SPECIAL NEEDS ADVISORY PROJECT (SNAP):

EVALUATION OF CHILD CARE CAPACITY BUILDING FOR CHILDREN WITH DISABILITIES OR OTHER SPECIAL NEEDS IN LOS ANGELES COUNTY

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June 20, 2005

Acknowledgements

The Inclusion Work Group of the Los Angeles County child Care Planning Committee for its efforts in supporting and guiding the work of the SNAP Specialists and in serving as advisor to the SNAP Project and to the evaluation.

Kirsten Deichart, Office of Child Care for her work in conducting and analyzing and reporting on the initial baseline survey conducted in 2003.

Lesley Blacher, Service Integration Branch, Office of Child Care for her work in guiding the evaluation efforts including the vacancy survey.

Laura Escobedo, Office of Child Care for her work in editing the report.

While the body of the Evaluation report was developed by Research and Evaluation Services of Service Integration Branch, the policy recommendations were developed by the Office of Child Care in conjunction with the Child Care Planning Committee.

This report was prepared for the County of Los Angeles Child Care Planning Committee and County of Los Angeles Office of Child Care with the use of State funds from the California Department of Education. Contents of the report do not necessarily reflect the position or policy of CDE.

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EXECUTIVE SUMMARY

In 2003, the California State Legislature passed Senate Bill 1703. The goal of this bill was to expand the capacity of non-State-subsidized child care centers and family child care homes to provide care for children with disabilities or other special needs. The bill appropriated $42 million from the General Fund, which was divided among the Counties in the State of California.

Each County was required to develop a plan of action to build capacity in child care for children with disabilities or other special needs. In Los Angeles, the County of Los Angeles (County) Child Care Planning Committee (Planning Committee) and a consortium of the ten child care Resource and Referral (R&R) agencies, collaborated to develop plans that included direct service and support through the R&Rs, and system-building and evaluation activities conducted through the Office of Child Care (OCC), within the Service Integration Branch (SIB) of the County Chief Administrative Office (CAO), on behalf of the Planning Committee (See Appendix A, Organization Chart). Each entity received a contract from the California Department of Education (CDE) to implement the work plans.

The R&Rs developed and implemented a coordinated web of services under the rubric of the Special Needs Advisory Project (SNAP). The services focused on families needing child care, and on family child care homes and the staff of non-subsidized center-based programs (providers). The purpose of SNAP was to increase appropriate child care options for children with disabilities or other special needs, by building the capacity to provide care among child care programs and family child care providers.

The Office of Child Care contracted with Research and Evaluation Services (RES), which is also a unit within SIB of the County's CAO, to evaluate the impacts of the services conducted by the R&R agencies through SNAP.

At the beginning of SNAP, a baseline survey of providers was conducted by SNAP with assistance from OCC. The purpose of this survey was to determine the extent of current knowledge, experience, and attitudes about caring for children with disabilities or other special needs, among the provider population. For the purposes of this survey and the project as a whole, disabilities and special needs were defined as a broad range of conditions that may affect the typical development of young children. The categories of disabilities and special needs used in the baseline survey and all other data collection were:

- Behavioral/Emotional;
- Health and Medical;
- Communication/Speech/Language;
- Learning Disabilities;
- Developmental Delays;
- Developmental Disabilities;
- Vision/Hearing; and
- Physical Disabilities.

The baseline survey was conducted in August 2003. This survey was administered to all child care providers in Los Angeles County (N=14,133).

The following are the primary findings from the baseline survey:

- More than two-thirds of responding providers expressed a need for training to care for children with disabilities or other special needs;

- About 40 percent of respondents reported some prior experience in caring for children with disabilities or other special needs;

- Provider's experience, or prior training in caring for children with special needs, was associated with their willingness to offer a space to a child with special needs; and

- There were differences in preferences for training and support between center-based programs and family child care.

Based on the results of the baseline survey, SNAP developed specific trainings that were conducted in all R&R service areas of Los Angeles County.

MAJOR EVALUATION FINDINGS

There appears to be an increase in child care capacity to serve children with disabilities or other special needs in Los Angeles County:

- Nearly 90 percent of the providers responding to the post-project survey (April 2005), who had participated in training through SNAP, were willing to offer care to children with disabilities or other special needs.

  - More family child care providers reported an increase in their willingness and comfort to care for children with special needs, compared with center-based providers.

- Approximately 16 percent of the providers responding to the post-project survey reported an increase in the number of children with disabilities served between the period of April 2003 and April 2005.

- Results of the monthly Child Care Vacancy and Special Needs Survey (vacancy survey) conducted between June 2004 and April 2005, indicate that there was an increase of approximately 4 percent in the number of providers providing care for children with disabilities or other special needs, and the average number of children with special needs per provider had increased. Because the sample used in the survey was representative of providers throughout Los Angeles County, it is estimated that over 500 more providers are caring for children with special needs, than before the SNAP Project.

- Between 41 and 54 percent of the providers responding to the post-project survey (April 2005), said they were better prepared to care for children with special needs in the categories of communication/speech problems, learning disabilities, behavior and emotional concerns, developmental delays, and health/medical conditions.

- Based on the results of the post-project survey, providers who used SNAP services were twice as likely to care for children with disabilities or other special needs, as the providers who had not participated in SNAP.

- Providers who felt better prepared to identify early signs of disabilities or other special needs, or who became more knowledgeable about State and County services, were three times more likely to care for children with special needs.

Inclusion Specialists Played an Important Role in Providers' Ability to Serve Children with disabilities or other special needs:

- There was a significant increase in requests from providers for Inclusion Specialists to make site visits in the second half of the project, from an average of six requests per month through December 2004, to an average of 14 per month through April 2005.

- Most providers who contacted the Inclusion Specialists said the interaction with these professionals made them more comfortable in providing care for children with disabilities or other special needs.

- In the providers' opinions, the Inclusion Specialists filled an important gap in resources and support needed for working with families who have children with disabilities or other special needs.

Parents and Providers Responded Positively to the Availability of New Sources of Information, Advice, Resources, and Technical Support:

- There were approximately 3,200 requests for information, material, child care referrals, site visits, and other resources from parents and providers between June 2004 and April 2005.

- Nearly two-thirds of the providers in the post-project survey said they felt better prepared to identify early signs or symptoms of special needs because of SNAP training.

- Aside from participation in SNAP training, the most frequently requested forms of assistance were for materials (approximately 1,500), child care referrals (428), and for referrals to community services and resources (416).

- All but one (Substance Abuse), of the 25 different SNAP trainings were rated highly for usefulness of content, as well as the likelihood that the information would be used in providing care to children with special needs.

POLICY RECOMMENDATIONS BASED ON FINDINGS *:

1. Core services provided by SNAP Inclusion Specialists should be integrated into ongoing R&R activities. These core services include: a) child care referrals for families with children with disabilities and other special needs; b) on-call assistance for providers working with children with special needs; and c) ability to refer providers and families to appropriate resources and supports in the community.

2. Training for providers should continue to be made available as a way of fostering comfort with and willingness to care for children with disabilities or other special needs. This could be accomplished through the R&R programs, although specialized, consistent training though the R&R's would require additional funding. Other organizations concerned with the development of young children, such as the First 5 LA Commission, Los Angeles Universal Preschool (LA UP), California Association for the Education of Young Children (CAEYC), Zero to Three, etc. may be able to facilitate, coordinate or fund ongoing training.

3. Direct access for child care and development providers to specialists in mental health, developmental disabilities, communication, etc.; should continue to be facilitated though linkages between the child care community and other support fields. This will enhance opportunities for early identification and intervention for children with disabilities and other special needs. The Los Angeles County Child care Planning Committee should consider this as a priority.

4. Future efforts targeting child care needs of children with disabilities or other special needs should include a strong parent component. It has been noted that during implementation, many parental requests, such as attendance by Inclusion Specialists at Individual Education Plan (IEP) conferences, could not be accommodated by SNAP staff. If SNAP services continue, it would be advisable to develop a parent support component, and/or identify other groups with whom to collaborate and who could provide the types of support requested by parents.

5. SNAP has created a momentum in building an infrastructure that is inclusive of children with disabilities and other special needs. It is critical for the momentum to continue and therefore to ensure the continuation of key activities through the R&Rs. These activities can only be realized if adequate and sustainable funding is made available to R&R agencies and related service providers.

** Developed by the Office of Child Care on behalf of the Child Care Planning Committee.*

CHAPTER I

INTRODUCTION

The demand for child care has continued to increase during the past decade. This increased demand includes the need for child care for children with disabilities or other special needs. In Los Angeles County, an estimated 10 percent of children, who are less than 12 years of age, have disabilities or special needs.[1]

To help meet this demand, California Senate Bill 1703, introduced by State Senator Martha Escutia, was enacted by the State Legislature in 2003. The goal of this bill was to expand the capacity of non-State-subsidized child care centers and family child care providers to provide care for children with disabilities or other special needs. The bill appropriated $42 million from the General Fund, which was allocated among the Counties.

Each County was required to develop a plan of action to build capacity in child care settings for children with disabilities or other special needs. In Los Angeles, the County Planning Committee and a consortium of the ten R&R agencies collaborated to develop plans that included direct service and support through the R&Rs, and system-building and evaluation activities conducted through the Planning Committee. Each entity received a contract from the California Department of Education (CDE) to implement the work plans.

The Inclusive Child Care Work Group of the Planning Committee served as an advisory body to SNAP, as well as facilitating the implementation of the Planning Committee's plan for SB 1703. The activities of this Work Group were supported by staff from OCC.

The R&Rs, under the leadership of Pathways, developed and implemented a coordinated web of services under the rubric of SNAP. The purpose of SNAP was to increase appropriate child care options for children with disabilities or other special needs, by building the capacity to provide care among non-subsidized child care programs and family child care providers. The services focused on families needing child care, and on family child care providers and staff from center-based programs, although most of the outreach was directed at providers.

It should be noted that early in the implementation, it was discovered that parents had needs beyond child care referrals that SNAP was not designed to address.

Each of the ten R&Rs hired an Inclusion Specialist, based on an agreed-upon job description. These Specialists were trained to:

- Provide enhanced child care referrals for callers with children with disabilities or other special needs in the agency's service area, including telephone, fax, mail, and Internet referrals;

- Provide technical assistance and information to callers on choosing quality child care options, child development and parenting issues, special education services, and public policy effecting children with special needs;

- Link families with children having special needs to community and educational entities, such as school districts, regional centers, community mental health centers, etc., for appropriate services;

- Maintain contact and follow through with family linkages. Provide information and support to empower parents in accessing services;

- Assess provider needs in regards to skill and experience in working with children who have disabilities or other special needs, and their families;

- Offer support, technical assistance, and information to child care providers regarding inclusion;

- Coordinate training and outreach opportunities; and

- Disseminate resource information to child care providers and programs serving children with disabilities or other special needs.

Pathways, one of the ten agencies providing R&R services in the County, served as the lead agency. As the lead, Pathways oversaw the training for the Inclusion Specialists, coordinated other components of the project that supported the work of the Specialists, and supervised data collection. Under the direction of Pathways, a Countywide Web site was developed to provide training information; two Countywide conferences were held for between 300 and 5,000 participants; and training manuals and DVDs were produced to train R&R personnel and child care providers in the future.

Pathways also developed the Resource Team, a diverse group of experts who could be called upon to make site visits, provide consultation to providers, observe and refer children, and conduct some of the specialized training developed through SNAP. The team consisted of a child psychologist, a child behaviorist, a pediatric nurse, a mental health specialist, a child development specialist, a speech therapist, and a physical and occupational therapist.

This team also contributed to the development of the training manuals and DVDs, collaborated on the development of technical assistance guidelines, and developed all of the materials used in the trainings.

Pathways, in collaboration with OCC, coordinated the baseline survey of providers conducted in 2004, and coordinated the collection of administrative service data from all the R&Rs between June 2004 and April 2005.

Purpose of the Current Evaluation

The current evaluation is in support of Goal III of the, "Forging the Future: County of Los Angeles Strategic Plan for Child Care and Development – 2003-2013," (Strategic Plan). This plan was approved by the County Board of Supervisors in September 2003. Goal III of the Strategic Plan has charged the Planning Committee with promoting efforts to increase the supply of child care in the County, with special consideration for children with disabilities or other special needs. Within Goal III, short-term objective states: Establish connections between child care providers and early intervention specialists, mental health specialists, and other therapists to enable providers to work effectively with children with special needs.

The Office of Child Care contracted with RES to evaluate the impacts of SNAP on the capacity of child care providers to care for children with disabilities or other special needs. Both OCC and RES are subunits of SIB, within County CAO.

RESEARCH QUESTIONS

The current evaluation utilized baseline survey questions, made comparisons between pre and post-SNAP environments, and addressed the following two areas of research questions:

1. Project Activities

a. How many families were served by SNAP, and what types of specific services did they receive, for example, child care referrals and community-based service referral?

b. How many child care providers were served by SNAP, and what specific types of services did they receive, for example, training, workshops, and on-site assistance?

c. Were there differences in SNAP services delivered among the ten R&Rs?

d. How many children with disabilities or other special needs were placed in child care programs as a result of SNAP services?

2. Project Impact

a. Did the SNAP project increase the availability of child care for children with disabilities or other special needs?

b. What was the impact of SNAP on the comfort level of child care providers to care for children with disabilities or other special needs?

c. What was the impact of SNAP on the child care provider's level of training on caring for children with disabilities or other special needs?

d. What was the impact of SNAP on the child care provider's willingness to care for children with disabilities or other special needs?

e. How satisfied were families with the SNAP services they received, and did they find them worthwhile and helpful?

f. How satisfied were the child care providers with the SNAP services they received?

g. How well have SNAP services been integrated into the R&Rs regular child care resource and referral practices?

h. Were there any differences in the impact of the SNAP project among the ten R&Rs?

LITERATURE REVIEW

The range of disabilities or special needs a child may have, and the kind of attention required in a child care setting, varies widely. A child with severe mental or physical disabilities may require daily medical/therapeutic attention; a child with autism may require one-on-one attention within a group setting; children in wheelchairs or with limited mobility have structural needs, such as wheelchair ramps or handrails in the child care facility; while the child with a mild attention-deficit disorder, may need only a very structured environment to thrive (Agency for Healthcare Research and Quality, 2002).

An emotionally-nurturing, intellectually-stimulating environment in early childhood is critical to future learning, and well-designed child care programs can positively influence development (Powell, D., Fixsen, D., and Dunlap, G, 2003). A child care environment in which caretakers are trained to look for signs of potential problems or special needs can allow for early assessments and early interventions that can reduce the long-term impact of potential disabilities (American Academy of Pediatrics Committee on Children with Disabilities, 2001).

Lack of teacher training, information, and ongoing support, create barriers to providing inclusive child care services (Benson, M. 1999). In turn, lack of inclusive child care can lead to a cascade of negative events within the family. A 2001 study reported that families are less able to leave welfare and become self-sufficient when they have children with disabilities or other special needs (Brandon, P., Hogan, D. 2001).

Increased dissemination of effective information and meaningful collaboration between early education, child care, specialized services, and family support systems have been recommended by studies to improve child care for children with special needs (Shaw, P., Santos, S., Cohen, A., Araki, C., Provance, E., & Reynolds, V., 2001).

Quality child care is a critically important service to children and families, including children with disabilities or other special needs. Enhancing opportunities for the provision of inclusive child care was a central goal of SNAP.

DATA AND METHODOLOGY

Data for the SNAP evaluation was collected from several sources: baseline and post-project surveys; a vacancy survey; focus groups; administrative data collected by the R&R agencies; and evaluations of SNAP training/workshops from providers who attended.

Surveys

Three surveys were conducted over the course of SNAP. The baseline survey was conducted by SNAP in conjunction with OCC in August 2003. It was mailed to 14,133 licensed homes and centers, which were the total of all licensed providers in Los Angeles County, at the time. The response rate was 18.2 percent (N=2,573). The purpose of this survey was to assess the need for training and the willingness of providers to care for children with disabilities or other special needs, in preparation for the implementation of SNAP.

A second survey, the Child Care Vacancy and Special Needs Survey (vacancy survey), was conducted by RES between June 2004 and March 2005. This survey was mailed to a stratified random sample (N=4950) of licensed centers and family child care homes throughout Los Angeles County. Over 1,360 providers responded to the initial survey in June; and these first respondents were mailed surveys in each of the remaining eight months. Approximately 550 consistently responded to the survey forms in each of the nine months, including June, July, August, October, November, and December 2004; and January, February, and March 2005. This survey asked providers whether they were caring for children with disabilities or other special needs, and if so, how many.

In April 2005, a post-project survey was conducted by RES to specifically understand the effectiveness of the SNAP project. This survey explored the effectiveness of the trainings and workshops, and the role of Inclusion Specialist and the Resource Team in improving the providers' ability to care for children with disabilities or other special needs. The survey also sought to measure the level of comfort and willingness to care for children with disabilities or other special needs. The survey was mailed to providers who attended any SNAP training (N=934), and a random sample of providers who responded to the Vacancy Survey (n=981). About 1,922 surveys were mailed in April 2005. Approximately 90 surveys were returned due to incorrect addresses, and 602 (33 percent) responded to the survey.

