

# **State of Florida**

# **Inclusive Child Care**

# **Strategic Plan**



**Revised Edition**  
**2003**

# Florida Inclusive Child Care Strategic Plan

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# FLORIDA INCLUSIVE CHILD CARE PROJECT

## EXECUTIVE REPORT

### ORIGINAL MISSION AND INTENT OF THIS PROJECT

The intent of the Florida Developmental Disabilities Council is to develop a five-year *Strategic Plan* that will result in the expansion of quality, affordable and accessible child care services in community-based settings for a wide range of children with disabilities, and would include infants and toddlers, preschoolers and school-aged children. Community-based settings would include child care programs, after-school care programs and early childhood programs.

### INCLUSION FOR FLORIDA'S FAMILIES.....

For most families throughout the nation, accessing and affording quality child care is a significant issue and one that dramatically influences the economics and quality of life for all family members. For the youngest of children in child care, the lack of quality and affordable child care means that they are missing the critical, early experiences and environments necessary to develop physically, intellectually and socially.

For families of children with disabilities, these challenges are even greater since the needs of their child often place an additional barriers (perceived and real) to accessing necessary, quality and appropriate services. Facilities and personnel are often lacking in their abilities to respond to the needs of these children. These disparities range from physical setting barriers, inappropriate equipment or materials, and the lack of training and information available to providers to facilitate safe, quality and competent care and learning experiences. Often these barriers are simply due to a lack of information or awareness; other times, they are caused by financial shortages or limited resources. Still other barriers exist that are caused by attitudes and misconceptions and require tremendous attention and information to overcome.

Inclusion, in its most true sense, means that families identify what programs, services and resources within their community they would normally and naturally use. This includes child care programs, early childhood programs, and before/after school care services. Inclusion also extends into community programs such as nursery schools, Head Start centers, swim programs at the local YMCA, summer camps sponsored by local communities, and so forth.

Inclusion includes the child's ability to participate in a variety of activities naturally available to the community such as Brownies, Cub Scouts, Girl and Boy Scouts and 4-H Clubs. These activities offer an age-appropriate alternative to organized child care at certain points of each week, or seasonally, that meet the family's need for care but is differently configured than traditional child care.

There are four (4) Objectives to this Project:

1. To develop a long range strategic plan for building inclusive child care, early childhood and before/after school programs in Florida for children with disabilities.
2. To identify an implementation or tactical plan which presents how the strategies and actions identified would occur and the party(ies) responsible.
3. To build commitment among the involved parties to build inclusive child care, early childhood, and before/after school programs.
4. To build consensus as to the roles of each of the involved parties should play in building inclusion.

### PROJECT STATUS REPORT

A diverse Work Group, composed of parents, agency administrations and community program representatives representing key stakeholders throughout Florida, has met and developed a comprehensive *Strategic Plan* reflecting a series of initiatives designed to improve the accessibility, availability and affordable of quality child care throughout the state. In developing this *Strategic Plan*, six individual groups were formed to examine data, study issues and challenges, and develop thoughtful strategies to resolve these barriers for providers and families alike.

#### GROUP A

Materials/Equipment  
Quality  
Replication Model Options

#### GROUP B

Credential/Certification  
Personnel/Capacity

#### GROUP C

Legislative Supports  
Policy  
Public Relations/Awareness

#### GROUP D

Affordability  
Financing

#### GROUP E

Technical Assistance  
Training

#### GROUP F

Accessibility/ Availability  
Liability Insurance

A number of information sources were used by the Work Group in defining and developing the *Strategic Plan*, including:

- Review of existing issues identified through various task forces, study groups, commissions, etc. conducted over the past five years in Florida;
- Review of national issues and challenges related to child care in general;
- Discussion of Florida-specific child care issues specific to serving children with disabilities and special health care needs, ages birth to 21; and
- Data obtained from the Departments of Education, Health, Labor and the Florida Children's Forum illustrating the current and projected needs for inclusive child care.

Work Group members also heard from family members and providers at the local community level through a series of 16 Forums, conducted specifically to listen to individual concerns throughout in various locations throughout Florida. Some key trends from these Forums are:

- Child care for families of children with disabilities is very difficult to find and keep. This situation is particularly challenging for families with children with significant disabilities or complex medical conditions, as well as for families of children who are age 12 and over.
- The lack of child care due to their child's disability forces families into poverty and unemployment. Seventy-five percent (75%) of the families attending the Forums were unable to work due to the lack of child care; 21% were working in jobs that were part-time, seasonal or well below their training and ability. All of these families want to work.
- Child care providers and community agencies are unaware of the number of children with disabilities within their communities -- and, consequently, of the child care and other community service needs that these families and children have. Families reported that the lack of inclusive services, or difficult accessing these due to transportation, means that they are isolated. This situation worsens as the child gets older, or if the child's disability is significant or if the child requires special equipment.
- Child care providers want more training in the area of disabilities. They want to be an active member of the child's Family Support Plan (FSP) or Individualized Education Plan (IEP) team. Providers would welcome specialty consultants to their programs and are anxious to make appropriate modifications, curriculum adaptations, etc. for individual children in their care.

## KEY RECOMMENDATIONS CONTAINED IN THE STRATEGIC PLAN

The Work Group has identified a series of outcomes that are designed, over the next five years, to increase the quality of child care in general through training and on-site supports for providers as well as to specifically improve the access to these services to children with disabilities. These key areas and contents are best summarized as follows:

1. Awareness - to be certain that all key stakeholders -- those who are, should or could be involved in the development, delivery and improvement of inclusive child care and community services to Florida's families and children and young adults, ages birth - 21.

This includes:

- Policy Makers (state and local level)
- General public, including business community, church/synagogues, senior citizens
- Community service providers
- Public and private schools
- Child care providers - centers, family child care homes, public and private, for profit and not for profit
- Disability providers and advocates
- Families - what is/should be available
- Non-traditional hours of care needed

2. Quality: Identification, development and maintenance of a degree of excellence in care for all children in child care settings, to include those children with disabilities., through:

- Training
- Credentialing, including appropriate ratios
- Accreditation
- Technical assistance
- Availability of appropriate supports: (materials, equipment and supplies) emphasizing establishment of lending libraries throughout local communities.
- Related services - available and provided in community settings
- Universal screening for all children
- Adopting and implementing quality models of care and community programs

3. Collaboration/Accountability: Whole communities, including families, private industries, the religious community and local organizations need to own the need for services to children with disabilities and participate in solving local problems together.

Partnerships need to be emphasized between regular and special education, coordination efforts through local coordinating councils, public and private initiatives.

