec. 658E(c)(2) (G) c. Requirements of a Plan 2. Policies and Procedures <i>G. Training and Professional Development Requirements</i> Sec. 658G(b)(1) b. Quality Activities 1. Support training and development of the child care workforce	6. Recruit and Retain a Qualified and Effective Child Care Workforce <i>6.1 Training and Professional Development Requirements</i> Questions 6.1.1 and 6.1.6 6. Recruit and Retain a Qualified and Effective Child Care Workforce <i>6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds</i> Question 6.2.1	Subpart E. Program Operations (Child Care Services) Lead Agency and Provider Requirements Sec. 98.44 Training and professional development (b)(iv) (C) Subpart F. Use of Child Care and Development Funds Sec. 98.53 Activities to improve the quality of care (a)(1)(i)(B) Subpart F. Use of Child Care and Development Funds Sec. 98.53 Activities to improve the quality of care (a)(4)(iii)(B)



CCDBG Provisions and CCDF Preprint Questions Related to Children with Disabilities			
	CCDBG Act (Dec 2014) ¹	FFY 2016-2018 CCDF Plan (Dec 2015) ²	CCDF Program Final Rule (Sept 2016) ³
Ensure children receive developmental screenings and referrals	Sec. 658E(c)(2)(E)(i)(V) c. Requirements of a Plan 2. Policies and Procedures <i>E. Consumer and Provider Education</i> i. Information about other programs	2. Promote Family Engagement through Outreach and Consumer Education <i>2.2 Consumer and Provider Education</i> Questions 2.2.1, 2.2.4, and 2.2.5	Subpart D. Program Operations (Child Care Services) Parental Rights and Responsibilities Sec. 98.33 Consumer and provider education (b)(1)(iii)
	Sec. 658E(c)(2)(E)(ii) c. Requirements of a Plan 2. Policies and Procedures <i>E. Consumer and Provider Education</i> ii. Information about developmental screening	2. Promote Family Engagement through Outreach and Consumer Education <i>2.2 Consumer and Provider Education</i> Questions 2.2.8	Subpart D. Program Operations (Child Care Services) Parental Rights and Responsibilities Sec. 98.33 Consumer and provider education (c)(1-2)
Collect and report data on children with disabilities served	Sec. 658P(3) P. Definitions 3. Child with a Disability Sec. 658L(a) L. Reports, Hotline, and Web Site a. Report by Secretary Sec. 658L(a) L. Reports, Hotline, and Web Site a. Report by Secretary		Subpart A. Goals, Purposes and Definitions Sec. 98.2 Definitions <i>Child with a disability</i> Subpart H. Program Reporting Requirements Sec. 98.71 Content of reports a. (18) whether the child has a disability



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¹ Child Care and Development Block Grant Act, https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_markup.pdf

² CCDF State Plan

³ Child Care and Development Fund (CCDF) Program: A Rule by the Children and Families Administration, 30 September 2016, 81 FR 67438, <https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>