Administrative Data

Pathways was the SNAP administrator and coordinated the data collection from the other nine R&R agencies. Data was collected on the trainings and workshops given to providers, as well as any technical assistance requested of the Inclusion Specialist and the Resource Team. Pathways also coordinated the distribution and collection of training evaluation surveys between June 2004 and March 2005. In addition, all requests from parents, providers, and community for referrals, information, or other technical assistance related to children with disabilities or other special needs were tracked on a monthly basis by each R&R's Inclusion Specialist (see Technical Appendix B for the forms used by Pathways to track monthly data).

Focus Group Interviews

In addition to the quantitative data, three focus group interviews were conducted with each of these groups: 1) the Inclusion Specialists from each of the ten R&Rs; 2) child care providers; and 3) the parents who used SNAP services. All focus group interviews were conducted by RES. The focus group interviews enabled the evaluators to collect qualitative information on the effectiveness of SNAP services. One focus group interview was conducted with the Inclusion Specialists from all of the ten R&Rs in March 2005. Focus group interviews were conducted with parents and providers both in April 2005. The focus group for parents was poorly attended, which may have been because of the single, central County location. Therefore, the information from this focus group could not be included in the evaluation.

CHAPTER II

THE BASELINE SURVEY

The baseline survey was conducted by SNAP in conjunction with OCC in August 2003. Its purpose was to gain an understanding of the current status of child care programs and family child care providers related to their capacity to serve children with disabilities or other special needs, prior to providing any services through SNAP. The survey was distributed to every licensed family child care home and licensed center in Los Angeles County (N=14,133). Approximately 18 percent (N=2,516) of all family child care and center providers responded to the survey. Family child care provider respondents (N=2,104) represented approximately 21 percent of all licensed providers; center respondents (N=412) represented 11 percent of all centers.

The survey collected information from child care providers in Los Angeles County in the following four areas:

1. Amount of previous experience caring for children with disabilities or other special needs;

2. Attitudes about caring for children with disabilities or other special needs;

3. Interest in improving skills to better care for children with disabilities or other special needs; and

4. Specific areas of interest for assistance and training.

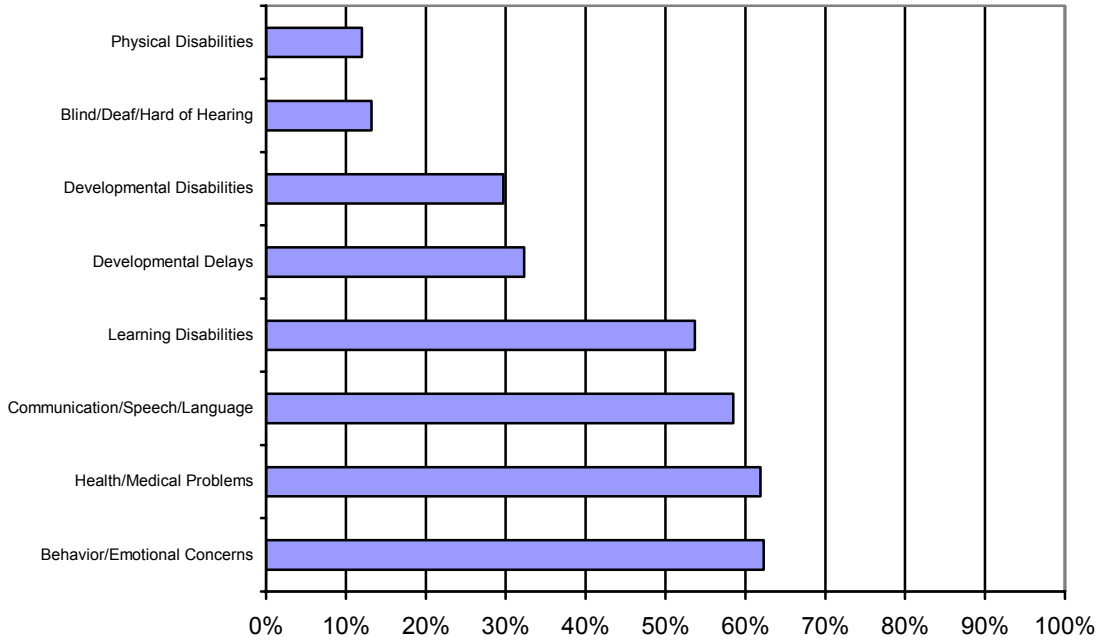
Respondents Previous Experience

Respondents from child care centers reported more years of experience than family child care providers. Most centers (98 percent) and 69 percent of family child care providers reported they had some previous experience in caring for children with special needs within the past two years.

In researching previous experience, the child care providers were asked to indicate in which category of disability or special need the children who were, or had been, in their care would fall. The three most frequent responses were:

1. Behavior, social/emotional (66 percent);
2. Health/medical problems (65 percent); and
3. Communication/Speech/Language concerns (62 percent).

Figure 1. Child Care Provider's Experience with Various Disabilities Two Years Prior to SNAP



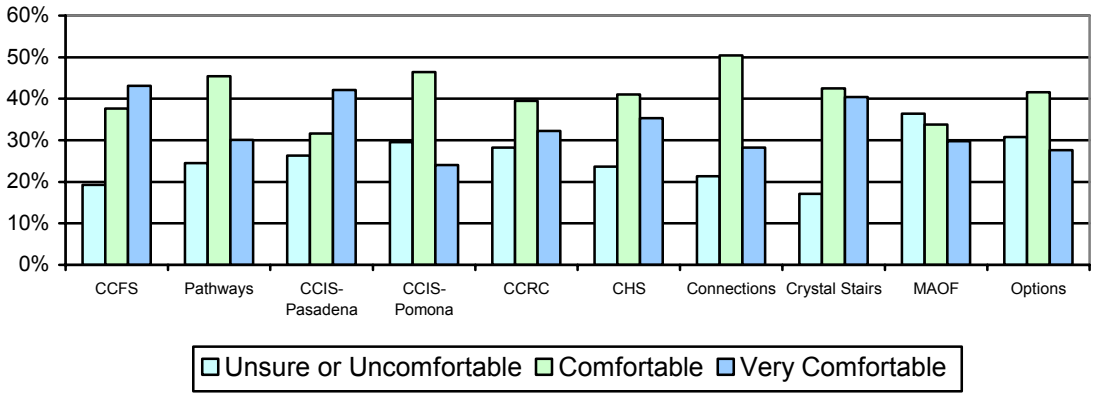
*S*ource: Baseline Survey, OCC - August 2003.

Attitudes about Caring for Children with Disabilities or Other Special Needs

The majority of providers reported they would consider caring for children with special needs (90.2 percent). However, there was a discrepancy between a stated willingness and feeling comfortable with the idea. Only 74 percent indicated they felt comfortable with the idea of caring for children with disabilities or other special needs.

There were geographic differences in attitudes as indicated by Figure 2. Providers' comfort level with caring for children with special needs varied by R&R service areas, as well as by Service Planning Area (SPA). A higher proportion of providers (43 percent) in the area served by Center for Community and Family Services, Child Care Information Service (CCIS)-Pasadena (42 percent), and Crystal Stairs (40 percent), reported they were very comfortable with caring for children with special needs. A higher proportion of providers in the Mexican American Opportunity Foundation (36 percent), Options (31 percent), and CCIS-Pomona (29.5 percent), reported they were unsure or uncomfortable with caring for children with disabilities or other special needs.

Figure 2. Providers' Comfort Level with Caring for Children with Special Needs or Disabilities by Resource and Referral Agencies in August 2003



Source: Baseline Survey, OCC - August 2003.

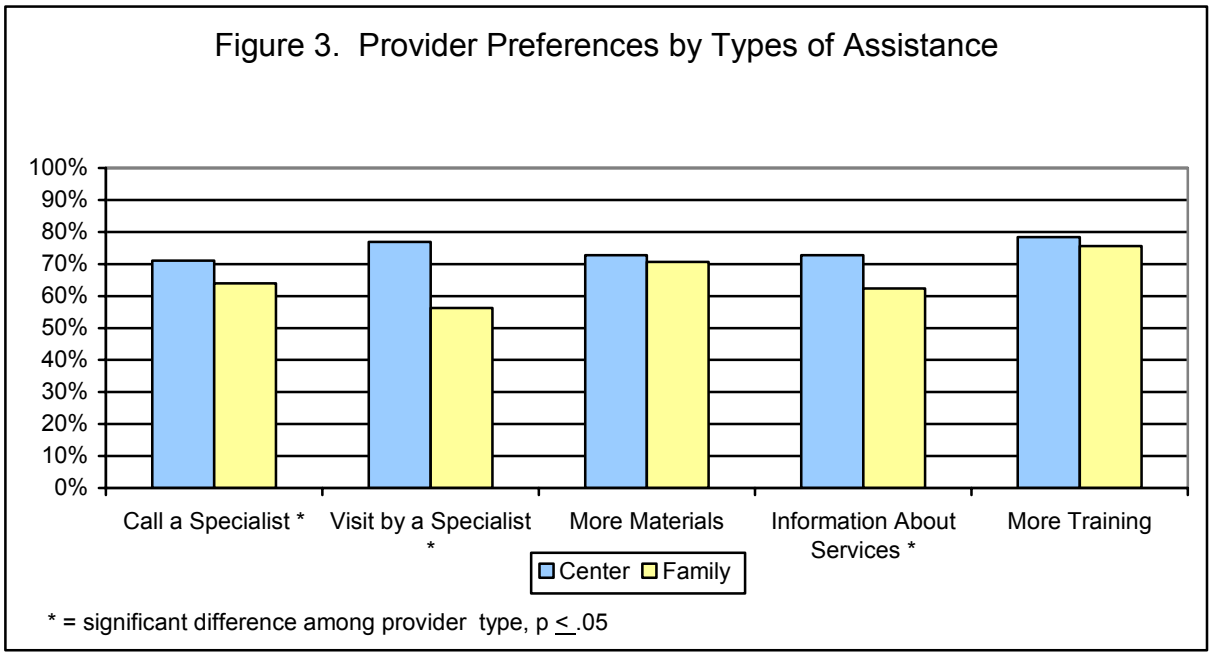
Interest in Improving Skills

When asked if they were interested in participating in activities and training that would improve their knowledge and skills in caring for children with special needs, 93 percent responded positively. Overall, most of the providers responding to the survey had experience in caring for children with special needs (73 percent), but far fewer had actually obtained training to do so (55 percent).

About a third of the providers reported they would feel more comfortable if some assistance was provided to help them care for children with disabilities or other special needs. The various support strategies suggested in the survey included: 1) having a specialist on call; 2) having a specialist make site visits to observe and provide technical assistance; 3) availability of materials about specific disabilities; 4) availability of information about support services; and 5) training. Nearly 60 percent preferred a visit from a specialist, 71 percent wanted more materials to be made available to them, and 76 percent preferred to participate in more training.

Preferences for Assistance

Preferences for specific types of assistance to care for children with special needs varied by provider type (see Figure 3). A higher proportion of center-based providers (71 percent) wanted to call an R&R office with questions, than family child care providers (64 percent). In addition, more centers preferred a visit by a specialist than family providers (77 percent versus 56 percent).



Source: Baseline Survey, OCC - August 2003.

Multivariate Analysis: Factors Associated with Increasing Provider's Capacity to Care for Children with Disabilities or Other Special Needs

Logistic regression analyses were conducted on the baseline survey data to examine significant differences among regions, the ten R&R service areas, and the eight SPAs in predicting the following three dependent variables: 1) attend training; 2) consider offering a space to a child with special needs; or 3) comfort level in caring for children with disabilities or other special needs.

Overall, the analyses showed very little or no difference among providers in the various R&R service areas or SPAs, in respect to the probability of attendance at training (see Table 1). There was only one significant difference among the R&Rs, i.e., providers in the area served by the Center for Community and Family Services (CCFS) were 79 percent (probability = 1-.21 [odds ratio]) * 100) less likely to offer a space to a child with a disability or other special need, compared with providers in the area served by Crystal Stairs, which was the reference group in the logistic regression model (see Table 1). There was only one significant difference among the SPAs. Providers in SPA 5 (West) were 3.8 times more comfortable providing care to children with disabilities or other special needs, compared with providers in SPA 8 (South Bay).

The multivariate analysis found that:

1. Providers who worked with an Individual Education Plan (IEP), or had some hours of training were more comfortable in providing care to children with disabilities or other special needs. Not surprisingly, providers who had provided care to children with IEP or Individual Family Service Plan (IFSP), were 1.9 times

more likely to feel comfortable in providing care to children with special needs (see Table 1).

2. Providers' willingness to offer a space to a child with special needs was also associated with their comfort level to provide care for these children. Providers who were willing to offer a space to a child with special needs were 12.5 times more likely to feel comfortable in providing care than those not willing to offer a space.

3. Providers with knowledge about State and County programs, or providers who had training were more willing to offer a space to a child with disabilities or other special needs. Providers who were knowledgeable about State and County programs to assist parents and children with special needs were 2.1 times more likely to accommodate children with special needs. Similarly, providers with ten or more hours of training had a 75 percent greater probability (odds ratio = 1.75) of feeling more comfortable in providing care to children with special needs.

4. Providers who felt comfortable providing care and were willing to offer a space to a child with special needs were more likely to attend training. Providers who felt comfortable caring for children with special needs were 3.3 times more likely to attend training, and providers who were willing to offer a space to a child with special needs were 10.3 times more likely to attend training (see Table 1). Newly licensed providers (less than one year) were 2.7 times more likely to attend training than providers who had been licensed for more than five years.

Table 1. Logistic Regression Models Baseline Survey[1]

	Dependent Variables		
	Feel comfortable providing care for children with special needs.	Be willing to offer a space for a child with special needs.	Be willing to attend training to care for children with special needs.
Independent Variables	Odds Ratio ***(how many times more likely)***	Odds Ratio	Odds Ratio
Years Licensed to Provide Child Care: **(Ref group = 5+ years)**			
• Less than 1 year	1.88**	2.44***	2.69**
• 1 to 4 years	1.51*	1.92***	1.53*
Age-Group Enrolled:			
• Infants/Toddlers	1.13	1.32	1.50
• Preschoolers	0.96	1.27	1.59
• School-age	1.21	1.34	1.14

Table 1. Logistic Regression Models Baseline Survey[1]			
	Dependent Variables		
	Feel comfortable providing care for children with special needs.	Be willing to offer a space for a child with special needs.	Be willing to attend training to care for children with special needs.
rovided care to a child with an Individual Education Plan (IEP)	1.88***	0.66	1.35
Knowledgeable about State and County programs	1.22	2.12***	1.33
Willing to offer a space to a child with disabilities or other special needs	12.5***	NA	10.29***
Hours of training related to caring for children with disabilities or other special needs	1.75***	1.65***	.084
Past experience caring for a child with a disability or other special needs: • Health/medical problems • Developmental disabilities • Physical disabilities • Behavioral/emotional concerns	1.35* 1.53* 1.58 0.88	1.34 0.80 2.44 1.53*	0.67 0.70 0.78 1.40
Service Planning Areas Reference Group = SPA 8 SPA 5	3.76**	0.70	--
Resource and Referral Agencies (Reference Group = Crystal Stairs) R&R 3	1.98	.21*	0.68
Comfortable Caring for Children with disabilities or other special needs	NA	12.97***	3.30***

Source: Baseline Survey Data, OCC – August 2003.

*** = p < .001, ** = p < .01, * = p < .05.

[1] All models were run controlling for provider type and age-group of children currently in care, years of experience, experience with different types of special needs or disabilities in the past two years, resource and referral agencies, and service planning areas.

The above table illustrates the results of the multivariate analysis. The Odds Ratio (columns 2-4) refers to a number that describes how many more times is more likely that something may occur, given the variable described in the first column.

All of these results confirmed that there was real interest among Los Angeles County providers in caring for children with disabilities or other special needs, and that a plan to increase capacity to do so must include training and other supports. Training and other types of support would increase comfort and willingness to care for children with disabilities or other special needs, which would increase the likelihood that more providers would enroll children with special needs. This conclusion supported the plan developed by the R&Rs for SNAP.

CHAPTER III

ADMINISTRATIVE DATA

The ten R&R agencies, through the Inclusion Specialist and Resource Team, offered a host of services to child care providers, parents, and community members related to caring for children with disabilities or other special needs. These services included:

- Child care referral requests;
- Training/workshops and conferences;
- Technical assistance (on-call, on site);
- Materials;
- Information on services and resources available in the community;
- Child care site visits; and
- Outreach visits to community agencies.

Data was collected on the requests for specific categories of assistance on a monthly basis. The Inclusion Specialists tracked the requests by type, by who made the request (parent, provider, community), and by whether the requests were responded within the timeframe of the data collection period.