4. Funding: Includes funding that is composed of diverse, varied and flexible resources available at the federal, state and local area to support:

- Special needs rate
- Support and consultation services
- Liability insurance

## FOLLOW-UP RECOMMENDATIONS AND FINDINGS

The Work Group has agreed that:

- Significant issues for after-school, summer, and holiday care extend to include all children, not just those with disabilities, ages 6-11. There are few services available for the general population of children, many of which are inaccessible due to transportation, cost or capacity issues.
- For children and young adults ages 12-17, supervised after-school activities, work preparation and life skill development (formal and informal) opportunities are woefully inadequate throughout Florida for typically-developing youth; and essentially inaccessible for children with disabilities statewide.
- For young adults, ages 18-21, with disabilities, there exist few opportunities and supports for community-based, inclusive day activities and services that include an employment component as well as life skills and socialization opportunities. While the typically-developing population of young people is involved in the world of work or education beyond high school, these same opportunities are not available for many individuals with disabilities.
- Significant life-span issues exist in Florida for families with individuals with disabilities, particularly after age 21.
- Families, particularly women, are isolated from their community in large part due to their child's disability and the consequences -- poverty, extended care needs, divorce, and stress.

These issues, while outside of the scope of work assigned to the Inclusive Child Care Work Group, are of considerable concern and negatively impact the lives of families in Florida on a daily basis. These issues are referred back to the Florida Developmental Disabilities Council for serious consideration for future initiatives.

For more information about the Inclusive Child Care Project, contact:

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# FLORIDA INCLUSIVE CHILD CARE PROJECT

## EXECUTIVE SUMMARY

### ORIGINAL MISSION AND INTENT OF THIS PROJECT

The intent of this initiative is for the key players in child care, disability and other related areas to develop a five-year *Strategic Plan* that will result in the expansion of quality, affordable and accessible child care services in community-based settings for a wide range of children with disabilities, and would include infants and toddlers, preschoolers and school-aged children. Community-based settings would include child care programs, after-school care programs and early childhood programs.

There are four (4) Objectives to this Project:

1. To develop a long range strategic plan for building inclusive child care, early childhood and before/after school programs in Florida for children with disabilities.
2. To identify an implementation or tactical plan which presents how the strategies and actions identified would occur and the party(ies) responsible.
3. To build commitment among the involved parties to build inclusive child care, early childhood, and before/after school programs.
4. To build consensus as to the roles of each of the involved parties should play in building inclusion.

### KEY RECOMMENDATIONS CONTAINED IN THE STRATEGIC PLAN

The Work Group, comprised of local and state level representatives in key disability, child care and other areas which this issue should touch, has identified a series of outcomes that are designed, over the next five years, to increase the quality of child care in general through training and on-site supports for providers as well as to specifically improve the access to these services to children with disabilities. These key areas and contents are best summarized as follows:

1. Awareness - to be certain that all key stakeholders -- those who are, should or could be involved in the development, delivery and improvement of inclusive child care and community services to Florida's families and children and young adults, ages birth - 21.
  - Policy Makers (state and local level)
  - General public, including business community, church/synagogues, senior citizens
  - Community service providers
  - Public and private schools
  - Child care providers - centers, family child care homes, public and private, for profit and not for profit
  - Disability providers and advocates
  - Families - what is/should be available
  - Non-traditional hours of care needed

2. Quality: Identification, development and maintenance of a degree of excellence in care for all children in child care settings, to include those children with disabilities, through:

- Training
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- Related services - available and provided in community settings
- Universal screening for all children
- Adopting and implementing quality models of care and community programs

3. Collaboration/Accountability: Whole communities, including families, private industries, the religious community and local organizations need to own the need for services to children with disabilities and participate in solving local problems together.

Partnerships need to be emphasized between regular and special education, coordination efforts through local coordinating councils, public and private initiatives.

4. Funding: Includes funding that is composed of diverse, varied and flexible resources available at the federal, state and local area to support:

- Special needs rate
- Support and consultation services
- Liability insurance

5. Florida's Inclusion Advisory Council will be the advisory committee for implementing the strategic plan.

# ORIGINAL MISSION AND INTENT OF THIS PROJECT

The intent of the Inclusive Child care Project is to develop a five-year *Strategic Plan* that will result in the expansion of quality, affordable and accessible child care services in community based settings for a wide range of children with disabilities and special health care needs. It would include

Infants and toddlers, preschoolers and school-aged children.

Community-based settings would include child care programs, after-school care programs and early childhood programs.

The Objectives identified for this project are:

1. To develop a long range strategic plan for building inclusive child care, early childhood and before/after school programs in Florida for children with disabilities and special health care needs.
2. To identify an implementation or tactical plan which presents how the strategies and actions identified would occur and the party(ies) responsible.
3. To build commitment among the involved parties to build inclusive child care, early child, and before/after school programs.
4. To build consensus as to the roles of each of the involved parties should play in building inclusion.

<b>TOPICAL AREA:</b> Accessibility and Availability (Group F)		<b>OUTCOME #1</b>
<b>OUTCOME STATEMENT:</b> Families and providers will know of the advantages of including children and young adults with disabilities and special health care needs in community programs and services including child care programs, and are aware that there is a need for inclusive child care services for these children.		
<b>CURRENT STATUS/PROBLEM STATEMENT:</b> Information from providers during the Inclusive Child Care Forums indicated they were generally unaware of the specific needs within their communities for child care and other community services for families and children and young adults with disabilities or special health care needs. Families do not know their options.	<b>EVALUATION CRITERIA:</b> 1. Base line data, surveys, forums, FL Department of Education (DOE), FL Department of Health (DOH), provider forums, Child Care Resource & Referral Agencies, FL Department of Children and Families (DCF) 2. Pre and post test (surveys) 3. Increased use of services with an inclusive environment.	
<b>STRATEGIES AND ACTIVITIES</b>		<b>TIMELINE:</b> Year/Quarter
A. Identify and implement a mechanism to determine child care provider needs, concerns, and supports (additional staff, finances, training, building modifications). 1. Obtain Consultant, continuation forms, recommend at least 2 times a year.	Ongoing	
B. Develop technical supports for providers so they feel comfortable providing care to children and young adults with disabilities and special health care needs. (Department of Health (DOH), Department of Children and Families (DCF), Department of Education (DOE), FL Children's Forum (FCF), etc.).	Ongoing	
C. Enhance existing child care provider training with child care providers who have experience serving families and children and young adults with disabilities or special health care needs.	Ongoing	

STRATEGIES AND ACTIVITIES Outcome 1 - continued	TIMELINE: Year/Quarter		
<p>D. Develop a well organized media campaign to include: 1) who/where to refer for Americans with Disabilities Act (ADA) issues, e.g. refer to Central Directory 800 number and 2) the benefits of working together to include children and young adults with disabilities and special health care needs in community programs.</p> <ol style="list-style-type: none"> <li>1. Identify who to reach in the community with the campaign (e.g. parents of children and young adults with disabilities and special health care needs plus families of typically developing children, providers serving children and young adults with disabilities and special health care needs as well as providers not serving these individuals, business partners, religious organizations, and civic groups).</li> <li>2. Link with local activities e.g. speakers, parents/provider teams, to provide accurate information about best practices.</li> <li>3. Educate providers to the advantages of serving children and young adults with disabilities and special health care needs in their programs and services.</li> </ol>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>		
<p>POTENTIAL RESOURCES:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Child Care Resource and Referral Agencies  Child Care Training Coordinators  Early Childhood Association (ECA)  FL Association of Child Care Management(FACCM)  Internet</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Child Care Providers with experience  FL Family Child Care Home Association (FFCCHA)  Community Coordinator Care Agencies  WAGES Coalitions</p> </td> </tr> </table>		<p>Child Care Resource and Referral Agencies  Child Care Training Coordinators  Early Childhood Association (ECA)  FL Association of Child Care Management(FACCM)  Internet</p>	<p>Child Care Providers with experience  FL Family Child Care Home Association (FFCCHA)  Community Coordinator Care Agencies  WAGES Coalitions</p>
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<p>FACILITATOR:</p> <p>Child Care Resource and Referral Agencies  FL Children's Forum, Central Directory (FCF, CD)  Local school systems</p>			