Utilization of SNAP Services by Parents and Community Members

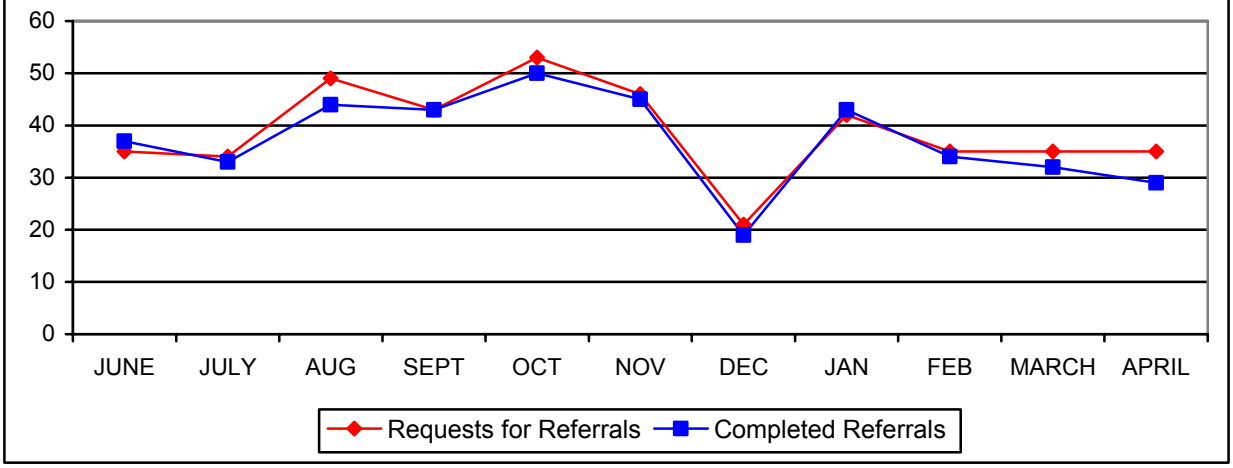
SNAP provided information and resources to child care programs and family child care providers, parents, and the community. Parents and providers could call the Inclusion Specialist to obtain additional information and/or resources regarding a child's disability or special need. Pathways, the lead coordinating agency for SNAP, collected the monthly data reports and kept track of the calls and inquiries made by parents, providers, and community members. The purpose of tracking this information was to assess the need for such services in the County of Los Angeles and to build a body of data by which to evaluate the project.

During the course of SNAP, 523 parents called for information related to their children's special needs. Nearly 91 percent of the callers were mothers, 7 percent were fathers, and 2 percent were legal guardians. About 70 percent of the children about whom parents were calling, were boys, and 30 percent were girls. The majority of the parents' spoke English (80 percent), and the remaining 20 percent were Spanish speaking parents.

Child Care Referral Requests

There were a total of 428 child care referral requests made to the R&R Inclusion Specialists (all agencies) between June 2004 and April 2005 (see Figure 4). The number of referral requests ranged from a low 20 (December 2004) to a high 55 in October 2004. Not all of the referrals were completed within the same month. The chart reflects incomplete referrals for February through April, only because these referrals were not completed during the period of data collection. The reduced requests recorded in December are typical of most activities related to child care referral for that month.

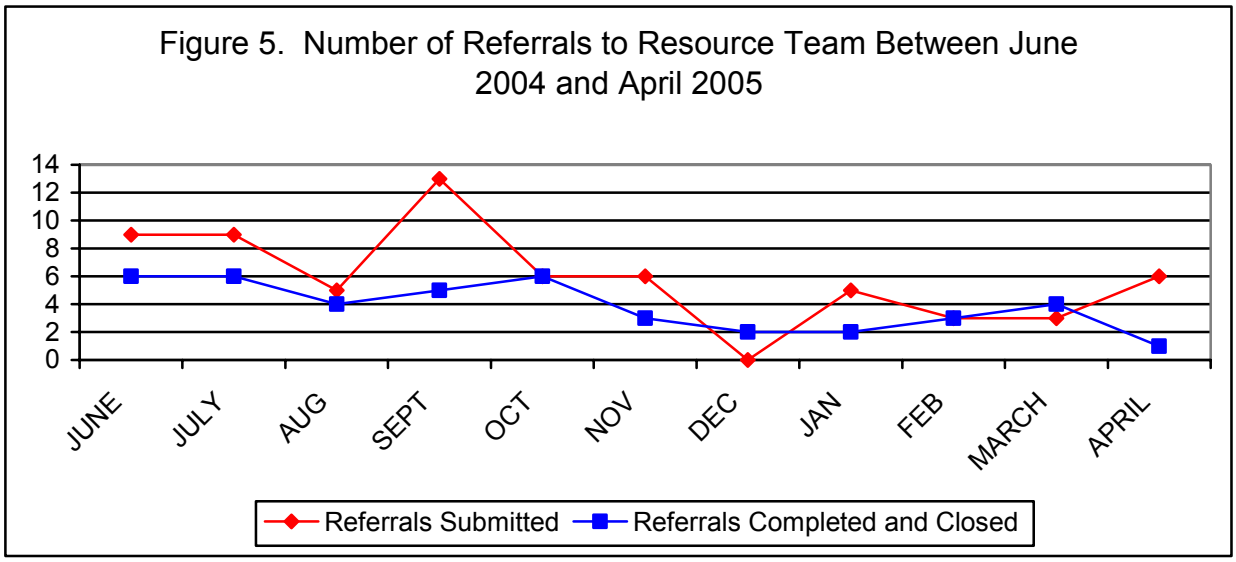
Figure 4. Number of Requests Made and Completed for Child Care Referrals Between June 2004 and April 2005



Source: Monthly Reports: Pathways, June 2004-April 2005.

Requests for Resource Team Expertise

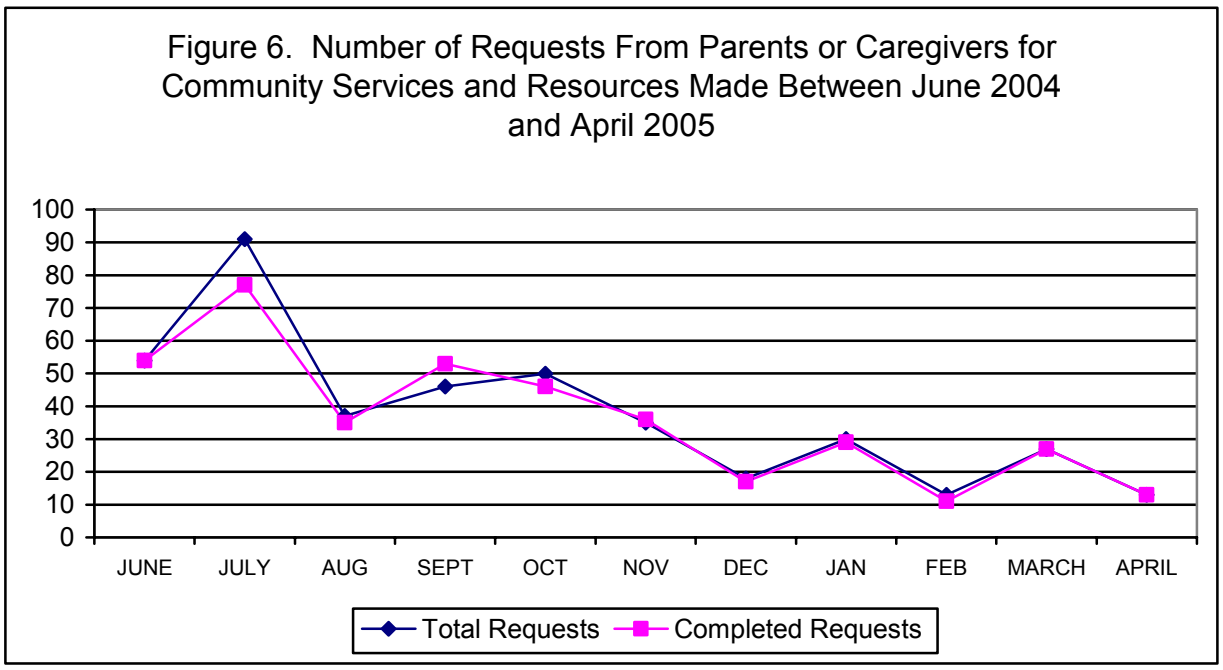
There were 65 requests from providers for services from one or more of the Resource Team specialists between June 2004 and April 2005. These requests were initially coordinated by the SNAP Manager at Pathways. Later, the Inclusion Specialists contacted the Resource Team members directly. Except for two months between June 2004 and April 2005, the Resource Team members were not able to complete all the referral requests submitted within the month in which the referral was made. All requests were addressed by the end of the project, but not within the timeframe for data collection. Data from May and June 2005 was not available in time to be included in this evaluation (See Figure 5).



Source: Monthly Reports: Pathways, June 2004-April 2005.

Request for Referrals to Resources and Community Services

There were a significant number of requests made by parents and caregivers between June 2004 and April 2005, for services and resources related to children with disabilities or other special needs. These requests declined over the 11-month time period (see Figure 6). For example, in July 2004, there were about 90 requests, in October 2004, there were 50 requests, and in March 2005, there were 25 requests. As the Specialists gained greater expertise, they were able to provide direct assistance to providers. This may account for the gradual decline in referrals to the Resource Team.

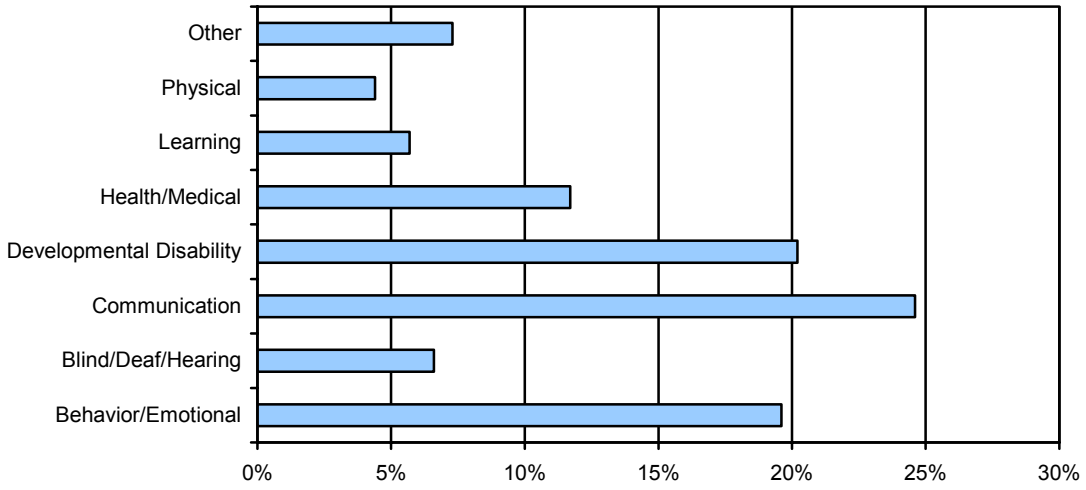


Source: Monthly Reports: Pathways, June 2004-April 2005

Parent Requests Related to Specific Areas of Disability or Special Need

Parents more frequently requested information and resources about the following categories of special need: 1) communication, speech, and language; 2) developmental disability; and 3) behavior and emotional problems (see Figure 7). Responses to these requests included: 1) mail materials to parents (68.6 percent); 2) referral to a support service or agency (21 percent); 3) direct contacts for resources (5 percent); and 4) telephone assistance (4 percent).

Figure 7. Requests for Information on Different Types of Special Needs Requested by Parents in the SNAP Project



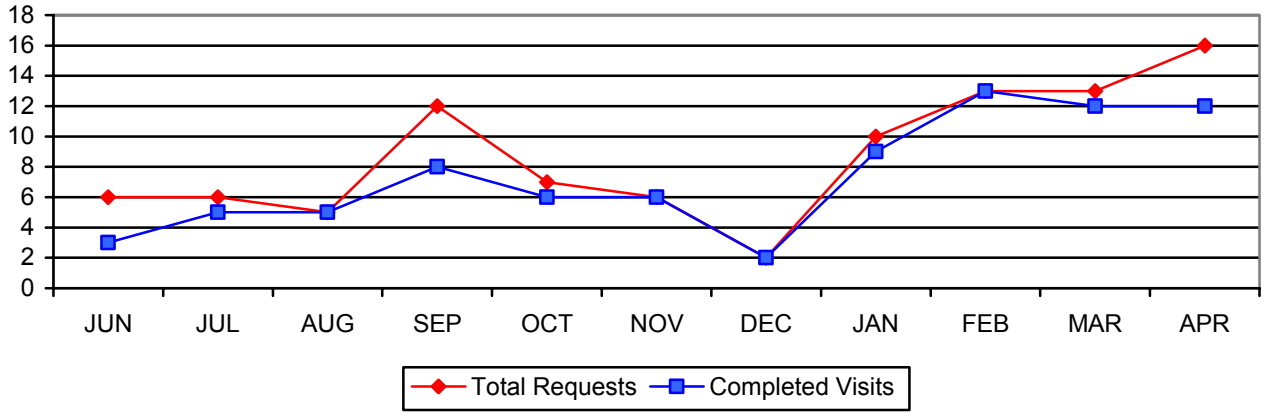
Source: Monthly Reports: Pathways, June 2004-April 2005.

Requests for Inclusion Specialists to make Site Visits

One of the services offered through SNAP was the availability of an Inclusion Specialist to visit a family child care home or center to observe situations and speak face to face with the provider or staff. Issues of typical child development, appropriate physical environments, and strategies for addressing the needs of the children, could be discussed during these visits.

There was a significant increase in requests from providers for Inclusion Specialists to make site visits in the second half of the project: from an average of six requests per month through December 2004, to an average of 14 requests per month through 2005 (See Figure 8). In several months, the number of requests exceeded the number of completed visits.

Figure 8. Number of Requests Made by Providers for an Inclusion Specialist to Visit a Child Care Facility Between June 2004 and April 2005

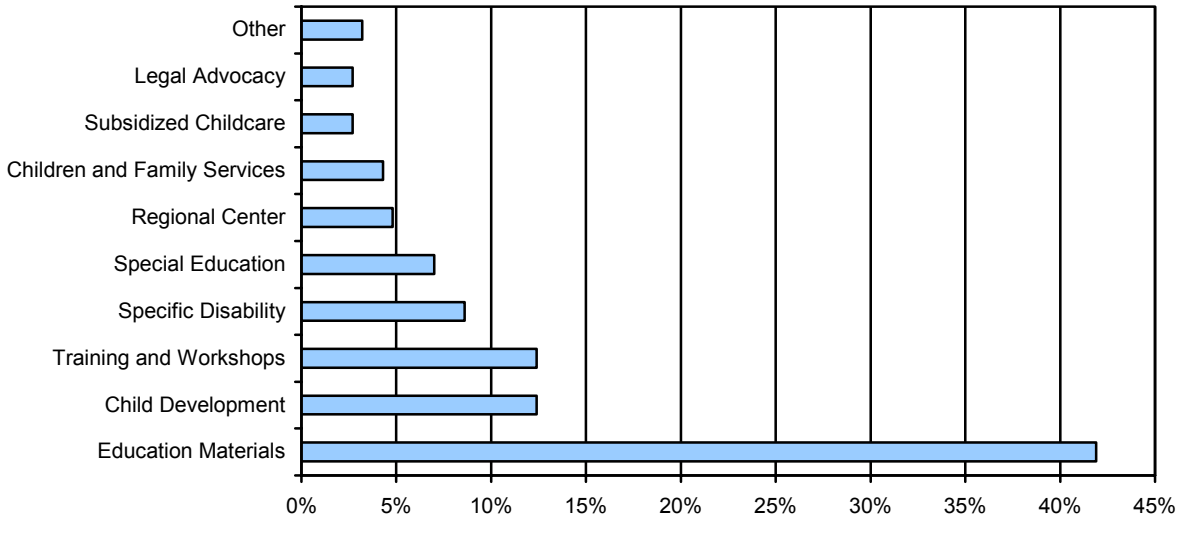


Source: Monthly Reports: Pathways, June 2004-April 2005.

Requests for General Information

Most of the calls made by providers or community members (42 percent) were for educational materials. Approximately 12 percent called for training and workshops and another 12 percent called for information on child development and medical health services (See Figure 9).

Figure 9. General Areas of Need Among Community and Child Care Providers who called for General Information



Source: Technical Assistance Data: Pathways, May 2005.

Parents requests based on Service Planning Areas (SPAs) and Supervisorial Districts

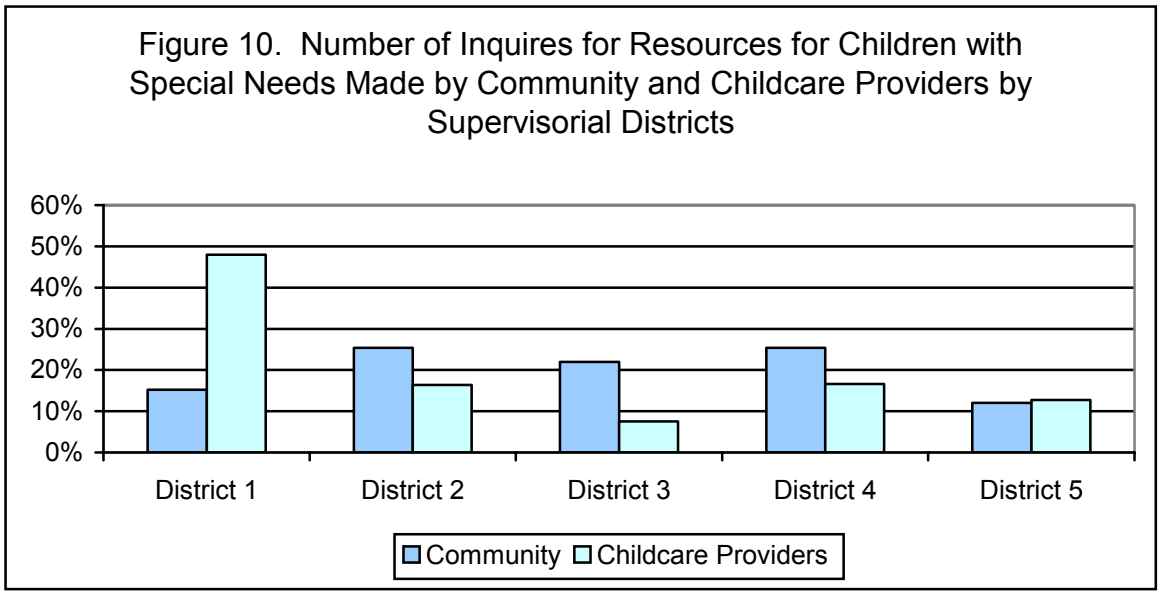
The highest proportion of parents calling to request referrals or information on special needs, were from SPA 7 (20 percent). Between 17 and 18 percent of the parents called from SPAs 3, 4, and 8. Only seven (7) percent of parents residing in SPA 6 called, five (5) percent from SPA 5, and less than one (1) percent of the parents residing in SPA 1 requested assistance. In terms of distribution of parent requests based on Supervisorial Districts, an estimated 30 percent were from the First District, between 18 to 20 percent of the requests came from the Second, Third, and Fourth Districts; and 12 percent of the requests came from the Fifth District.

Non-Family Requests for Information and Resources from Providers and Community based on SPAs and Supervisorial Districts

In addition to the information requested by parents and providers regarding a specific child's special needs, many providers and community members called the SNAP Specialists for general information on services and resources on children with disabilities or other special needs. These were considered non-family calls because the requests were for general information on available resources, not about a specific child. Among the non-family calls, 70 percent were from child care providers and 31 percent were from community members.

There were substantial differences among SPAs in terms of the frequency of requests for information. Most of the requests were made from SPA 4 (25 percent) and SPA 3 (21 percent). Inquiries from providers and community in SPA 7 and SPA 8 amounted to 16 to 17 percent of the requests for information. Requests from providers and community residing in the remaining SPAs were: 10 percent (SPA 2); 8.7 percent (SPA 6); 2.1 percent (SPA 5); and less than one percent of all requests originated from SPA 1.

In terms of the distribution of non-family calls or inquiries by Supervisorial District, the highest proportions of requests were from the First District (38 percent). Approximately 18 percent of inquiries originated from the Second and Fourth Supervisorial Districts; and 12 percent of the calls were from providers and community in the Third and Fifth Districts (See Figure 10).



Source: Technical Assistance Data: Pathways, May 2005.

CHAPTER IV

EVALUATION OF SNAP TRAINING

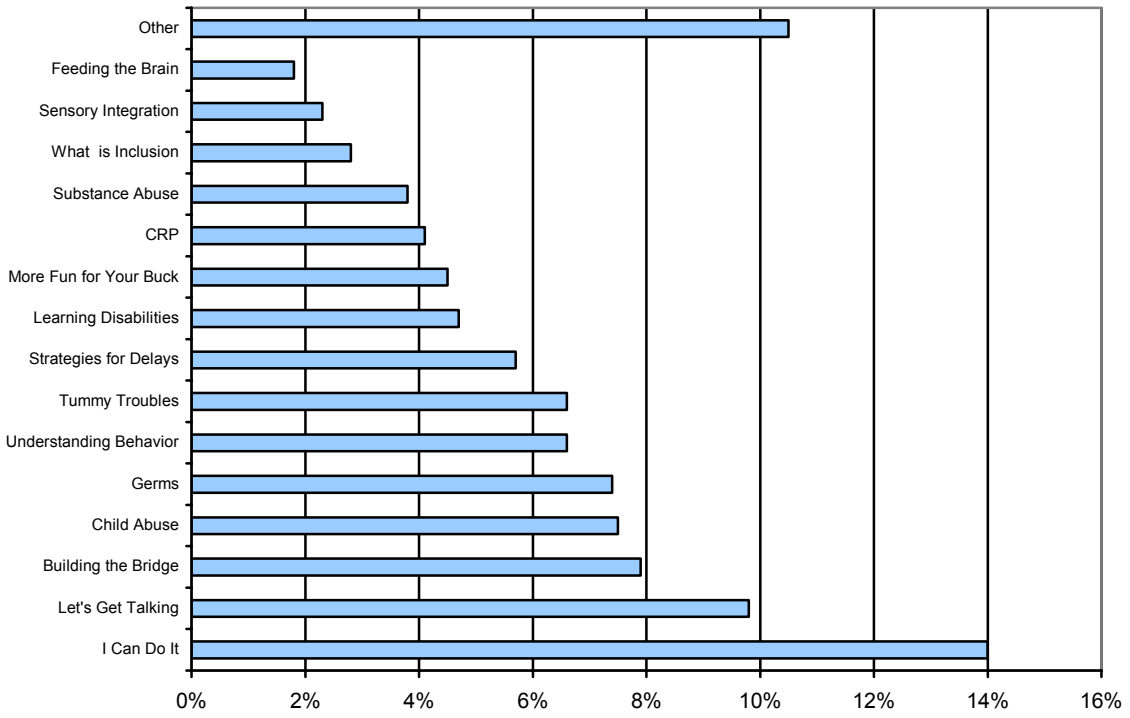
Twenty-four different workshops and trainings were offered to providers in each of the R&R service areas during the SNAP project. Nearly 26 percent of these trainings were in Spanish and the remaining 82 percent were given in English. There were over 2,700 attendees for all the trainings between June 2004 and April 2005. This is not an unduplicated number as many family child care providers and center staff attended more than one training. Attendees were asked to complete evaluations after each training. In addition, Pathways organized two large conferences for family child care providers and center-based staff. The first conference was held in June 2004 and the second in April 2005. The purpose of the two conferences was to disseminate information about services and community resources related to children with disabilities or other special needs. Some of the SNAP trainings and workshops were provided during these one-day conferences.

The topics for the SNAP workshops and trainings ranged widely (See Technical Appendix B for a list of trainings offered). The trainings ranged from early brain development to issues related to communication, child behavior, and learning disabilities (See Figure 8). Providers who attended these trainings were also asked to evaluate the content and the staff member who provided the trainings, as well as the usefulness of the trainings. Approximately 2,056 individuals from 941 child care agencies or family child care homes completed the training evaluation forms. Most of the individuals who attended these trainings and completed the evaluations were family child care providers (n=1,873, 91%), and a few (n=183, 8.9%) were from centers.

Most Frequently Attended Trainings

The most popular training offered through SNAP was, “I Can Do It,” which provided practical information about tools and strategies that enhanced participation in activities of children requiring fine motor skills. This training was aimed at enhancing a child’s participation in activities related to daily living. Fourteen percent of the provider attendees attended this training. The second most popular training was, “Let’s Get Talking,” which provided information on typical language development and communication disorders in children from birth through eight years of age. This training was attended by 9.8 percent of the provider attendees. Other trainings that were attended by approximately 7 to 8 percent of the provider attendees were, “Building the Bridge,” which focused on clear and sensitive approaches to communicating with parents; a workshop on reporting child abuse; and “Germs,” a workshop on maintaining a healthy environment in the child care facility (See Figure 11).

Figure 11. Types of Trainings Attended by Child Care Providers in the SNAP Project



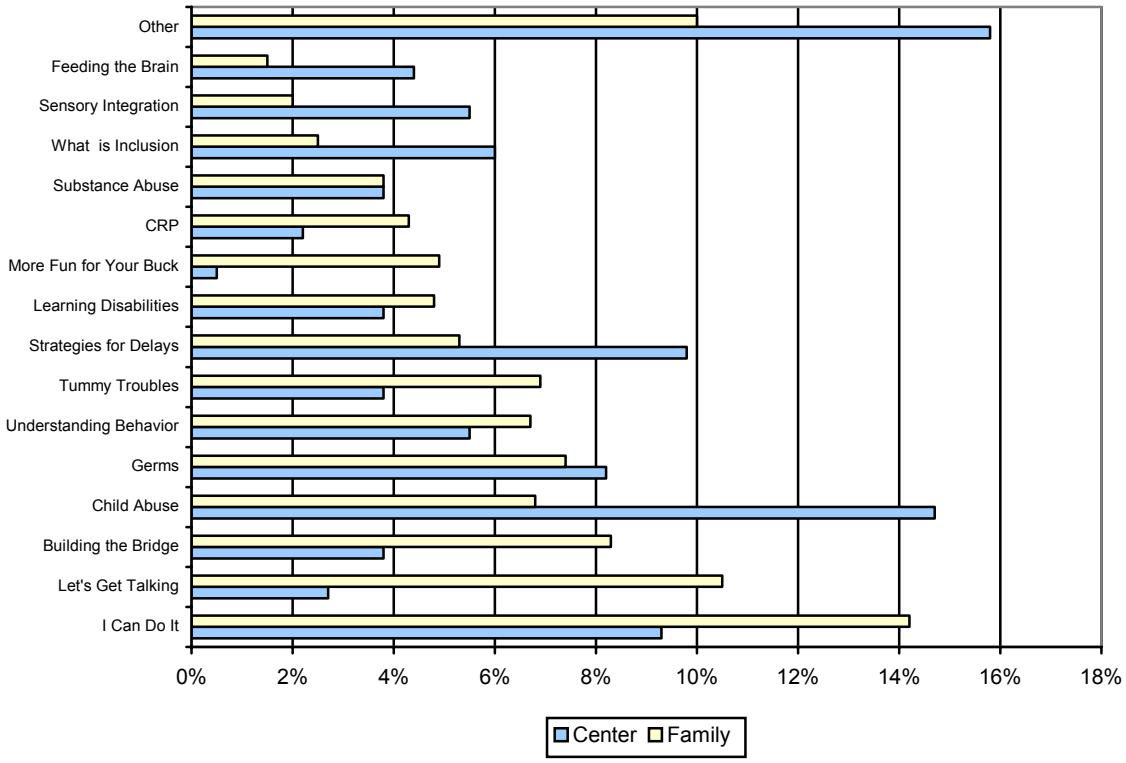
Source: Training Evaluation Data: Pathways, May 2005.

Difference in Attendance Patterns between Family Child Care and Center-Based Staff

A higher proportion of providers from centers attended trainings on child abuse (14.8 percent), "Strategies for Delays" (9.8 percent), and "Germs" (8.2 percent). In contrast, a higher proportion of family child care providers attended trainings related to development and communication, and working with parents: "I Can Do It" 14.4 percent; "Let's Get Talking" 10.5 percent; "Building the Bridge" 8.3 percent; and "Understanding Behavior" 6.7 percent (See Figure 12).

Note that the category "other" in Figures 11 and 12 is an aggregation of all other trainings not specifically listed in the chart.

Figure 12. Types of Trainings Attended by Family Providers and Centers in the SNAP Project



Source: Training Evaluation Data: Pathways, May 2005.
Note: Significant difference between provider type, $\chi^2 = 78.88$ (df = 15), $p < .001$.

Quality of Training

Providers who attended trainings and workshops through SNAP were also asked to evaluate the trainings on factors, such as usefulness of teaching materials, length of training sessions, convenience of location, opportunity to learn new skills, usefulness of content, ease in implementing new information, and overall rating of the trainer. The trainings were evaluated on a 4-point scale, with 1 = poor, 2 = fair, 3 = good, and 4 = excellent. Based on the items used for evaluating the training, three composite scales were constructed, which were: 1) usefulness of materials; 2) usefulness of contents; and 3) implementation of information.

In addition, a composite scale measuring the trainer's evaluation was also constructed. Items used to measure this scale included trainer's knowledge of the subject, preparedness, professionalism, clarity and understandability, encouraging participation, and responsiveness to questions.

All four composite scales had a Cronbach's alpha of .72 or higher. (An alpha value of .70 or higher indicates that the composite scale is accurately measuring the factors designated). For the first three composite scales on the training evaluation, the highest rating was for the scale that measured "usefulness of content" (mean=14.6, standard deviation (SD) = 2.2), followed by "ease in implementing information" (mean=10.6, SD=2.0), while "value of materials" had a relatively lower mean of 10.1 with a SD of 2.3. The composite scale evaluating the trainer had a mean of 26.6 and a SD of 3.1.

Overall, the providers gave the highest rating to the usefulness of training, compared with other aspects of the training, such as ease in implementing information or teaching materials handed out during the workshops.

Providers Rating of Trainings

The composite scales were used to examine which trainings were rated higher and on what scale (See Figure 13). Nearly all the trainings were rated higher on usefulness of content, compared with implementation or teaching materials handed out at workshops (See Appendix C for detailed descriptions of the trainings offered through SNAP).

The training on, "Learning Disabilities," achieved the highest rating on usefulness of content followed by, "What is Inclusion," "Feeding the Brain," and "Tummy Troubles." There were statistically significant differences in rating the trainings for usefulness of content ($F=1.74$, [df=15] $p<.05$).

The training/workshop on, "What is Inclusion," focused on supporting children with special needs in a child care setting, common areas of misunderstanding related to inclusion, and legal requirements. The training on, "Tummy Troubles," focused on physical health such as general nutrition and dealing with post surgery care, such as handling a feeding tube.

The training on, "Learning Disabilities," again had the highest rating on implementing the information received at the training, followed by, 'I Can Do It," "Let's Get Talking," and "Building the Bridge." The providers differed in their rating of implementing the information received in trainings ($F=2.38$, [df=15] $p < .01$).

The highest rating for teaching materials was achieved by a training called, "Feeding the Brain," followed by "Sensory Integration" and "Learning Disabilities." There were statistically significant differences in providers' rating of trainings for usefulness of teaching materials ($F=5.64$, [df = 15] $p<.001$).

Essentially, nearly all the different trainings were rated highly by providers who attended them.

Figure 13. Evaluation of Trainings by Childcare Providers

Source: Training Evaluation Data: Pathways, May 2005.

CHAPTER V

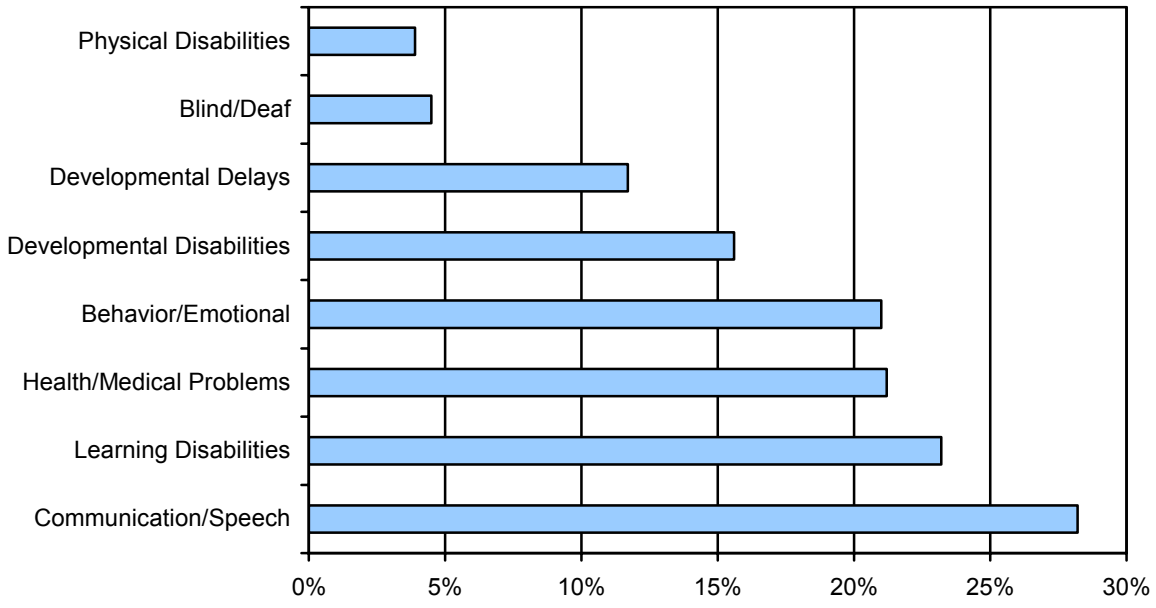
POST-PROJECT SURVEY AND VACANCY SURVEY

A post-project survey of child care providers was conducted by RES to specifically understand the effectiveness of SNAP. This survey explored the effectiveness of trainings, workshops, and the role of Inclusion Specialist and the Resource Team in improving the providers' capacity to care for children with disabilities or other special needs. To do this, the survey sought to measure the level of comfort and willingness to care for children with disabilities or other special needs. The survey was mailed to all providers who attended any SNAP training and completed an evaluation form (N=947), and a random sample of providers who responded to the Vacancy Survey (n=975). In April 2005, a total of 1,922 surveys were mailed. This was to ensure a mix of providers who had and had not participated in SNAP activities. Approximately 90 surveys were returned for incorrect address; and 602 providers (33 percent) responded to the survey.