TOPICAL AREA: Awareness and Public Relations (Group C)		OUTCOME #2
OUTCOME STATEMENT: To increase the awareness of the need, benefits, and requirements of inclusive settings for children.		
<p>CURRENT STATUS/PROBLEM STATEMENT:  There is a lack of understanding on the part of the general public, policy makers, and key stakeholders, including principals, directors, teachers, and parents regarding inclusion. Child care centers/licensed family child care homes are apprehensive and fearful about serving children with disabilities. This contributes to the lack of compliance regarding the Americans with Disabilities Act (ADA) and its impact on child care.</p>	<p>EVALUATION CRITERIA:  To determine the number of child care centers currently providing inclusive care and compared to the number after implementation of the 5 year plan. Have Child Care Resource and Referrals track reports of non-compliance/complaints. (Need results of "market rate survey"). More families will request care; more providers will request training.</p>	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Create a message to be distributed to the general public that is concise which encourages families to seek and providers to offer quality, licensed child care for all children. Two perspectives: Parent, Provider.</p> <ol style="list-style-type: none"> <li>1. Identify and secure funding to develop statewide public awareness campaign materials for dissemination to families and the general public with information on child care for children and young adults with disabilities and special health care needs.</li> <li>2. A marketing and public relationships firm will be hired to develop a media awareness campaign using many avenues such as newspapers, public service announcements (PSAs), radio, etc.</li> <li>3. Develop an easy to read facts sheet and brochure to include a letter to the media, providers, professionals and key constituency groups that supports an <u>all</u> child care system. <ol style="list-style-type: none"> <li>a. Identify how inclusive child care will help the community.</li> <li>b. Develop various methods to inform providers, in a non-threatening way, to provide the least restrictive and most inclusive environment.</li> </ol> </li> </ol>	<p>2.1</p> <p>2.2</p> <p>2.3</p>	



Outcome 2 - continued

POTENTIAL RESOURCES:

Department of Children and Families (DCF)	National Association for the Education of Young Children (NAEYC)
National Association for Family Child Care (NAFCC)	National Association of Child Development Education (NACDE)
Children's Medical Services (CMS)	Department of Education (DOE)
Corporate Partners	United Cerebral Palsy (UCP)
Association for Retarded Citizens (ARC)	Easter Seals
Department of Children and Families (DCF)	United Way
State Coordinating Council for Early Childhood	Advocacy Groups Services (SCCECS)
FL Interagency Coordinating Council on Infants and Toddlers (FICCIT)	

FACILITATOR:

FL Developmental Disabilities Council (FDDC)  
State Coordinating Council for Early Childhood Services (SCCECS)  
FL Interagency Coordinating Council on Infants and Toddlers (FICCIT)

TOPICAL AREA: Public Awareness/ Legislation (Group C)		OUTCOME #3
OUTCOME STATEMENT: Increase the quality and availability of inclusive "before and after" school/child care for all children with community supports that will enable all children to participate in programs based upon family choice.		
CURRENT STATUS/PROBLEM STATEMENT: Currently, there are few programs that are inclusive and there are few supports for families, providers and children at the community level.	EVALUATION CRITERIA: Increased availability and awareness of inclusive programs and informal supports for families.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<ul style="list-style-type: none"> <li>A. Investigate the legality of providing before/after school care (selective, non-inclusive) on public school property (Americans with Disabilities Act (ADA)).</li> <li>B. Enhance family choice regarding site selection, services and accessibility in all community based services through education, training and public awareness.</li> <li>C. School Improvement Teams (SITs) goal integration focusing on-site based management will be staffed with elected representatives from Exceptional Student Education (ESE). Parent handbooks will be developed and distributed to ensure that families have accurate information on inclusion.</li> <li>D. Expand the Gold Seal recognition for before and after school programs serving children five (5) through eighteen (18) years of age based upon national or state promulgated standards.</li> </ul>		<p>1.2</p> <p>Ongoing</p> <p>2.1</p> <p>Complete/Ongoing</p>
POTENTIAL RESOURCES: Municipal Governments Florida School-aged Association Boys and Girls, Inc. Parks and Recreation Facilities  Schools National School-Age Child Care Alliance (NSACCA) YMCA/YWCA		
FACILITATOR:		

TOPICAL AREA: Accessibility and Availability (Group F)		OUTCOME #4
OUTCOME STATEMENT: Providers and families work together to ensure that inclusive, quality, licensed child care in community settings for ALL children is obtainable to families.		
CURRENT STATUS/PROBLEM STATEMENT: Families of children and young adults with disabilities and special health care needs have significantly fewer child care options than other families.	EVALUATION CRITERIA: There will be more community settings that are quality, accessible, affordable, and developmentally appropriate to include ALL children, including those with disabilities and special health care needs.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
A. Identify current providers and disseminate information packet, e.g. specific information, 1-800 #. (Child Care Resource and Referral Network will provide list).		Ongoing
B. Provide parents with information on credentialing/certification so they can make an informed choice in the selection of a provider.		Ongoing
C. Families and providers will become aware of the advantages of including children and young adults with disabilities and special health care needs in community programs and services. (Media campaign, continue forums, parent/provider teams).		Ongoing
D. Create use of informal supports, e.g. neighbors, wherever older typically developing children go and facilitate the inclusion of children and young adults with disabilities and special health care needs ( Part H/C consultation model, local school systems).		Ongoing
E. List of child care providers - with specific trainings.		Ongoing
1. Annual provider survey including disabilities will be designed jointly with FL Developmental Disabilities Council (FDDC). FL Children's Forum (FCF) will possibly distribute.		
a. Done every three years by the Florida Children's Forum/Central Directory		
2. Child Care Resource & Referral Network has the responsibility to update the Child Care Provider database minimally every six months.		

STRATEGIES AND ACTIVITIES Outcome 4 - continued	TIMELINE: Year/Quarter		
<p>F. To provide a variety of training, mentoring opportunities to providers to enable them to serve children and young adults with disabilities and special health care needs.</p> <ol style="list-style-type: none"> <li>1. Mentoring.               <ol style="list-style-type: none"> <li>a. Parks &amp; Recreation Grant Summer Camps Peer Mentoring</li> </ol> </li> <li>2. Workshops will address the issue of supports such as Part H/C consultative model, etc.               <ol style="list-style-type: none"> <li>a. Infant &amp; Toddler certification through Department of Health/Children's Medical Services</li> <li>b. Child Care Resource and Referral/Inclusion Coordinators</li> </ol> </li> <li>3. School district funding for Full Time Equivalents (FTE) to relieve teachers for consultation meetings.</li> <li>4. Early Intervention Program will address Part H/C consultative model; Model of Interdisciplinary Training for Children with Handicaps (MITCH) Modules/ Department of Education (DOE).               <ol style="list-style-type: none"> <li>a. Department of Health - Interdisciplinary Training</li> <li>b. Department of Education - Grow to Five Modules</li> </ol> </li> </ol>	<p>Complete/Ongoing</p> <p>Complete</p> <p>Complete/Ongoing</p> <p>Ongoing</p> <p>Complete/Ongoing</p>		
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<p>FACILITATOR:</p> <p>FL Central Directory (FCD)            Child Care Resource and Referral Agencies            Local School systems</p>			

TOPICAL AREA: Legislation (Group C)		OUTCOME #5
OUTCOME STATEMENT: Legislation and public policy will support quality child care and inclusion.		
CURRENT STATUS/PROBLEM STATEMENT: There is limited understanding and confusion about rights under the Americans with Disabilities Act (ADA), Part H/C, Part B, Developmental Services, and other legislatively authorized programs. Current problems do not provide a comprehensive continuum of services for children with special needs and their families.	EVALUATION CRITERIA: Changes in legislation, public policies rules or regulations that create quality child care, inclusion and a more comprehensive continuum of services to children with special needs and their families.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Create a constituency base for legislative and policy change.</p> <ol style="list-style-type: none"> <li>1. Identify all parent groups through Exceptional Student Education (ESE) and FL Diagnostic and Learning Resources System (FLDRS).</li> <li>2. Identify all other parent groups - Gifted, Parent/Teacher Association (PTA), Advisory Groups, School Improvement Teams (SITs).</li> <li>3. Identify OB/GYN, Healthy Start, pediatricians, homebound services, FL Developmental Disabilities Council (FDDC) resources list, United Way, United Cerebral Palsy (UCP), School Boards, etc.</li> <li>4. Create or acquire a data base of constituents.</li> <li>5. Identify within our workgroup any effective lobbyists or legislative contacts.</li> <li>6. Contact women's organizations, FL Association of Women Lawyers, League of Women Voters, etc.</li> </ol> <p>B. Provide an exemption from the maximum period of WAGES benefits for family members who are unable to work due to the lack of appropriate child care or the absence of other services to meet the daily needs of the child.</p> <p>C. Create a state, unbiased conflict resolution board with statutory authority that would receive grievances from providers and families on issues of accessibility, accommodations, and inclusion (that is not based on resource and referral).</p> <ol style="list-style-type: none"> <li>1. Create a process or system for parents to report non-inclusive practice ("where are you being turned down?"). This process must be accessible in multiple languages and for the use of communication devices.</li> <li>2. Require that a toll-free telephone number be posted in all child care facilities.</li> <li>3. Look at other states (e.g.: California Child Care Law Center) to see how they work and replicate this in Florida.</li> <li>4. Develop statutory authority, consequences and enforcement procedures for non-compliance.</li> </ol>		<p>Ongoing</p> <p>1.3</p> <p>3.1</p> <p>2.4</p> <p>2.4</p> <p>2.3</p> <p>2.3</p>

STRATEGIES AND ACTIVITIES Outcome 5 - continued	TIMELINE: Year/Quarter		
<p>D. Increase state reimbursement funding for Gold Seal program.  1. Annually with legislative approval</p> <p>E. Revise state regulations/definitions.  1. Change current definition of child care to include care that can exceed twenty-four (24) hour care.  2. Chronological and developmental age of the child considered on an individual basis to assure the child is placed in the most appropriate setting.  3. Develop state guidelines for before and after school care for children eight (8) through eighteen (18) years of age.</p> <p>F. Lobby legislature to increase qualifications and limit group size:  1. All child providers serving children out of the child's home must have a Child Development Associate (CDA), equivalency or greater credential.  2. Maintain the same adult/child group size limits in day, evening, and weekend care.</p> <p>G. Improve wages for quality care givers  1. Increase subsidy by state.  2. Increase earned income tax credit.  3. Increase private sector and employer incentives for provision of child care services or benefits.</p> <p>H. All child care facilities/licensed family child care homes need to be inspected (suggest varying degrees of certification).</p> <p>I. Inform city and local governments about source of funding for summer programs.</p>	<p><b>Complete</b></p> <p>2.1</p> <p>2.1</p> <p><b>Ongoing</b></p> <p><b>Ongoing</b></p> <p>1.2</p>		
<p>POTENTIAL RESOURCES:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> FL Developmental Disabilities Council (FDDC)  Department of Health and Human Services  Children's Medical Services (CMS)  Association for Retarded Citizens (ARCs)  Easter Seals </td> <td style="width: 50%; vertical-align: top;"> United Way  Department of Children and Families (DCF)  United Cerebral Palsy Centers (UCPs)  FL Association of Rehabilitation Facilities (FLARF) </td> </tr> </table>		FL Developmental Disabilities Council (FDDC) Department of Health and Human Services Children's Medical Services (CMS) Association for Retarded Citizens (ARCs) Easter Seals	United Way Department of Children and Families (DCF) United Cerebral Palsy Centers (UCPs) FL Association of Rehabilitation Facilities (FLARF)
FL Developmental Disabilities Council (FDDC) Department of Health and Human Services Children's Medical Services (CMS) Association for Retarded Citizens (ARCs) Easter Seals	United Way Department of Children and Families (DCF) United Cerebral Palsy Centers (UCPs) FL Association of Rehabilitation Facilities (FLARF)		
<p>FACILITATOR:</p> Department of Children and Families (DCF) FL Developmental Disabilities Council (FDDC) FL Interagency Coordinating Council on Infants and Toddlers (FICCIT) State Coordinating Council for Early Childhood Services (SCCECS)			