Among the survey respondents, 43 percent were small family child care providers, 40 percent were large family child care providers, and 17 percent were child care centers. Only 17 percent of the providers had a contract with CDE. Nearly 77 percent were caring for infants and toddlers, 93 percent were caring for preschoolers, and 75 percent were caring for school-age children.

At the time of the survey (April 2005), 40 percent of survey respondents were caring for children with special needs. Most of these children were preschoolers (36 percent) and 27 percent were school-age children. Providers were serving children with communication, speech, and language problems (28.2 percent); children with learning disabilities (23 percent); and children with health/medical or behavior/emotional issues (21 percent) [See Figure 14].

Figure 14. Types of Special Needs or Disabilities Being Served by Child Care Providers in April 2005



Source: SNAP Survey: RES, April 2005.

Effectiveness of SNAP Services

Approximately 40 percent (N=241) of the survey respondents said they used at least one of the SNAP services in the last two years. These services included contacting an Inclusion Specialist or a Resource Team Specialist, receipt of information or resources, having on-site consultations, and attending trainings and workshops.

Forty percent (N=240) of the post-project survey respondents attended trainings and workshops provided by SNAP, and of these, 18 percent attended one training, 55 percent attended between 2-5 trainings, and 26 percent attended between 6-10 trainings. Seventy five percent of the respondents who attended trainings said they were more comfortable in providing care for children with special needs, while 22 percent said they experienced no change in attitude regarding the care of children with disabilities or other special needs.

Only 12 percent (N=29) of all those responding to the post-project survey, and who used SNAP services, requested technical assistance through the Resource Team.

Impact of Inclusion Specialists

Most of the providers who contacted an Inclusion Specialist had done so once (83.3 percent), and 11 percent contacted a Specialist six or more times. Approximately 56 percent of the providers who had contact with an Inclusion Specialist said the Inclusion Specialists were very helpful. Nearly 68 percent of the providers who contacted their Inclusion Specialist reported the interaction with these professionals made them more comfortable in providing care to children with disabilities or other special needs. Nearly all the providers who were in contact with their Inclusion Specialist said these professionals filled an important gap in the resources and support needed for working with families who have children with disabilities or other special needs.

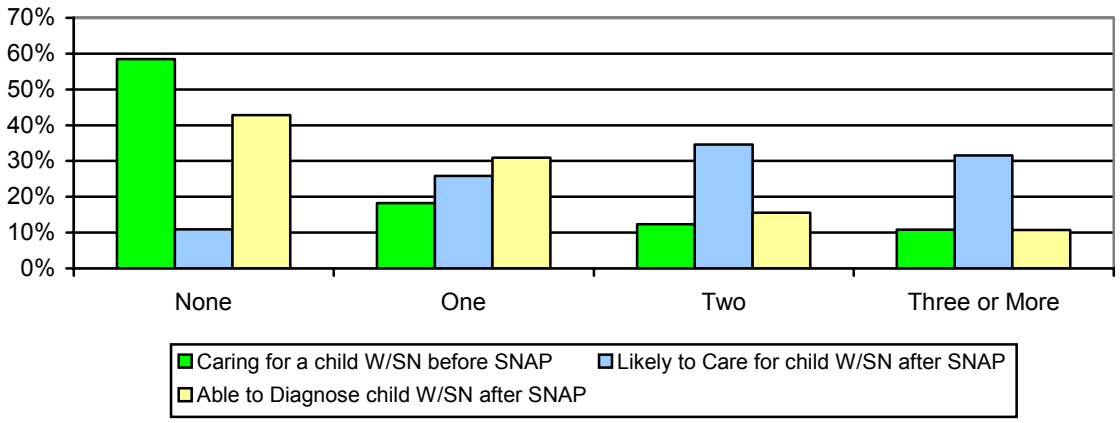
Impact of SNAP on Increasing Providers' Capacity to Care for Children with Disabilities or Other Special Needs

The majority of providers responding to the post-project survey reported an increase in the number of children with disabilities in their care; or an increase in their willingness to provide care to children with disabilities or other special needs.

One way to measure the effectiveness of SNAP was to see whether attendance at trainings or workshops, or the provision of technical assistance, increased the capacity of providers to care for children with special needs or disabilities. The data showed there was remarkable improvement in the providers' capacity to care for children with special needs, as indicated by the level of comfort and willingness to care for these children. Nearly 80 percent of the providers reported they were committed to serving children with disabilities or other special needs as a result of trainings and workshops provided through SNAP.

About 16 percent of the respondents said that in the past two years, the number of children with special needs in their care had increased; 31 percent said that it had stayed the same, five percent of the respondents reported a decline in the numbers of children with disabilities they served, and 48 percent said they did not have any children with disabilities or other special needs enrolled in their child care facility at that time.

Figure 15. Increase in the Provider's Capacity to Care for Children with Special Needs or Disabilities after Receiving Services from SNAP

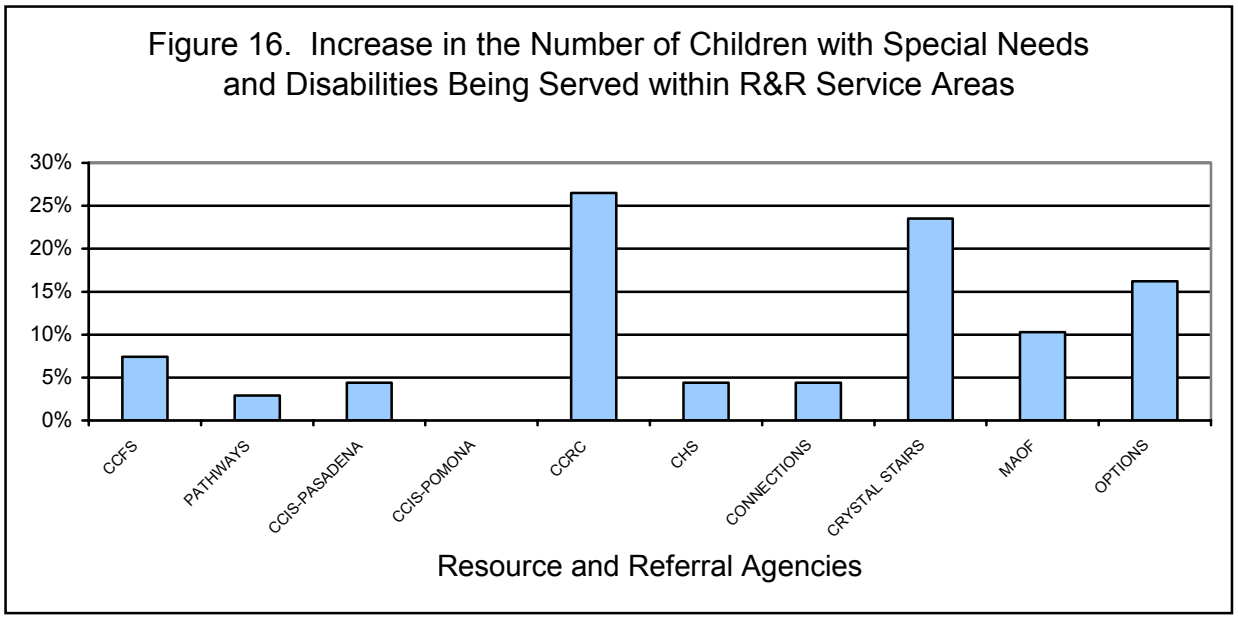


Source: SNAP Survey: RES, April 2005.
Note: W/SN = with special needs or disabilities

Increases in the Number of Children Served

When data on the numbers of children in care situations, who have disabilities or other special needs, was analyzed by the R&R service area, we found that the increases were more dramatic in some areas than in others. The most dramatic increases have occurred in the areas served by the Child Care Resource Center (San Fernando, Santa Clarita, and Antelope Valleys), which experienced a 25 percent increase in the number of children served; and in the area served by Crystal Stairs (South Los Angeles, Gardena, and Inglewood), where 23 percent more children were served. Increases of 10 percent or more occurred in the areas served by Options and MAOF; 7 percent increase in the area served by Center for Community and Family Services; and less than 5 percent for all other areas (See Figure 16).

It is possible that the differences in the increase in numbers of children served were due to the amount of support and integration of services that occurred within the R&R agency. However, it is also possible that these differences reflected changes in staffing during the implementation of SNAP, as well as variations in the start of SNAP services within each agency.



Source: SNAP Survey: RES, April 2005.

Early Identification

As a result of SNAP trainings, 31 percent of the providers said that among the children in their care, they could identify at least one child who was likely to have a disability or other special need, and was in need of a screening or assessment; while 26 percent could identify at least two or more children who were likely to be assessed for disabilities or special needs.

Nearly two thirds of the survey respondents (61 percent) reported that as a result of SNAP, they now felt better prepared to identify early signs indicative of having or being at risk of having a disability or other special need. Eighty (80) percent of the staff from the centers said they could identify a child as possibly having a disability among the children in their care at that time, compared with 55 percent of the family providers.

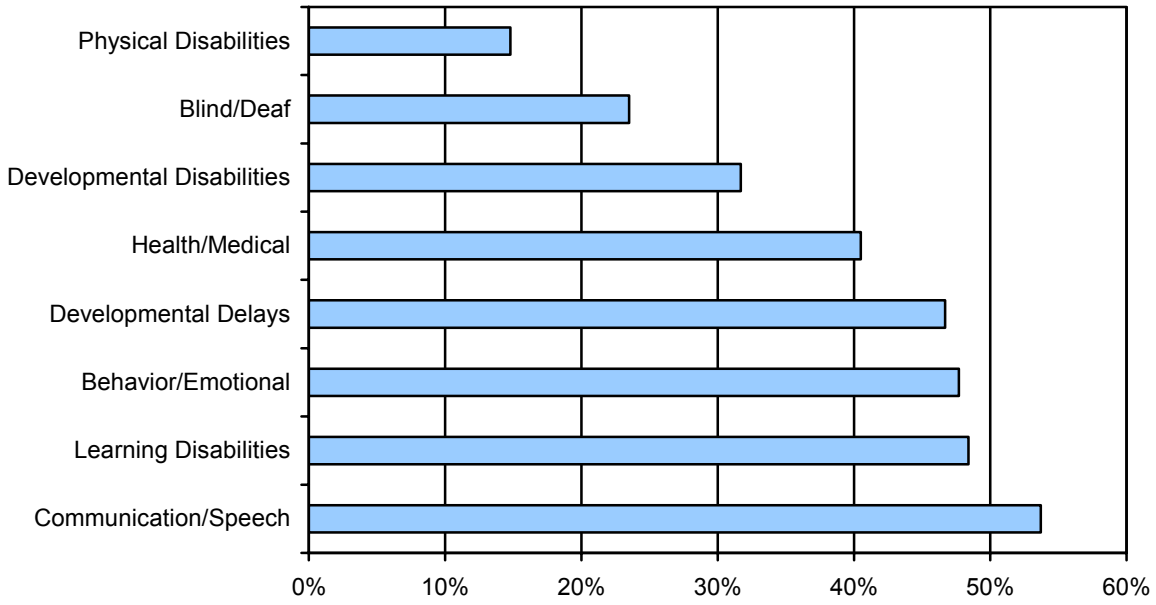
Impact of Training on Capacity

Nearly all providers (90 percent) responding to the post-project survey, and who participated in the SNAP project, said they would consider caring for more children with disabilities or other special needs. About 10 percent of the providers said they needed more staff and additional training to care for children with special needs.

Eighteen (18) percent of providers responding to the post-project survey said they were providing care to one child with special needs, and 12 percent stated they were providing care to two children with special needs. Results of training evaluations indicate that 26 percent of provider attendees anticipated caring for at least one child, and 53 percent stated they were open to caring for two or more children with disabilities or other special needs.

When asked how comfortable they felt about caring for children with specific categories of special needs, 45 to 55 percent of the providers said they felt better prepared to care for children with special needs, such as communication/speech problems, learning disabilities, behavior and emotional concerns, and developmental delays (See Figure 17).

Figure 17. Different Types of Special Needs or Disabilities Providers Feel Better Prepared to Care for in April 2005



Source: SNAP Survey: RES, April 2005.

Difference between Family Child Care and Centers

The impact of SNAP on the capacity to care for more children was greater for family child care providers than center-based providers. Nearly 82 percent of the family child care providers said they were more likely to enroll additional children with special needs as a result of training in SNAP, compared with center-based providers (53 percent). It should be noted that a higher proportion of providers in centers were already caring for children with special needs (70 percent) before the SNAP project, compared with family child care providers (40 percent).

VACANCY SURVEY RESULTS

This survey was mailed to a random sample (N=4, 950) of licensed centers and family child care homes. The random sample was stratified by R&R service areas and SPAs. The response rate for the month of June 2004 was 30 percent (N=1,386). These respondents were then mailed the survey in each of the subsequent eight months, July,

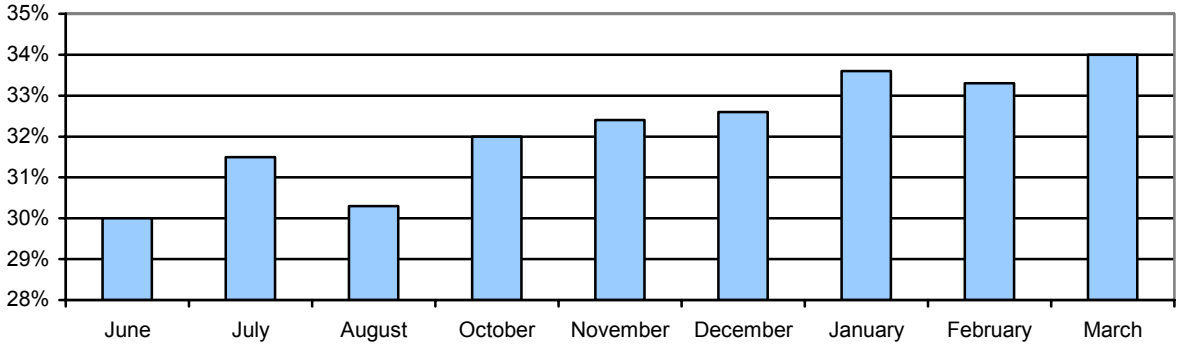
August, October, November and December 2004, and January through March 2005. This survey asked providers whether they were caring for children with disabilities or other special needs; and if so, how many children with special needs were currently in their care. Approximately 550 providers consistently responded to the monthly survey forms.

Increase in the Numbers of Programs and Providers Caring for Children with Disabilities or Other Special Needs

The results of this nine-month data collection activity indicate there was nearly a four (4) percent increase in the number of providers caring for children with disabilities or other special needs, between June 2004 and March 2005 (See Figure 18). Because the sample used in the survey was representative of providers throughout Los Angeles County, it is estimated that over 500 more providers are caring for children with special needs than before.

Monthly survey returns indicated providers who reported serving children with disabilities or other special needs had an average of 3.7 children with disabilities currently enrolled. The mean number of children with disabilities or other special needs that were being served increased from 3.7 in June 2004, to 4.0 in March 2005.

Figure 18. Increase In the Number of Child Care Providers Caring for Children with Special Needs Between June 2004 and March 2005



Factors Associated with Providers' Capacity to Care for Children with Special Needs

As was done with the baseline survey data, multiple logistic regression models were conducted on the post-project survey data to see what factors were associated with providers' capacity to care for children with special needs. Some of the factors that were explored in the analysis included participation in SNAP, attending trainings and workshops, and age-group of children with special needs currently receiving care.

Due to the small sample size, it was not possible to enter all of the predictor variables in the same model. Therefore, a regression model with four variables was established as a baseline model. These four variables were provider-type (small and large family providers versus center providers), providers currently caring for children with special needs, currently and in the past two years. The last two variables were included in the model to control for providers' prior experience in caring for children with special needs. This allowed us to examine the impact of SNAP services on the providers' capacity to care for children with special needs.

Overall, the providers who used SNAP services were twice as likely to care for children with disabilities or other special needs.

The results of the regression analyses are presented in Table 2. Overall, providers who used any of the SNAP services in the last two years were twice as likely to care for children with special needs (odds ratio = 2.0). Providers who attended any trainings or workshops were slightly more likely to care for children with special needs (odds ratio = 2.3). Moreover, attendance at any training proved to be a stronger indicator of likelihood to care for children with special needs, than the indicator of "number of trainings" attended: odds ratios of 2.30 vs. 1.39.

Providers who felt more comfortable in providing care for children with special needs as a result of trainings in SNAP were 2.7 times more likely to care for children with special needs if the opportunity arose. Thus, not only participation in the SNAP program, but satisfaction from services in the SNAP program was also important in increasing the providers' ability to care for children with special needs.