TOPICAL AREA: Affordability; Financing - (Group D)		OUTCOME #6
<p>OUTCOME STATEMENT: The legislature will appropriate funds to child care providers for effectively serving children with disabilities and special health care needs. These funds will be used to upgrade and maintain facilities, equipment, and personnel in order to meet enhanced quality standards, such as the National Association for the Education of Young Children (NAEYC) or the Certificate of Accreditation for Rehabilitation Facilities (CARF) to community developed and state approved standards that meet or exceed national accreditation standards required to serve children and young adults with disabilities and special health care needs.</p>		
<p>CURRENT STATUS/PROBLEM STATEMENT: The legislature is unaware that many children with disabilities and special health care needs are excluded from child care, and that part of the reason for this exclusion is the lack of resources needed to ensure inclusion by providers.</p>	<p>EVALUATION CRITERIA: The legislature has established a startup and on-going collaborative funding source for each community in the state that will ensure local resource development and quality improvement activities to support inclusive child care. Outcome measures: Year One: Legislatures will be educated on the needs of possible solutions Year Two: The Legislature will continue the inclusion pilots and allocate funds for two more communities. Year Three: The Legislation will allocate funding for ten (10) communities Year Four: The Legislature will allocate funding for thirty (30) communities. Year Five: The Legislature will allocate funding for all communities in the state.</p>	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Determine number of children with disabilities and special health care needs that need to be served in inclusive child care settings.</p> <ol style="list-style-type: none"> <li>1. Establish a short-term methodology to obtain statewide data of children served including waiting list information and detail. <ol style="list-style-type: none"> <li>a. Develop a survey for child care providers to determine the number of children and young adults being served in inclusive child care settings (FL Children's Forum). <ol style="list-style-type: none"> <li>1. Field test through FL Association of Child Care Management (FACCM), FL Family Child Care Home Association (FLFCCH).</li> <li>2. Distribute to all child care providers.</li> <li>3. Completed surveys submitted by providers.</li> <li>4. Compile data.</li> </ol> </li> </ol> </li> </ol>		Complete

STRATEGIES AND ACTIVITIES Outcome 6 - continued	TIMELINE: Year/Quarter
<ul style="list-style-type: none"> <li>b. Family Network on Disabilities (FND) will develop a survey for families to include in newsletters to identify number of families with children and young adults waiting for child care services, the types of special needs the children have (use same definition as with providers).               <ul style="list-style-type: none"> <li>1. (9/30/98) Provide survey to Early Intervention Programs (EIPs) to distribute for 0-2 children. <b>Complete</b></li> <li>2. (10/98) Distribute survey (through October newsletter). <b>Complete</b></li> <li>3. Florida Children's Forum/Central Directory compiled data. <b>Complete</b></li> </ul> </li> <li>2. Establish a long-term methodology to continue to collect information to serve as evaluation against baseline data; documentation of need, assurance of statewide equity is accessibility and distribution of resources.               <ul style="list-style-type: none"> <li>a. Continue to incorporate questions regarding children with disabilities and special health care needs in the annual "needs assessment" or comparable survey conducted by FL Children's Forum <b>Ongoing</b></li> <li>b. Family Network on Disabilities (FND), Part H/C, subsidized child care, FL Department of Education (DOE) will determine methodology to collect more comprehensive information on the children with disabilities and special health care needs waiting for or needing child care. 1.2</li> <li>c. Coordinate with Child Care Resource &amp; Referral</li> <li>d. Every three (3) years, a more detailed follow-up survey of the providers who are serving children and young adults with disabilities and special health care needs will be conducted to capture profile data. <b>Ongoing Complete/Ongoing</b></li> </ul> </li> <li>B. Identify existing resources in communities that would assist with start-up costs for a child care to begin serving children and young adults with disabilities and special health care needs. 2.1               <ul style="list-style-type: none"> <li>1. Develop within the disability community, disability programs and a desire and ability to share/collaborate with child care community (i.e. making their resources available to child care centers/licensed family child care homes).                   <ul style="list-style-type: none"> <li>a. Interagency Coordination Council (ICC) will invite providers of services for children and young adults with disabilities and special health care needs to the ICC. December 31, 1998</li> <li>b. Require the Part H/C "community plan" include how the community will collaborate with the child care community. <b>Ongoing</b></li> <li>c. FL Department of Education (DOE) to require that collaboration grants for FY 1999-2000 for all communities must show collaboration of the disability community with child care providers. <b>Complete</b></li> <li>d. Include need to collaborate in One Goal Summer Conference Presentation <b>Complete/Ongoing</b></li> <li>e. FL Association of Child Care Management (FACCM) Conference.</li> </ul> </li> </ul> </li> </ul>	

<p>C. Department of Children and Families (DCF) will contract with FL Developmental Disabilities Council (FDDC) for incentives for child care providers to serve children and young adults with disabilities and special health care needs with funds being channeled through local coalitions and matched at the local level dollar for dollar</p> <ol style="list-style-type: none"> <li>1. Pilots -"if you build them, they will come." <ol style="list-style-type: none"> <li>a. Consider bonus funds - possibly vocational center services for older children.</li> </ol> </li> <li>2. Utilize results from pilot projects to seek legislative funding. (i.e. Pool of money for start up and on-going costs for serving children and young adults with disabilities and special health care needs in an inclusive setting). <ol style="list-style-type: none"> <li>a. Broward County Pilot</li> <li>b. Clay County Pilot</li> <li>c. Dade County Pilot</li> <li>d. Pinellas County Pilot</li> </ol> </li> <li>3. Work with child care providers and training of child care centers/licensed family child care homes to increase their understanding of the disability of each child enrolled.</li> <li>4. Support/assist child care providers as consultant to their programs. <ol style="list-style-type: none"> <li>a. Child Care Resource and Referral Inclusion Coordinators</li> </ol> </li> <li>5. Work with families to assist in finding inclusive child care.</li> <li>6. Assist child care centers/licensed family child care homes with specific equipment, environment changes or any assistance a program would need.</li> </ol>	<p><b>Complete</b></p> <p><b>Ongoing</b></p> <p><b>Complete</b></p> <p><b>Ongoing</b></p> <p><b>Complete</b></p> <p><b>Complete</b></p>
<p>D. Make presentation to the state WAGES re: Issue to pool money and how they should be a player and contribute Children's Medical Services (CMS) and FL Developmental Disabilities Council (FDDC).</p> <ol style="list-style-type: none"> <li>1. TANF dollars contribute to CMS (Part C) &amp; School Readiness Coalitions (13-17 year olds with disabilities)</li> </ol>	<p><b>2.3</b></p>
<p>E. Gain support of disability organizations for Department of Children and Families' (DCF) Legislative Budget Request for money for enforcement of unlicensed, unregulated providers of child care.</p> <ol style="list-style-type: none"> <li>1. Department will provide Legislative Budget Request to FL Developmental Disabilities Council(FDDC).</li> <li>2. FDDC will get Legislative Budget Request to organize a request to support.</li> </ol>	
<p>F. Gold Seal rate budget to ask to double (5.2 million) number of kids served by increasing number of Gold Seal child care centers/licensed family child care homes.</p>	<p><b>Ongoing</b></p>

STRATEGIES AND ACTIVITIES Outcome 6 - continued	TIMELINE: Year/Quarter
<p>POTENTIAL RESOURCES:</p> <ul style="list-style-type: none"> <li>Legislature</li> <li>FL Department of Children and Families (DCF)</li> <li>FL Developmental Disabilities Council (FDDC)</li> </ul>	
<p>FACILITATOR:</p> <ul style="list-style-type: none"> <li>FL Children's Forum (FCF)</li> <li>Family Network on Disabilities (FND)</li> <li>Early Intervention Programs (Part H/C)</li> </ul>	