Further evidence of the effectiveness of SNAP services in increasing providers' capacity to care for children with disabilities or other special needs, was that providers who felt better prepared to identify early signs or symptoms of special needs were 3.3 times more likely to say they would care for children with disabilities or other special needs, if the opportunity arose.

Similarly, providers, who said they were now more knowledgeable about State and County services available to assist parents with children who have disabilities or other special needs, were three times more likely to say they would care for children with special needs.

Finally, providers who highly rated the training in increasing their comfort level in caring for children with special needs were 42 percent (odds ratio = 1.42) more likely to care for children with special needs.

Table 2: Factors Associated with Providers' Capacity to Care for Children with Disabilities or Other Special Needs in April 2005[1]	
Independent Variables	**Likelihood of Caring for Children with Disabilities or Other Special Needs (Odds ratio[2])**
Used SNAP services in the last two years	2.04 (2 times more likely)
Attended SNAP trainings or workshops	2.30 (2.3 times more likely)
Number of SNAP trainings attended	1.39 (39% more likely
Comfortable caring for children with special needs after attending SNAP trainings	2.68 (2.7 times more likely)
Feel better prepared to identify early signs of special needs	3.32 (3.3 times more likely)
More knowledgeable about State and County services	2.98 (3 times more likely)
SNAP successful in increasing comfort level in the ability to care for children special needs	1.42 (42 % more likely)

[1] = All the regression models were run controlling for provider type, currently caring for children with special needs and increase in caring for children with special needs in the past two years.

[2] = All the odds ratio were significant at $p < .001$.

Overall, SNAP services were very effective in increasing providers' capacity to care for children with special needs. Providers who utilized SNAP services felt more comfortable and were more likely to accommodate a child with special needs. They felt SNAP filled an important gap in information they needed to serve families with children with special needs.

CHAPTER VI

FOCUS GROUP INFORMATION

The evaluation of SNAP incorporated a qualitative component to understand how helpful parents and child care providers found SNAP services in addressing their requests for resources to care for children with disabilities or other special needs, as well as what challenges/barriers SNAP Inclusion Specialists experienced in trying to implement the program. This resulted in three focus groups being conducted during the months of March and April 2005, with Inclusion Specialists from all ten R&Rs, with a small group of center-based/family child care providers, and with parents.

Pathways, the coordinating R&R for the project, provided respective lists of 61 providers and 122 parents that utilized SNAP services, this included attending trainings/conferences and/or contacting an Inclusion Specialist. Best attempts were made to reach a target of ten providers and parents for each focus group, however, only two parents and seven providers (3 center-based and 4 family child care providers) participated. Parents and child care providers that attended the focus groups received $15.00 gift certificates to Lakeshore as an incentive. In addition, child care was offered for providers and parents to increase the likelihood of participation. The weekend date of the parent and provider focus groups, in conjunction with competing SNAP events scheduled for the month of April, most likely contributed to the small number of parents that participated in the focus group.

Highlights from two of the three focus groups are discussed in more detail below. Information from the parent focus group is omitted since the group was too small to include its input.

Inclusion Specialist Focus Group

Most Inclusion Specialists had prior experience teaching in the classroom

Prior to joining SNAP, the majority of Inclusion Specialists were employed as teachers, or had some involvement working with children in a classroom setting. Moreover, most Inclusion Specialists came into contact with at least one child with a disability or other special need prior to working for SNAP. The average time working for the SNAP project was approximately one year.

Telephone was the most common method for communicating with Inclusion Specialists and for disseminating SNAP services.

Most Inclusion Specialists received requests for services and responded to these requests via telephone. However, several Inclusion Specialists preferred to conduct home visits:

- *If you talk on the telephone three or four times, then you feel there is a need of a face-to-face interaction.*

The ability to conduct home visits varied among the R&Rs. Some R&R managers expected Inclusion Specialists to work from their office, and some Inclusion Specialists felt they were really limited in the amount of outreach and advocacy they could offer to child care providers and parents.

This is an example of some of the requests from parents that SNAP was not designed to address:

- *The parents need our services much more, they need more than telephone calls, they need us to go to IEPs with them.*

- *They call wanting answers. In my agency, we cannot go on IEPs with them, we cannot go on home visits with parents, there are so many things we are limited to do. However, I can give them suggestions and call to follow-up on how they are doing, but this was not enough to satisfy my desire to help.*

Various language barriers and literacy proficiencies hampered the implementation of services.

A few Inclusion Specialists lamented the language barriers within some of the R&R service areas, and the limited resources to conduct outreach with monolingual-speaking populations, particularly Cambodian and Khmer. In addition, some parents were illiterate and need help with reading the materials mailed to them.

- *Some parents cannot even read. They would say this paper you are giving me, what does it say? That is a barrier for them if they cannot read. I go a little bit more to help out the parents who need more information.*

With these vast differences between populations served by the R&R, each agency had its challenges in implementing SNAP.

Child care providers submitted the majority of service requests

According to the Inclusion Specialists, child care providers made more telephone contacts for service in comparison to parents. They seemed to call several times until they got the help they needed. The Inclusion Specialists speculated that since the providers have the children for nearly 12 hours a day, the children's disabilities or special needs are a constant reminder.

- *We have a relationship with the providers because they know us, they come to our workshops. But with the parents, it is only a voice on the phone; they only know us by name; we are a stranger, another agency, a person on the phone.*

Inclusion Specialists felt that many parents did not recognize or were in denial of their child's disability or special need. In many cases, parents were unaware that their child needed help with their speech, or had a learning disability because the parent may not have been in contact with other children who are the same age as their child.

- *Many times the parents are in denial. The provider can talk to the parent until they are blue on the face, but the parent will not admit to their child's disability or special need, and may even change providers*.

Some Inclusion Specialists did a follow-up with the parents until they actually made an appointment and went to see a therapist. Others disagreed with this statement, suggesting that once they made the referral, their work was completed. Parents need to take responsibility for their children and their well-being. This is an indication of how SNAP was implemented differently by the participating R&R agencies.

Child care providers are now less resistant to offer services to children with disabilities or other special needs.

Some Inclusion Specialists defined success as building successful long-term linkages between parents and child care providers. They knew this when they followed up with the child care provider and found that the child was still in their care and that everyone, parent and provider, was satisfied.

Other Inclusion Specialists took a more global perspective, they felt the child care providers' increased education and awareness of children with disabilities or other special needs signified success for SNAP.

- *Because, when we first started this program, there was a lot of resistance from providers. "I do not want to serve children with special needs; I am going to have to charge more." I think that this has decreased. Overall, I feel very successful because I think that long-term, that is something that will last beyond this program.*

Integration of SNAP services within individual R&Rs varied.

In some R&Rs, SNAP was heavily integrated with the R&R's general service delivery. For those R&Rs where SNAP was integrated, it was generally easier for the Inclusion Specialist to access additional resources or staff support to perform their jobs. One Inclusion Specialist, who's R&R did not integrate SNAP, reported having difficulty responding to requests for service, particularly after a promotional event when numerous requests were submitted.

- *Like when we had the children's game, the next day I had 40 messages on my voicemail. It increased my workload. Do I have time to return 40 situational phone calls? I do not have the resources to respond to the need.*

The Inclusion Specialists reported providing more effective and efficient services when SNAP was integrated with R&R's general services. For example, one Inclusion Specialist reported having a School Readiness program funded by the First 5 LA Commission. The Inclusion Specialist and behaviorist on staff for SNAP attended School Readiness events and were able to promote SNAP with parents, social welfare departments, and teachers. Several attendees then followed up to receive additional information on children with disabilities or other special needs.

SNAP Resource Team members were not always effective in assisting the Inclusion Specialists.

Several Inclusion Specialists reported that the centralized Resource Team, a collective of experts that included a child psychologist, a child behaviorist, a mental health specialist, a pediatric nurse, and speech and occupational therapists, to assist the Inclusion Specialists in implementing services were often delayed in responding to requests for service. Inclusion Specialists reported several resource team members had private practices outside of their work with SNAP, and were limited in the amount of assistance they could provide to the Inclusion Specialists and providers. A few Inclusion Specialists reported they stopped utilizing the Resource Team because of delayed responses, or no responses at all. Other Inclusion Specialists found Resource Team members to have limited knowledge of certain topical subjects.

Mental health and behavioral problems are the most difficult special needs for providers to address.

Several Inclusion Specialists reported providers are more likely to refuse care for a child, if they cannot deal with the child's behavioral problem. Physical disabilities are easier to control than behavioral problems. For example, providers are generally more comfortable in addressing the health needs of a diabetic child once they have received training, than in trying to deal with ongoing behavioral problems where past strategies have failed.

The future of SNAP is questionable once funding ends in July 2005.

Most of the Inclusion Specialists and the Resource Team members will leave their R&Rs the end of June, and some had already left. However, a few indicated they would remain if funds could be secured to retain them. Most felt discouraged they would no longer be able to continue the work of SNAP and provide the types of services/resources so desperately needed by providers to deal with the challenges of providing child care to children with disabilities or other special needs.

- ► *Once the funding ends, the providers will be better off than they were before the project began, but they will be back to "square one."*

Documentation of telephone referrals is likely to suffer after the project ends. This has been an important function of SNAP. If an agency were to seek funding in the future, they would need this documentation.

One Inclusion Specialist commented that lack of general knowledge of children's disabilities and special needs is a Countywide issue in providing child care. In her area, they have several community resources to refer children to with special needs; however, this is not the case in many communities where resources are lacking.

Child Care Providers Focus Group

Early detection of special needs is becoming more common.

Child care providers in the focus group interviews represented child care centers, small family child care, and large family child care. They had considerable experience in the field of child care, and in providing care to children with disabilities or other special needs. All of them believed that the awareness of children with special needs has increased in the past few years, and identification of risks or special needs occurs at much earlier ages than in previous years.

- ► *Now we are finding more kids with special needs because they are being identified earlier, 15 years ago they were not identified as autistic as easily as now. We had two kids who came in and had behavioral problems, and were later identified as autistic.*

Workshops and trainings were very helpful in increasing providers comfort level in caring for children with disabilities or other special needs.

Providers commended SNAP on selecting very helpful topics related to disabilities and other special needs for the workshops and trainings. There was some variation in the number of workshops attended by the child care providers. This variation seemed to depend on the R&R service area the provider was located in. It is likely that some R&Rs were more effective than others in informing the providers in their regions of upcoming workshops.

- *My staff feel more confident to care for children with special needs as a result of attending the [SNAP] workshops. We got videos about autism and how we can handle things differently. We are trying to be more supportive of the parents and make the teachers feel more comfortable.*

Providers reported dealing with parents can be a challenge and they would like to see more workshops and trainings directed towards communicating with parents.

- *It is frustrating when you cannot get the parents on board with what you are seeing everyday in the classroom. I think this is one of the things that would be helpful to focus on in SNAP.*

One child care provider indicated she went from not serving any children with disabilities or special needs to having eight children with special needs.

- *The teachers became more comfortable in the setting and they know what to do. It is not a big deal anymore.*

Inclusion Specialists bridged the resource gap for providers in addressing special needs.

Child care providers reported frequently calling the Inclusion Specialists for assistance. One provider recalled an occasion when an Inclusion Specialist referred the provider to a Resource Team member who paid the provider a home visit to work with the child.

- *I am not a doctor, I cannot diagnose the child, and I need to get the referral so the child can get the help that he/she needs.*

Balancing staffing with providing care for children with disabilities or other special needs is a challenge.

Keeping a balance and accepting a limited number of children with special needs is important, otherwise, it can become demanding on the staff's time and may not allow for adequate attention to other children in the environment. Providers felt that caring for children with special needs requires more attention from staff. Therefore, it becomes a problem if the provider is unable to provide the care the child needs due to lack of funding to pay for adequate staffing, or is unable to hire good quality staff.

- *We have 25 [children] and 3 teachers. If you have an autistic kid in there, they need one-on-one.*

The end of SNAP could mean the end of a community resource.

Several child care providers reported learning a great deal about children with special needs from the SNAP workshops.

- *I appreciated having another place to go to and talk to. I have to say I worked with Pathways, they are wonderful. I was very impressed.*

Another child care provider said she would have to find another community resource to assist her in caring for children with disabilities or other special needs.

- *Even at the college level, they are saying that early educators and teachers need training, in case they have to teach autistic children in the future.*

One child care provider emphasized that the end of SNAP would also indirectly affect parents, since a crucial support for sustaining inclusive child care is ending.

Several providers were concerned that they were going back to square one. Children with disabilities or other special needs may no longer get the services they require. Moreover, available resources to assist providers in the early detection of special needs will diminish when the SNAP program terminates.

CHAPTER VII

CONCLUSION

There has been a limited number of centers and family child care homes willing to enroll children with special needs. Moreover, these homes and centers may not take children with certain types of disabilities or other special needs. Based on the data coming form various sources, we also know that while providers who have experience in caring for children with special needs are more likely to continue to provide care, these same providers may not feel completely comfortable about their capacity to care for these children, and want more training and information.

We also have seen that there is a strong relationship between training and other supports, and a provider's sense of competence and comfort. These are key in overcoming any reluctance that a provider might feel in caring for children with special needs. The data has demonstrated that increased willingness is correlated to knowledge, experience, and comfort levels. This is how we have defined capacity within the scope of this project.

Through the results of the baseline survey, prior to the full implementation of SNAP, providers who had more knowledge about State and County programs, and those who had more hours of training related to caring for children with disabilities, were more willing to offer a space to a child with disabilities or other special needs. Thus, training and disseminating information on resources related to services for children with disabilities or other special needs was critical in increasing providers' capacity to care for children with disabilities or other special needs.

Most providers contacted as part of the evaluation, stated they (or their program) are able to provide services to children with disabilities or other special needs as a result of their training in SNAP. Before the SNAP trainings, only 40 percent of the providers who completed the training evaluation forms said they were caring for children with special needs. After the training, nearly 90 percent said they were willing to care for children with special needs. There were significant differences between family child care providers and centers, in regards to the impact of SNAP to increase their capacity to care for children with special needs. A higher proportion of family child care providers said they were now willing to care for children with special needs as a result of training in SNAP. At the same time, fewer family child care providers were caring for children with special needs before the beginning of SNAP.

Another survey conducted among a random sample of child care providers in Los Angeles County between June 2004 and March 2005, showed a 4 percent increase in the number of providers caring for children with special needs. From this representative sample, it is possible to estimate that over 500 additional providers are caring for, or willing to care for, children with disabilities or other special needs.

Although any level of participation in SNAP was somewhat effective in increasing providers' capacity to care for children with special needs, there were greater impacts on capacity based on providers' perception of the usefulness of SNAP services. For example, providers who felt better prepared to recognize early signs or symptoms of special needs, or those who were now more knowledgeable about State and County services, were three times more likely to care for children with special needs. In comparison, providers who participated in the SNAP program were only two times more likely to care for children with special needs. Thus, the effectiveness of SNAP services was more important in increasing providers' capacity to care for children with disabilities or other special needs, than mere participation in the program.

Although the project ended in June 2005, many Inclusion Specialists said they would continue to provide the services to parents and providers to the best of their abilities. Not all of the R&R agencies had incorporated the SNAP services into their regular R&R services because of lack of resources. According to the Specialists and the providers, the SNAP services provided critical support that would be lacking when the project ended.

Based on the results of only one of the evaluation surveys, the number of providers who anticipated caring for children with disabilities or other special needs more than doubled during the course of the SNAP. In conclusion, the SNAP was effective in substantially increasing the capacity of Los Angeles County providers to care for children with disabilities or other special needs.