TOPICAL AREA: Legislation (Group C)		OUTCOME #7
OUTCOME STATEMENT: Build and maintain collaborative relationships between early intervention, school readiness, child care programs and family organizations so that they can conduct joint planning, maximize existing resources, and public awareness to be ready to respond or advocate for legislation.		
CURRENT STATUS/PROBLEM STATEMENT: Disjointed, segmented delivery systems are not maximizing resources, collaboration or coordination to expand options.	EVALUATION CRITERIA: Create forums for dialogue between early intervention, school readiness and child care programs with key representatives of each group that have the power to create, change, and write checks.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Create funding incentives for collaboration.</p> <ol style="list-style-type: none"> <li>1. Florida Developmental Disabilities Council assists with travel dollars for Community Inclusion Team members, child care providers and family members for multiple annual inclusion events.</li> </ol> <p>B. Support parent collaboration and unite parent organizations -- Parent to Parent, local parent groups, etc.</p> <ol style="list-style-type: none"> <li>1. Community Inclusion Teams</li> </ol> <p>C. Promote policy and legislation that mandates inclusion as a part of a range of family options in early intervention, school readiness, and child care programs.</p> <ol style="list-style-type: none"> <li>1. Federal level legislation: <ol style="list-style-type: none"> <li>a. I.D.E.A. - Part C</li> <li>b. American Disabilities Act</li> </ol> </li> </ol>		<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
POTENTIAL RESOURCES: FL Developmental Disabilities Council (FDDC) Children's Medical Services (CMS) Department of Children and Families (DCF) Parents Resource Organization (PRO) Family Network on Disabilities (FND)		
FACILITATOR: FL Developmental Disabilities Council (FDDC)		

TOPICAL AREA: Accessibility and Availability (Group F)		OUTCOME #8
OUTCOME STATEMENT: Expand child care options to include non-traditional services for ALL children so that families will be able to participate in the employment opportunities.		
CURRENT STATUS/PROBLEM STATEMENT: Appropriate child care to meet the diverse needs of working families is not available in many areas.	EVALUATION CRITERIA: Increased number of non-traditional settings and services.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
A. Provide incentives for non-traditional: Cross funding, technical assistance and training, toys and materials, wages employer, incentives, additional staff assistance, additional money.	Ongoing	
B. Current providers will be recruited for the provision of non-traditional child care options for families in which a parent works nights, weekends, or needs respite care.	Ongoing	
C. Determine who's receiving, sending newsletters - Department of Health (DOH), Department of Children and Families (DCF), Department of Labor, Wages of Coalition, Local Licensing Department, Department of Education (DOE), Department of Juvenile Justice, Parks and Recreation, Community Coordinated Care Agencies, Housing Authorities, presentations to local community groups.	Ongoing	
D. Develop on-site employer child care and flex time; employee based child care.	5.4	
POTENTIAL RESOURCES: Medicaid Employers/Business Community Private Foundations Judicial Division Good Will Industries		
FACILITATOR:		

TOPICAL AREA: Accessibility and Availability (Group F)		OUTCOME #9
OUTCOME STATEMENT: Enhance corporate partnerships to support their participation and financial support in the development, provision and improvement of inclusive child care within local communities.		
CURRENT STATUS/PROBLEM STATEMENT: The general business community is not aware of the need of child care for children and young adults with disabilities and special health care needs.	EVALUATION CRITERIA: Through information obtained from continued Forums, Surveys (Pre and Post), Data (Chamber of Commerce)	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Enhance existing provider/family teams to provide education and provide outreach and information to community/ providers.</p> <ol style="list-style-type: none"> <li>1. Collaborating with School Readiness Coalitions, Regional Policy Councils and Family Care Councils</li> </ol> <p>B. Interagency councils (FL Department of Children and Families (DCF), FL Department of Health (DOH), FL Department of Education (DOE) will develop packets to distribute information to corporations in regards to quality child care for children with disability and special health care needs (Local Pre-K disabilities, Children's Services Council, Part H/C, Policy Boards, etc.).</p> <ol style="list-style-type: none"> <li>1. Developed Understanding Inclusion &amp; the ADA booklet. <ol style="list-style-type: none"> <li>a. Available in English, Spanish and Creole</li> <li>b. Hard copy as funding permits</li> <li>c. Available on Central Directory web site (<a href="http://www.centraldirectory.org">www.centraldirectory.org</a>)</li> </ol> </li> <li>2. The Child Care Partnership Board, funded through Florida Partnership for School Readiness has been developed to work with the business community, in regards to child care for all children.</li> </ol> <p>C. Solicit support from corporations to enhance quality child care for all children including those with disabilities and special health care needs.</p> <ol style="list-style-type: none"> <li>1. Assistance to fund training, child care employment benefits, fund assistive technology (equipment).</li> <li>2. Support funding/resource development requirements in the Legislature, local community level.</li> </ol>		<p>Ongoing</p> <p>Complete</p> <p>Ongoing</p> <p>4.4</p>
POTENTIAL RESOURCES: Child Care Partnership Committee Florida Children Forum Child Care Resource and Referral network  WAGES United Way		Interagency Councils FL Family Child Care Home Association (FFCCHA) Florida Directory of Early Childhood Services (Central Directory) Good Will Industries Mailman Foundation
FACILITATOR:		

TOPICAL AREA: Quality (Group A)		OUTCOME #10
OUTCOME STATEMENT: Develop a system of universal screenings.		
CURRENT STATUS/PROBLEM STATEMENT: Brigance or the Ages & Stages Training will be required, effective July 1, 1998, for all three (3) through four (4) year olds in subsidized care. Concerns exist about linkages for referral upon identification of need, and the lack of screening services for children who do not participate in subsidized care. Screenings should be universal for all children and families should be informed and involved in the process.	EVALUATION CRITERIA: Keep track of how many children are screened, how many are referred, and how many are followed up.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Develop and fund "screening teams" to go to child care centers/licensed family child care homes. (Do not use each center's staff initially).</p> <ol style="list-style-type: none"> <li>1. Parent Permission.</li> <li>2. Broaden screen to include all children in child care (not just those in subsidized care).</li> <li>3. Increase screening to all children birth through age three (3) not just children in subsidized or voucher care slots.</li> <li>4. School Readiness Coalitions are responsible for screening/assessments to children in child care centers.</li> </ol>	Complete	
<p>B. Train the trainers to use instruments.</p> <ol style="list-style-type: none"> <li>1. System to assure inter-rater reliability.</li> </ol>	1.4	
<p>C. Insure instruments are administered in child's native language.</p> <ol style="list-style-type: none"> <li>1. System to translate instruments into Spanish, Creole, and assure validity; establish norms for this population.</li> </ol>	1.4	
<p>D. Share results with families together on the screening instruments.</p>	1998	
<p>E. Refer children who fall below the cut-off to the Central Directory toll free number, Early Intervention Programs (EIPs) for children birth through age two (2), or FDLRS Child Find (three (3) and over), ensure training so that everyone knows the referral pathway. The Central Directory toll free line has direct electronic linkages with the local EIP's and FDLR's.</p>	Ongoing	
<p>F. Conduct individual center goal setting for improvement of skill levels within center staff to assume screening responsibilities.</p>	2.4	
<p>G. Develop training and technical assistance system for parents, professionals, and providers to assure and assist with Developmentally Appropriate Programs.</p> <ol style="list-style-type: none"> <li>1. School Readiness Coalitions' responsibility.</li> </ol>	Ongoing	