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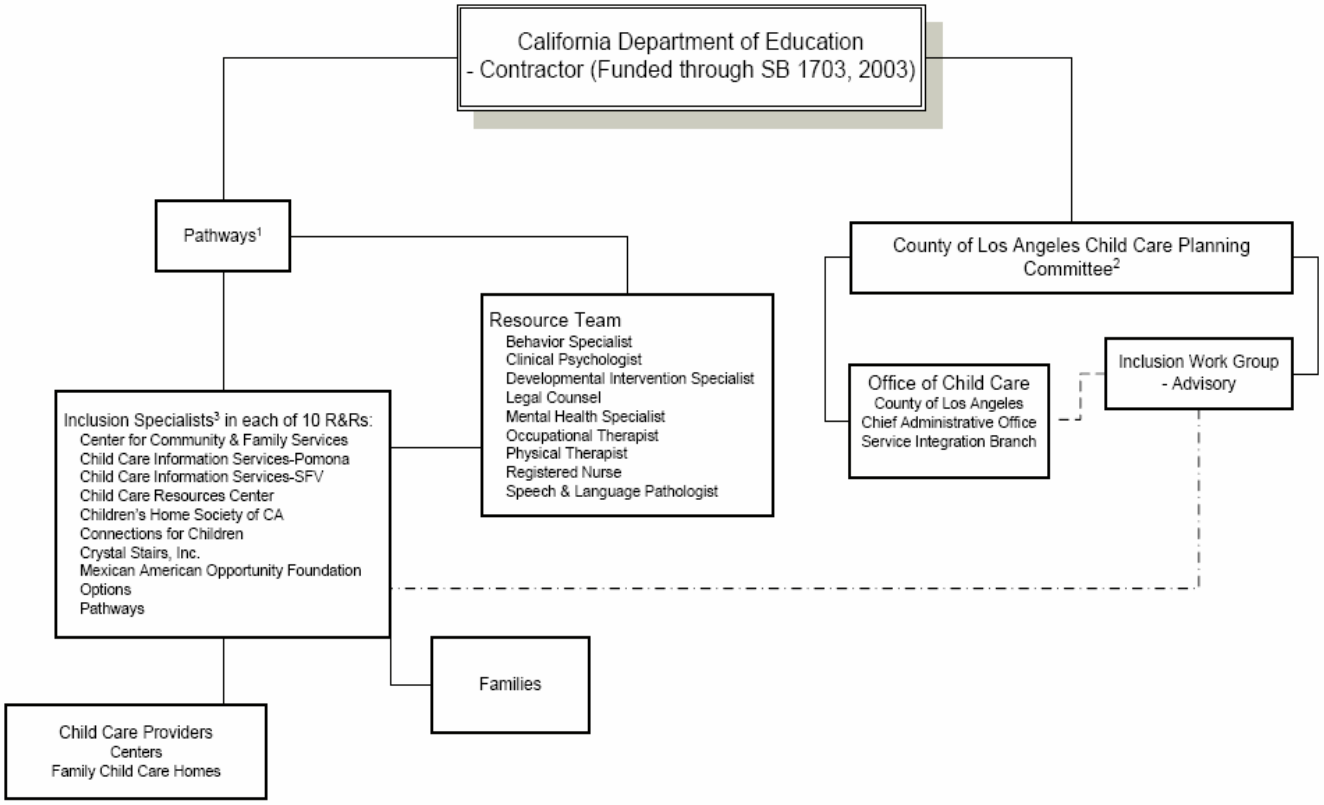
Organizational Chart



[1]Pathways served as the lead agency, providing oversight to implementation of the Special Needs Advisory Project (SNAP) at each of the 10 resource and referral (R&R) agencies, including Pathways.
[2]The County of Los Angeles Child Care Planning Committee facilitated connections between the child care community, SNAP and special needs support services and conducted the evaluation of SNAP through the Office of Child Care.
[3]Each of the 10 R&Rs hired an Inclusion Specialist to serve as liaison between the child care providers, the parents, the R&R and the resource team.

23488

LOS ANGELES COUNTY CHILD CARE PLANNING COMMITTEE
Survey on Child Care for Children with Disabilities and Other Special Needs

We appreciate your taking the time to participate in this survey. All of your answers are anonymous and will be kept completely confidential. Please follow these simple directions to complete the survey correctly:

PLEASE DO NOT XEROX OR USE WHITE OUT.
PRINT CLEARLY AND FILL IN THE CIRCLES COMPLETELY, USING DARK INK

1. What are you licensed as?

- ○ A Small Family Child Care Home (Licensed for 6/8 children)
- ○ A Large Family Child Care Home (Licensed for 12/14 children)
- ○ A Child Care Center

2. Are you a :

- ○ Program Director /Administrator
- ○ Teacher
- ○ Family Childcare Provider
- ○ Other

3. Do you have a contract with the California Department of Education?

- ○ Yes
- ○ No

4. What age groups do you care for?(Check all that apply)

- ○ Infants/Toddlers (Newborn to 2 years)
- ○ Preschool (2 to 4 years)
- ○ School Age (5 years and older)

5. How long have you been in business?

- ○ Less than 1 year
- ○ 5-10 years
- ○ 1-4 years
- ○ More than 10 years

6a. Have you used any of the SNAP services in the last two years? (Inclusion Specialist, Resource Team Specialists, on-site consultations, trainings/workshops, etc.)

- ○ Yes
- ○ No **(If No, skip to Question 9a)**

6b. Have you ever contacted the Inclusion Specialist in your Resource & Referral Agency to assist you with obtaining information about a child with disabilities or special needs?

- ○ Yes
- ○ No **(If No, skip to Question 7a)**

6c. If yes, how often have you contacted your Inclusion Specialist?

- ○ Once
- ○ 6-10 times
- ○ 2-5 times
- ○ More than 10 times

6d. On the occasions that you contacted the Inclusion Specialist, how helpful was he/she?

- ○ Very helpful
- ○ Somewhat helpful
- ○ Helpful
- ○ Not at all helpful

6e. In providing care to children with disabilities or special needs, have your interactions with the Inclusion Specialists made you feel:

- ○ More comfortable in providing care to children with disabilities or special needs
- ○ No change
- ○ Less comfortable in providing care to children with disabilities or special needs

6f. Do you believe that the Inclusion Specialist has filled a gap about resources/support for child care providers working with families who have children with disabilities or other special needs?

- ○ Yes
- ○ No

7a. Did you attend any of the SNAP trainings/workshops?

- ○ Yes
- ○ No **(If No, skip to Question 8a)**

7b. If yes, how many did you attend?

- ○ 1 training
- ○ 6-10 trainings
- ○ 2-5 trainings
- ○ More than 10 trainings

7c. If yes, how helpful or informative did you find the trainings/workshops?

- ○ Very helpful
- ○ Somewhat helpful
- ○ Helpful
- ○ Not at all helpful

7d. Since attending the SNAP trainings/workshops, how comfortable are you in caring for children with disabilities or special needs?

- ○ More comfortable in providing care to children with disabilities or special needs
- ○ No change
- ○ Less comfortable in providing care to children with disabilities or special needs

8a. Did you speak with, or receive information, or have a technical assistance visit from one of the Resource Team specialists? (A child psychologist, child behaviorist, mental health specialist, pediatric nurse, speech/physical/occupational therapist?) Does **NOT** include the Inclusion Specialist.

- ○ Yes
- ○ No

8b. If yes, how helpful was he or she?

- ○ Very helpful
- ○ Somewhat helpful
- ○ Helpful
- ○ Not at all helpful

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(Please print clearly using block letters, and fill in the circles completely, using dark ink.)

8c. In caring for children with disabilities or special needs, have your interactions with the Resource Team made you feel:

- ○ More comfortable in providing care to children with disabilities or special needs
- ○ No change
- ○ Less comfortable in providing care to children with disabilities or special needs

9a. Are you currently caring for any children with special needs or disabilities?

○ Yes ○ No **(If No, skip to Question 12a)**

9b. If yes, how many children with disabilities or special needs are enrolled in your program? _____

9c. What are the ages of the children? (Check all that apply).

- ○ Infants/Toddlers (Newborns to 2 years)
- ○ Preschool (2 to 4 years)
- ○ School Age (5 years and older)

10. Please mark all the types of special needs or disabilities that apply of the children that you are caring for:

- ○ HEALTH / MEDICAL PROBLEMS (Examples: Asthma, Diabetes, AIDS)
- ○ PHYSICAL DISABILITIES (Examples: Cerebral Palsy, Spina Bifida)
- ○ LEARNING DISABILITIES (Examples: Attention Deficit Disorder)
- ○ BLIND / DEAF / HARD OF HEARING (Examples: Visual impairment, blind, deaf)
- ○ BEHAVIOR / EMOTIONAL CONCERNS (Examples: Overly aggressive, extreme shyness, extreme anxiety, problems socializing)
- ○ COMMUNICATION/SPEECH/LANGUAGE PROBLEMS (Examples: Speech delays, stuttering, unclear speech, clef palate)
- ○ DEVELOPMENTAL DISABILITIES (Examples: Autism, mental retardation)
- ○ DEVELOPMENTAL DELAYS (Examples: Slow in learning to walk, climb or play; falls frequently)

11a. As a result of your participation with SNAP, would you consider caring for more children with disabilities or special needs?

○ Yes ○ No

11b. If not, why not? (Choose all that apply)

- ○ Parents uncomfortable
- ○ Need more staff
- ○ Need more training
- ○ Other reason: _____

12a. Would you care for children with disabilities or special needs if the opportunity arose?

○ Yes ○ No **(If yes, skip to Question 13)**

12b. If not, why not? (choose all that apply)

- ○ Parents uncomfortable
- ○ Need more staff
- ○ Need more training
- ○ Other reason: _____

13. In the past 2 years, has the number of children with disabilities or special needs you are caring for:

○ Increased ○ Stayed about the same ○ Decreased
○ None enrolled

14. As a result of SNAP, do you feel better prepared to identify early signs or symptoms of disabilities or special needs in children you care for?

○ Yes ○ No

15. Are you now more knowledgeable about the State and County services available to assist parents with children who have disabilities or special needs? (Examples" Regional Centers, Family Resource Centers, In-Home Supportive Services)

○ Yes ○ No

16. Which types of disabilities or special needs do you now feel better prepared to care for? (Check all that apply)

- ○ HEALTH / MEDICAL PROBLEMS (Examples: Asthma, Diabetes, AIDS)
- ○ PHYSICAL DISABILITIES (Examples: Cerebral Palsy, Spina Bifida)
- ○ LEARNING DISABILITIES (Examples: Attention Deficit Disorder)
- ○ BLIND / DEAF / HARD OF HEARING (Examples: Visual impairment, blind, deaf)
- ○ BEHAVIOR / EMOTIONAL CONCERNS (Examples: Overly aggressive, extreme shyness, extreme anxiety, problems socializing)
- ○ COMMUNICATION/SPEECH/LANGUAGE PROBLEMS (Examples: Speech delays, stuttering, unclear speech, clef palate)
- ○ DEVELOPMENTAL DISABILITIES (Examples: Autism, mental retardation)
- ○ DEVELOPMENTAL DELAYS (Examples: Slow in learning to walk, climb or play; falls frequently)

17. Overall, on a scale of 1-5 (with 5 being the highest), how successful has the SNAP project been in increasing your comfort level/ability to care for children with disabilities or special needs?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

THANK YOU FOR PARTICIPATING IN THIS SURVEY

SNAP Training Evaluation

Special Needs Advisory Project
a place for every child
www.snapla.org

Name: _____ Fecha: _____
Address: _____
Ciudad: _____ Zip: _____
Phone #: _____ E-mail: _____
Training Location: _____ Training Title: _____

	Evaluation of the Training:	Poor	Fair	Good	Excellent	Not Applicable
1	Length of training session	1	2	3	4	N/A
2	Teaching materials/ handouts	1	2	3	4	N/A
3	Videotapes and other media	1	2	3	4	N/A
4	Convenience of location of training	1	2	3	4	N/A
5	Usefulness of content	1	2	3	4	N/A
6	Practical application	1	2	3	4	N/A
7	Learning of new skills	1	2	3	4	N/A
8	Learning of new information	1	2	3	4	N/A
9	Ease of future implementation of new skills	1	2	3	4	N/A
10	Ease of future implementation of new information	1	2	3	4	N/A
11	Information you received about the workshop prior to attending	1	2	3	4	N/A
12	**Overall, I would rate this training**	1	2	3	4	

	Evaluation of Trainer(s)	Poor	Fair	Good	Excellent	Not Applicable
1	Knowledge of subject	1	2	3	4	N/A
2	Preparedness	1	2	3	4	N/A
3	Professionalism	1	2	3	4	N/A
4	Clarity and understandability	1	2	3	4	N/A
5	Encouraging participation	1	2	3	4	N/A
6	Responsiveness to questions/needs	1	2	3	4	N/A
7	**Overall rating of trainer(s)**	1	2	3	4	

If you do not wish to be contacted at a later time for survey purposes, please check this box: ☐

Comments:

Thank you,

Last Revised 6/22/04

SNAP MONTHLY SERVICE REPORT

R & R Agency Name: _____ **Specialist:** _____

Date (Month/Year): _____

Total number of new families/provider/community professionals requests for services or information:			**MONTH:** _____	**YTD:** _____	
Number of requests:	**Month**	**YTD**	**Number of services you provided:**	**Month**	**YTD**
# of child care referrals requests			# of child care referrals completed		
# of Training or Workshops hosted for providers			Number of providers who attended trainings/workshops		
# of Training or Workshops hosted for R&R agency staff			Number of R&R agency employees who attended training/workshop		
# of Referrals to Resource Team submitted to SNAP Mgr			# of Referrals to Resource team completed and closed		
Technical Assistance: # of Requests for materials/information mailed to providers			*Technical Assistance*: # of Requests for materials/information mailed to providers completed		
Technical Assistance: # of Requests for materials/information mailed to parents or caregivers			*Technical Assistance*: # of Requests for materials/information mailed to parents or caregivers completed		
Technical Assistance: # of Requests for materials/information mailed to community agencies/professionals			*Technical Assistance*: # of Requests for materials/information mailed to community agencies/professionals		
Technical Assistance: # of Requests from parents/caregivers for referrals to community services/resources			*Technical Assistance*: # of Requests for referrals to community services/resources completed and given to parents/caregivers		
Technical Assistance: # of Requests from child care providers for referrals to community services/resources			*Technical Assistance*: # of Requests for referrals to community services/resources completed and given to child care providers		
Technical Assistance: # of Requests from community agencies/professionals for referrals to other community services/resources			*Technical Assistance*: # of Requests for referrals to other community services/resources completed and given to community agencies/professionals		
Technical Assistance: # of Requests from a provider to visit child care facility environment			# of child care site visits completed		
Technical Assistance: # of Requests for visits from community agencies/professionals regarding SNAP outreach information (SNAP presentations, brochures, promo. items, etc)			# of outreach visits to community agencies/professionals completed		
Technical Assistance: # of Requests for direct resource contact on behalf of parent/caregiver			Acted as a Liaison via telephone on behalf of parent/caregiver		
Technical Assistance: # of Requests for direct resource contact on behalf of provider			Acted as a Liaison via telephone on behalf of provider		
Technical Assistance: # of Requests for direct resource contact on behalf of community professional			Acted as a Liaison via telephone on behalf of community professional		
Other:			*Other*:		

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Type of Contact: ☐ Presentation/Workshop ☐ Site Visit ☐ Technical Assistance Title: _____

This survey should be completed by one representative from each agency/family child care home participating in each of the training or technical assistance activities conducted with these funds.

Name:	Date:
Child care program (if applicable):	Lic. #:
Address:	
City:	Zip:
Phone #:	e-mail address:

Prior to receiving either training or technical assistance from the organization that gave you this data collection form, how many children with disabilities were receiving child development services from your agency/ child care home?

☐

As a result of the training or technical assistance provided by the organization that gave you this data collection form, do you anticipate that additional children with disabilities will be able to receive child development services from your agency/family child care home?

Yes. Insert estimated number of additional children ☐ No ☐

As a result of the training or technical assistance provided by the organization that gave you this data collection form, how many children, currently in your child care setting, do you feel that you can identify now as possibly having a disability?

☐

Please check this box if you would not like to be contacted for survey purposes? ☐

Comments:

Last Revised on 06/22/04

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INSTRUCTIONS FOR:

TECHNICAL ASSISTANCE (form)

This form is to be used to collect data regarding the type of SNAP services delivered to all clients in Los Angeles County. This form does not require to input data regarding child care enhanced referrals because existing countywide procedures for all Resource and Referrals agencies are already in place regarding this type of service.

1. **Date of Contact:** This is the date that the parent/caregiver, provider or community professional contacted the Resource and Referral Inclusion Specialist for technical assistance

2. **Type of Contact**: Select if the contact is a parent/caregiver, a provider, or a community agency professional. Please enter the type of relationship to the child if the contact is someone else other than the child's parent (s).

3. **Name of the person making the contact (parent/caregiver, provider or community agency professional). Please enter the child's name, sex, and date of birth if obtained during the contact call. Enter the address of the person making the contact, as well as the phone numbers.**

4. **May we contact you at a later time for survey purposes?** The Resource and Referral Inclusion Specialist will get the consent for the client to be contacted for the purpose of program evaluation.

5. **Reason for Needing Services:** This data will be broken down as follows:
   a. Parent/Caregiver:
      1. Employment
      2. Training
      3. Re-location
      4. End Leave of Absence
      5. Extended Work Hours
      6. Job Travel
      7. Job Schedule Change
      8. Child's Needs
      9. Parent's Needs
      10. Special Needs
      11. Dissatisfied
      12. No provider
      13. Looking for Work
      14. Alternate Care
      15. CPS – Respite
   b. Provider
      1. Training/Workshop Information
      2. Site visit
      3. Referral to other agencies
      4. Advocacy information
      5. Special Needs information
      6. Parent resources
      7. Regarding a specific child currently in the child care program
   c. Community Agency/Professional
      1. Client Referral
      2. Trainings/workshops
      3. Outreach visit
      4. Requesting educational materials

6. **Primary Language**: Primary language of the family (regardless if the children speak a different language), provider, or community agency professional.

7. **Child currently receiving the following type of services/resources:** Please check all the services or resources the child is currently receiving to enhance the quality of the technical assistance services provided.