STRATEGIES AND ACTIVITIES (Outcome 10 continued)	TIMELINE: Year/Quarter		
<p>H. Curriculum for developing Family Support Plans (FSP) and Individual Education Plans (IEP).</p> <ol style="list-style-type: none"> <li>1. Department of Health/Children's Medical Services/Early Intervention Program has developed FSP training modules</li> <li>2. Family Network on Disabilities provides advocacy/IEP training to families</li> </ol> <p>I. Establish linkages between school system and child care providers so that information can be shared and strategies developed without violating confidentiality.</p>	<p><b>Ongoing</b></p>		
<p>POTENTIAL RESOURCES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           Department of Health (DOH)            Department of Children and Families (DCF)            Healthy Start Coalitions            Public Health Departments            FL Children's Forum, Central Directory             FL Association of Child Care Management (FACCM)            Early Childhood Association of Florida (ECA)            Universities/ Colleges         </td> <td style="width: 50%; vertical-align: top;">           Department of Education (DOE)            American Academy of Pediatrics            Pediatricians/Health Care Providers            Local School Systems            National Association of Child Development Education (NACDE)            FL Family Child Care Home Association (FFCCHA)            FL Diagnostic and Learning Resources System (FDLRS)         </td> </tr> </table>		Department of Health (DOH) Department of Children and Families (DCF) Healthy Start Coalitions Public Health Departments FL Children's Forum, Central Directory  FL Association of Child Care Management (FACCM) Early Childhood Association of Florida (ECA) Universities/ Colleges	Department of Education (DOE) American Academy of Pediatrics Pediatricians/Health Care Providers Local School Systems National Association of Child Development Education (NACDE) FL Family Child Care Home Association (FFCCHA) FL Diagnostic and Learning Resources System (FDLRS)
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<p>FACILITATOR:</p> <p>Department of Children and Families (DCF)          Department of Education (DOE)          Department of Health (DOH)          FL Developmental Disabilities Council (FDDC)</p>			

TOPICAL AREA: Quality (Group A)	OUTCOME #11
<p>OUTCOME STATEMENT: Identification, cultivation, and maintenance of a degree of excellence in care for all children in child care settings, to include those children and young adults with disabilities and special health care needs.</p>	
<p>CURRENT STATUS/PROBLEM STATEMENT: Current research suggests that a majority of children are in poor or mediocre child care.</p>	<p>EVALUATION CRITERIA: Of our fifteen (15) quality indicators, ninety percent (90%) must be met: Markers that indicate quality (quality indicators)</p> <ul style="list-style-type: none"> <li>a. National accreditation</li> <li>b. Structured Programs</li> <li>c. Measurable outcomes</li> <li>d. Ratios - for typical children</li> <li>e. Legislation to support National Association for the Education of Young Children (NAEYC) guidelines will be enacted: <ul style="list-style-type: none"> <li>0-1      1:3      1-2      1:6</li> <li>3-4      1:10      5-6      1:15</li> </ul> </li> <li>f. Use Department of Education (DOE) matrix - adjust for children with behavior problems; reduce ratios based on needs of individual children</li> <li>g. Children and young adults with disabilities and special health care needs are included in all activities in the program</li> <li>h. Children placed with chronological peers with supports</li> <li>I. Appropriate materials and supplies.</li> <li>J. Appropriate staff training -- on going continuing education</li> <li>k. Parent support components -- for all parents</li> <li>l. Support services (consultation with specialists)</li> <li>m. Low staff turn-over</li> <li>n. Incentives to employees for serving children with special needs</li> <li>o. Incentives to child care centers/licensed family child care homes for accepting children with special needs</li> <li>p. Recognition for programs or center</li> </ul>

STRATEGIES AND ACTIVITIES Outcome 11 - continued	TIMELINE: Year/Quarter
<p>A. Implement models of quality programs (See above quality indicators).</p> <ol style="list-style-type: none"> <li>1. Conduct a national search to find quality inclusive programs for children of all ages. <ol style="list-style-type: none"> <li>a. Priority One: Conduct search - Florida Developmental Disabilities Council or others.</li> <li>b. Review all models found using an advisory board for six (6) months of the year.</li> </ol> </li> <li>2. Disseminate as follows: <ol style="list-style-type: none"> <li>a. Conferences, Meetings or telephone conference calls.</li> <li>b. Written materials.</li> <li>c. Community based presentations.</li> <li>d. Training Teams - we could develop teams who would travel to all sixty-seven (67) counties.</li> <li>e. Attach to FL Developmental Disabilities Council (FDDC) website links to other web sites.</li> <li>f. A help line with the answers using 1-800 numbers (variety of languages, disciplines, multicultural).</li> <li>g. Utilize Department of Education (DOE) trainers by expanding their focus to educate after-care and child care providers.</li> </ol> </li> <li>1. Expand the participation of local community and/or vendors, providers. <ol style="list-style-type: none"> <li>a. Develop incentives for communities to implement to assist local providers and family members to adopt/adapt successful strategies and approaches in the expansion of inclusive child care in Florida.</li> <li>b. Replicate existing programs to incorporate typically developing peers thirteen (13) through twenty-one (21) into after-care programs.</li> <li>c. Link credits to community service hours for FL Scholars program or other community service program.</li> <li>d. Investigate linkages with other organizations such as AmeriCorps, Scouts, school service clubs, Campfire Girls, 4-H.</li> <li>e. Explore Kids Conference in Orange Park, Jacksonville as a model to replicate.</li> </ol> </li> </ol>	<p>1.3</p> <p>Ongoing</p> <p>2.3</p>

STRATEGIES AND ACTIVITIES Outcome 11 - continued	TIMELINE: Year/Quarter		
<p><b>POTENTIAL RESOURCES :</b></p> <table border="0"> <tr> <td data-bbox="99 296 779 659"> <p>Dept of Education (DOE) - State &amp; Federal  Office of Education Research &amp; Innovation (OERI)  Division of Early Childhood (DEC)  Office of Special Education Programs (OSEP)  WAGES Coalition  Division of Juvenile Justice  Florida Developmental Disabilities Council (FDDC)  Dept of Children &amp; Families (DCF)  Dept of Health (DOH)  Association for Retarded Citizens (ARC)  National Association for the Education of Young Children (NAEYC) and local affiliates</p> </td> <td data-bbox="779 296 1559 659"> <p>National Early Childhood Technical Assistance System (NECTAS)  Council for Exceptional Children (CEC)  Coalition for Exceptional Education Students (CEES)  Foundations  Service Councils  Professional disability organizations, i.e., UCP's, Easter Seals  Parent Resource Organization (PRO)  United Way  Mobile Training Van  Jaguars - set up an Angel Network</p> </td> </tr> </table>		<p>Dept of Education (DOE) - State &amp; Federal  Office of Education Research &amp; Innovation (OERI)  Division of Early Childhood (DEC)  Office of Special Education Programs (OSEP)  WAGES Coalition  Division of Juvenile Justice  Florida Developmental Disabilities Council (FDDC)  Dept of Children &amp; Families (DCF)  Dept of Health (DOH)  Association for Retarded Citizens (ARC)  National Association for the Education of Young Children (NAEYC) and local affiliates</p>	<p>National Early Childhood Technical Assistance System (NECTAS)  Council for Exceptional Children (CEC)  Coalition for Exceptional Education Students (CEES)  Foundations  Service Councils  Professional disability organizations, i.e., UCP's, Easter Seals  Parent Resource Organization (PRO)  United Way  Mobile Training Van  Jaguars - set up an Angel Network</p>
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<p><b>FACILITATOR:</b></p> <p>Department of Children and Families (DCF)  FL Developmental Disabilities Council (FDDC)  Key Stakeholders</p>			