8. **Child's Needs Primary Condition/Diagnosis/Special Needs Interest (if stated):** Please indicate if a particular diagnosis (it could be more than one) was provided during the contact. Then, check the category that this diagnosis falls under (please follow the following criteria):
   a. **SPECIAL NEEDS:** This term is used to describe any person with a physical or mental impairment which substantially limits one or more major life activities. These special needs may require additional assistance, supervision and monitoring beyond that of their typically developing peers.
   b. **HEALTH/ MEDICAL:** A health impairment where there is limited strength or alertness due to health problems that are not temporary in nature. This will encompass medical disorders that require routine monitoring of physical signs and symptoms.
      - cancer, diabetes, asthma, AIDS
   c. **PHYSICAL:** A disability that typically involves the motor system and places some limitation on the person's ability to move about. Can include diseases of any body system that has a significant impact on functional ability.
      - cerebral palsy, spina bifida
   d. **LEARNING:** A disorder that affects the processes involved in understanding or in using language, spoken or written, which may manifest itself in an impaired ability to listen, think, speak, read, write or spell.
      - attention deficit disorder, dyslexia
   e. **BLIND/ DEAF/ HARD OF HEARING:** A visual impairment which, even with correction, limits visual ability. A hearing impairment that impairs the processing of information through hearing and adversely affects the development of expressive and/or receptive language and communication.
      - blindness, partially sighted, deafness
   f. **BEHAVIOR/ EMOTIONAL:** Inappropriate types of behavior or feelings that are exhibited under normal circumstances. A general mood of unhappiness or depression. An inability to build or maintain satisfactory interpersonal relationships with peers.
      - overly aggressive, extreme shyness, extreme anxiety, problems socializing
   g. **COMMUNICATION/ SPEECH/ LANGUAGE:** A difficulty understanding or using spoken language that may surface as a language delay, stuttering and unclear speech. A-typical methods of communication may be needed i.e.) sign language and picture boards
      - cleft palate, aphasia
   h. **DEVELOPMENTAL DISABILITY:** A disability that continues indefinitely and results in substantial functional limitations in the areas of major life activities: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and self-sufficiency.
      - mental retardation, epilepsy, autism
   i. **DEVELOPMENTAL DELAY:** A significant difference in the current level of functioning and the expected level of development for his/her age in the following developmental areas: cognitive; physical: including fine and gross motor, vision, and hearing; communication; social or emotional; adaptive. Delays in these areas may improve with intervention or become more apparent as child ages. slow in learning to walk, climb, play or talk
   j. **OTHER DISABILITY OR SPECIAL NEED**,

9. **The Resource and Referrals Inclusion Specialist will complete the fields for staff and date of contact, including any comments regarding the contact.**

10. **On page 2 of the Technical Assistance form, include again the name of the person requesting the technical assistance as well as the date that it was requested**

11. **Mark the boxes as it applies for a parent/caregiver, a provider or a community agency professional**

12. **Indicate the type of technical assistance needed:**
    a. **For a Parent/Caregiver:**
    Special note: If a parent/caregiver requests a site visit to the child care provider's home, R&R Inclusion Specialists and/or SNAP Resource Team Members should inform the parent that one of the services that SNAP is able to provide, is a site visit to the child care provider. However, the site visit needs to be requested by the child care provider and not the parent. Thus, the parent may provide this information to the child care provider and the provider will then call and start a Technical Assistance Request
    - Mail Information to child care provider
    - Mail information to parent
    - Referred parent/caregiver to another agency. In other words, did the Resource and Referrals Inclusion Specialist provided referral information to the parent/caregiver regarding other agencies or resources.
    - Direct resource contact on behalf of the parent/caregiver. In other words, did the Resource and Referral Inclusion Specialist contacted another resource (community agency, school district, regional center, government entity, advocate, etc.) on behalf of the parent/caregiver

    b. **For a Provider:**
    - Site visit (See provider visit procedures)
    - Mail information to provider
    - Referred provider to another agency. In other words, did the Resource and Referrals Inclusion Specialist provided referral information to the provider regarding other agencies or resources.
    - Direct resource contact on behalf of the provider. In other words, did the Resource and Referral Inclusion Specialist contacted another resource (community agency, school district, regional center, government entity, advocate, etc.) on behalf of the provider.

    c. **For a Community Agency/Professional**
    - Outreach or site visit. In other words, a presentation about SNAP to other community agencies or simply taking information to these agencies as a form of introduction to the program, etc.
    - Mail information to community agency/professional
    - Referred community agency professional to another agency. In other words, did the Resource and Referrals Inclusion Specialist provided referral information to the community agency professional regarding other agencies or resources
    - Direct resource contact on behalf of the community agency professional. In other words, did the Resource and Referral Inclusion Specialist contacted another resource (community agency, school district, regional center, government entity, advocate, etc.) on behalf of the community agency professional

13. **Mark all the areas of need as it applies.** In other words check all those areas of need that were met per the type of technical assistance requested. If information regarding areas such as "Department of Children and Family Services", "Regional Center", and "Training and Workshops" were checked off, also check whether the technical assistance was in the form of a phone call, referral information, or mail the information needed as each area may apply.

14. **Schedule of Visit Log.** This box is to record a log of the process of scheduling a visit to either a provider or community agency professional. All notes regarding the visit should be recorded on the **"Internal SNAP Contact Log"**

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TECHNICAL ASSISTANCE

Date of Contact: _____

Type of Contact:

☐ **Parent/Primary Caregiver** ☐ **Provider** ☐ **Agency/Professional**
If other than parent, indicate relationship to child:_____

Name: _____

Child's Name (if applicable):_____ Sex: ☐ M ☐ F DOB: _____

Address:_____ _____ _____
Street City Zip

Phone: H._____ W:_____ Cell:_____

May we contact you at a later time for survey purposes? ☐ **Y** ☐ **N**

Reason for Needing Services: _____

Primary Language: _____

Child currently receiving the following type of services/resources:

☐ Medi-cal/Medicare ☐ Regional Center ☐ California Children's Services (CCS) ☐ Infant Development Program

☐ Social Security (SSI) ☐ Subsidized Child Care ☐ Early Head Start ☐ Special Education

☐ Child Protective Services (DCFS) ☐ CalWORKs ☐ Other:

_____

Child's needs: Primary Condition/Diagnosis/Special Needs interest (if stated)

_____

_____

☐ Health/Medical ☐ Physical ☐ Learning ☐ Blind / Deaf / Hearing ☐ Behavior/Emotional

☐ Communication/ Speech / Language ☐ Developmental Disability ☐ Developmental Delay

☐ Other Disability or Special Need _____

Staff: _____ Date: _____/_____/_____

Comments:

_____

_____

_____

The information we are requesting is for statistical purposes. It remains confidential.

SNAP – 1 Last updated on 05/19/04

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Technical Assistance

	Date of Request:
Name of Person Requesting Technical Assistance:	

Mark below as it applies:

	Parent/Caregiver		Provider		Community / Professionals

Indicate the Type of Technical Assistance Needed:

	Mail information to child care provider		Site visit		Outreach or site visit
	Mail information to parent		Mail information to provider		Mail information to community agency / professional
	Referred parent/caregiver to another agency		Referred provider to another agency		Referred community agency / professional to another agency
	Direct resource contact on behalf of parent/caregiver		Direct resource contact on behalf of provider		Direct resource contact on behalf of community agency / professional

Mark below all the areas of need as it applies:

✓		Mailed info ✓	Referred to ✓	Called to ✓
	California Children Services			
	Child Developmental & Medical Health			
	Department of Children and Family Services			
	Early Head Start			
	Early Intervention			
	Educational Materials			
	Equipment			
	Family Support Options			
	Health Care Coverage			
	Infant Development Program			
	Legal Advocacy			
	Medical Follow Up			
	Mental Health Services			
	Regional Center			
	Special Education			
	Specific Disability Information			
	Social Security (SSI)			
	Subsidized Child Care			
	Training & Workshops			
	Transportation for Services			

Schedule of Visit Log

(all notes regarding the visit should be entered in the Contact Log form):

Scheduled visit for:		Notes:
Completed visit on:		

Technical Assistance completed on: _____

SNAP – 1

Last Revised on 05/19/04

INCLUSION, WHAT IS IT?
This workshop will provide general information about inclusion, and why it is important. We will discuss how to support children with Special Needs in the child care setting. We will explore our provider feelings about disabilities, common areas of misunderstanding and legal requirements. This workshop will also offer practical ideas with hands-on activities to promote quality care for both children with special needs and their typically developing peers

STRATEGIES FOR HELPING CHILDREN WITH DELAYS!
The workshop focuses on providing information that will assist childcare providers in screening children with special needs. The training will provide ways to organize their child care settings as well as teaching strategies. Emphasis will be on disabilities such as Autism, Down Syndrome, Asperger's, Mental Retardation and Fetal Alcohol Syndrome. The topic also profiles children with Attention Deficit Disorder (ADHD/ADD) and provides behavioral strategies for them.

SUBSTANCE ABUSE AND ALCOHOL EXPOSURE!
The workshop focuses on screening children who have been exposed to drugs and/or alcohol either prenatal or postnatal. We will be discussing the prevailing symptoms and signs associated with these children, specifically Fetal Alcohol Syndrome. The training will provide ways to organize their child care settings as well as teaching strategies.

I CAN DO IT; SPECIAL FINE MOTOR TOOLS THAT CAN HELP ME BE INDEPENDENT
This two-hour training will provide practical information about tools that may enhance the activities that require fine motor skills. In this training, activities of typical development such as feeding/eating, dressing and handwriting will be reviewed. Some of the factors that affect children's positive participation in these activities will be discussed. During this interactive training, you will be introduced to a variety of ways to adapt or create tools that may enhance the child participation in activities of daily living.

GERMS: WHO THEY ARE, HOW THEY MOVE AROUND, AND WHAT YOU MUST DO TO STOP THEM.
This presentation is a must for new child care providers. It includes basic information about germs; proper hand washing technique, cleaning and disinfecting of the child care environment, and the use of standard (universal) precautions. We discuss some general signs and symptoms of illness, and how to decide whether to keep an ill child in your care or to send him home. In conclusion, we look at ways in which children with special needs are particularly vulnerable to infections and communicable diseases.

MORE FUN FOR YOUR BUCK
This workshop will offer practical information and hands-on activities to produce samples of toys to be played with by both typically developing and special needs children.

PLAY WORLD: THE PLACE WHERE ALL CHILDREN LIVE
This workshop will provide general knowledge about children's play: why play is important, how play and development is related, how to support and expand children's play, how to include children with special needs at play and how to maintain safe play environment. This workshop will also offer practical ideas with hands-on activities both for children with special needs and multi-aged groups.

BUILDING THE BRIDGE: CREATING A CONNECTION BETWEEN PARENTS AND PROVIDERS
This workshop is geared toward providing providers/professionals with skills to communicate with parents about their child in a clear, sensitive manner and to establish and maintain an on going relationship. The topic also profiles the parent's grief process and suggests ways a provider can recognize and deal with this in an effective manner.

UNDERSTANDING BEHAVIOR
This workshop is intended to improve knowledge about why behavior occurs and how it is maintained. This workshop will describe the basic concepts (from a behavioral approach) about behaviors observed in typically and non-typically developing children. Participants will receive strategies about promoting a positive behavior environment in their day care facilities.

LEARNING ABOUT LEARNING DISABILITIES
This workshop will provide general knowledge and understanding about learning disabilities and causes. This presentation will provide you with useful tips on how to turn a child's learning disability into an ability.

I CAN MOVE
This workshop will provide an overview on assistive technology for gross motor activities. We will define assistive technology, discuss the basic principles for assistive technology application, and review the benefits. The workshop will cover various types of assistive technology and identify ways in which assistive technology can impact a child's growth and development.

LET'S GET TALKING
This presentation will provide a brief introduction to normal communication development and communication disorders in children birth through 8 years of age. The discussion will focus on describing the different areas of communication (speech and language) development, and the different disorders that may affect communication. The presentation will also include discussions on the signs and symptoms of communication disorders, and provide ideas for different activities to stimulate speech and language development. The presentation will also provide information on what to do if you have a child in your care that has communication disorders.

TUMMY TROUBLES: DISORDERS OF THE DIGESTIVE SYSTEM
Many children with special needs have genetic or acquired disorders that affect their nutritional state. This presentation reviews general nutrition, explains how digestion occurs, and explores a variety of treatments and surgeries involving the gastrointestinal tract.

CHILD ABUSE: THE SILENT KILLER
The workshop identifies the four types of child abuse as well as the signs and symptoms. Issues that will be discussed are: identifying the differences between normal bruises and abuse; documentation of the abuse; and, the guidelines for reporting the abuse to the proper authorities. The training will also provide strategies to "deliver the message" effectively to the parent. We are looking forward to seeing you!

WHAT IS SNAP, AND HOW CAN IT HELP PROMOTE INCLUSIVE CHILD CARE?
This workshop is designed to provide an overview of the goals and objectives of the Special Needs Advisory Project (SNAP). It will provide further explanation of how SNAP offers assistance and technical support to child care providers to promote inclusion of children with special needs in their day care settings. In addition, participants will receive a brief description of the Resource and Referral system in the Los Angeles County.

CHILD CARE SUBSIDY PROGRAMS AND SPECIAL NEEDS REIMBURSEMENT: THE IEP
Is the child you are working with eligible for the special needs rate? This workshop will cover what you need to know regarding the process and requirements of the special needs rate.

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Feeding the Brain: Making a Difference in a Baby's Brain Development

This workshop will provide general knowledge about how interactive relationships promote brain development: how the social and physical environment is crucial in shaping the foundation of early brain development and the impact that early care has on future learning and emotional well being.

- Learn how to interact with children to better promote brain development
- Learn how the social and physical environments shape the development of children's brains.
- Discover how early care impacts children's future learning and emotional well-being.

"Oh, I can see CHANGE in that child!"

The workshop provides information and ideas about Portfolio Assessment and its use in child care settings. Early care providers will learn how to track child developmental progress and change. This workshop also offers practical strategies of how to observe and document children's behavior.

Attention!

Attendees are requested to bring one sample of a child's works such as a drawing/painting or writing/scribbling sample. It doesn't have to be well done nor nice-looking. It will be used to discuss how to appreciate children's art and what early care providers can learn from children's work samples.

- Portfolio is a record of the child's process of learning: what the child has learned and how she has gone about learning.
- Portfolio shows evidence of how the child thinks, questions, understands; and how she interacts—intellectually, emotionally and socially-with others.
- One of the fundamental ways to know the child is to observe and document children's behavior
- How to understand your little Picasso's art? What do young children's drawings or scribbles tell us?

Enhancing Fine Motor Skills through Daily Routine

We will review the importance and development of fine motor skills in the child care daily routines. Audience members will be introduced to ideas on how to incorporate activities that can enhance fine motor skills throughout the child care environment. In addition, participants will review the role of a child care provider during fine motor skill development.

- Participants will learn how to prepare children in the child care facility to participate in fine motor or arts and crafts activities.
- Participants will learn the role that a child care provider plays while participating in fine motor skills activities.
- Participants will learn the role that children play during fine motor skill development activities.

Write It Down: Documenting Health and Safety in an Inclusive Environment

This workshop encourages the professional development of providers in areas related to health care and record keeping. We will be discussing:

- Best practices and how to achieve them
- Developing policies and documentation forms
- Initiating daily health checks
- Use of health care plans for special needs
- Health curriculum related to asthma

Social-Emotional Growth: A Journey throughout Life

The purpose of this presentation is to offer early care providers an understanding of the importance of social-emotional development of children with an emphasis on the early years. This presentation also includes strategies that address observation skills and activities to support early care providers in positive interactions with their children.

- Finding out how a child is impacted throughout life by the quality of early social-emotional relationships.
- Looking at the elements of healthy social-emotional development.
- Developing observation as a tool to identify the link between social- emotional development and behaviors.
- Connecting social-emotional development to observation and how it affects the quality of child-care.

Activities That Enhance Integration of Senses:

During this workshop, audience members will review the function of the sensory system. We will also discuss how the dysfunction of the sensory system affects the child's daily routine. Participants will learn sensory strategies and how to modify the environment to increase positive interactions in children. Finally, audience members will be introduced to a variety of sensory-motor activities to enhance the child's attention span, participation and socialization skills.

- Learn what the sensory system is and how it functions
- Learn how the sensory system can affect the child's daily routine
- Learn sensory-motor strategies and activities that enhance the child's attention span, participation and socialization skills.

Homework Club 101

The workshop focuses on the different learning modalities for children. The exercises in the workshop focus on identifying how children integrate and retain information. There are suggestions on how to modify material so that all students can be included in the activities regardless of the challenges they may encounter in their environment.

- Participants will have a better understanding about the different modalities of learning.
- Participants will be introduced to a variety of activities that build social relationships and increasing self-esteem.
- Participants will learn activities to increase sensory, perception and motor skills.

'Let's Get Talkin' – In the Classroom

This presentation discusses some basic guidelines to follow when attempting to stimulate speech and language skills in the classroom/daycare environment. The presentation also focuses on some basic principals of **how** to communicate with children. The presentation initially discusses how to observe children to determine a child's level of communication development which is a critical component of how to stimulate communication. It then focuses on how to incorporate speech and language stimulation into daily life tasks and classroom activities.

- Learn how to stimulate speech and language skills in the classroom/child care environment.
- Learn the basic principles of how to communicate with children.
- Learn strategies on how to incorporate speech and language stimulation into daily life tasks and classroom/child care activities.