TOPICAL AREA: Quality ( Group A)		OUTCOME #12
OUTCOME STATEMENT: Increase the number of child care centers and family child care homes that are accredited in order to ensure optimal developmental outcomes for children of all ages.		
CURRENT STATUS/PROBLEM STATEMENT: No method of assessing quality in unregulated care. Ages thirteen (13) through twenty-one (21) exempt from accreditation. School age after school care operated by public schools is exempt from licensing; religious organizations are exempt from licensing and/or Americans with Disabilities Act (ADA).	EVALUATION CRITERIA: Increase the number of accredited programs by 100% in five years.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Increase funding for child care centers/licensed family child care homes achieving accreditation.</p> <p>B. Disseminate information to parents; utilize public service announcements (PSAs) concerning quality.</p> <p>C. Provide interest free loans for child care centers/licensed family child care homes to renovate centers and make them accessible.</p> <p>1. School Readiness Coalitions</p> <p>D. Consider/investigate a loan forgiveness approach (one percent(1%)/child/year) for each child with disabilities and special health care needs served for one year.</p>		<p>Complete</p> <p>Ongoing</p> <p>Ongoing</p> <p>Complete</p>
POTENTIAL RESOURCES: Grants/Foundations Gold Seal Public Schools Department of Children and Families (DCF) 4 year Post-Secondary Institutions Community Colleges National Association for Family Child Care (NAFCC) National School Age Child Care Alliance (NSACCA)		
National Association for the Education of Young Children (NAEYC) Media Department of Education Vocational/Technical Schools Local training coordinators/professional affiliates/children's service boards		
FACILITATOR: Department of Children and Families (DCF)		

TOPICAL AREA: Personnel/Capacity (Group B)		OUTCOME #13
OUTCOME STATEMENT: Increase availability of actively, participating, inclusive, licensed child care centers in order for families to access quality services, during typical as well as non-traditional hours.		
CURRENT STATUS/PROBLEM STATEMENT: There are very few inclusive child care centers available; coupled with a lack of resources, training, funding, and support for child care providers.	EVALUATION CRITERIA: The number of children and young adults with disabilities and special health care needs enrolled in inclusive child care centers will increase by ten percent (10%) annually from the year 2000 to 2003.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Access funding for additional staff needed to support children and young adults with disabilities and special health care needs.</p> <ol style="list-style-type: none"> <li>1. Identify potential funding sources, partners, and in-kind services. <ol style="list-style-type: none"> <li>a. Tap ALL local resources for in-kind and financial support: churches/synagogues, hospitals, businesses, schools/colleges/vocational, libraries, public health departments, civic groups, municipalities/recreation centers, YWCAs/YMCAs/Boys and Girls Clubs, etc. Access Foster Grandparent program throughout sponsoring agency (Contact State Commission in Volunteering)</li> <li>b. Community Inclusion Teams developed regionally.</li> </ol> </li> <li>2. Identify areas of need for funding.</li> <li>3. Secure funding support.</li> <li>4. Develop procedures for child care centers/licensed family child care homes to access the funding.</li> <li>5. Begin promotion for child care centers/licensed family child care homes to provide more infant and non-traditional child care hours. <ol style="list-style-type: none"> <li>d. Identify, publicize and access funding sources (national, state and local); identify primary agencies responsible: FL Developmental Disabilities Council (FDDC), Department of Children and Families (DCF), local licensing, Early Childhood Association (ECA), United Way, School Readiness Coalitions county agencies.</li> </ol> </li> <li>6. Issue applications, to child care centers/licensed family child care homes for funding.</li> <li>7. Disburse funds.</li> <li>8. Continuous cycle for funding.</li> <li>9. Evaluation.</li> </ol>		<p>1.2</p> <p>2</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>2.1</p> <p>Ongoing</p> <p>2.1</p> <p>2.2</p> <p>Ongoing</p> <p>Ongoing</p>

STRATEGIES AND ACTIVITIES Outcome 13 - continued	TIMELINE: Year/Quarter										
<p>B. Research development of First Response System for non-compliance of Americans with Disabilities Act (ADA)</p> <p>C. Develop partners in excellence with child care centers, licensed family child care homes and businesses.</p> <ol style="list-style-type: none"> <li>1. Access local media for Public Service Announcements (PSAs) highlighting inclusive child care centers/licensed family child care homes, disability awareness events.</li> <li>2. Get Governor or Governor-elect to sponsor a disability day (work in child care center with disabled, etc.).</li> </ol> <p>D. Promote/recruit businesses to support child care training (web sites, funding for quality, space, etc.).</p> <p>E. Funding for disabilities and special health care needs training and funds for child care centers/licensed family child care homes which do take Exceptional Student Education (ESE) students (staff, equipment).</p> <ol style="list-style-type: none"> <li>1. Provide child care centers/licensed family child care homes with resources on Americans with Disabilities Act (ADA), how-to's, documentation tools, forms, etc.</li> <li>2. Understanding Inclusion and the ADA booklet developed - U.S. Department of Education has in the National Library for states to utilize.</li> </ol> <p>F. Streamline background screening process in order to assure safe, qualified staff for ALL children. There are inconsistencies in the current process. Local background screening process in place; need national screening in a timely manner.</p> <ol style="list-style-type: none"> <li>1. Begin investigation of stream lining background screening.</li> <li>2. Provide a faster turnaround on national and state background checks. Link local, state, national check through upgrading software at one point of origin.</li> <li>3. Require licensing agencies to keep child care centers/licensed family child care homes informed on current licensing requirements.</li> </ol>	<p>1.2</p> <p>1.2</p> <p>1.2</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>										
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<p>FACILITATOR:</p> <p>Department of Children and Families (DCF)</p> <p>Department of Education (DOE)</p> <p>FL Diagnostic and Learning Resources System (FDLRS)</p> <p>FL Developmental Disabilities Council</p>											

TOPICAL AREA: Affordability; Financing (Group D)		OUTCOME #14
OUTCOME STATEMENT: Provide for a disabilities and special health care needs rate for subsidized child care that is determined based on the child's individual need and take into account the increased cost to the provider (insurance, play equipment, structure change).		
CURRENT STATUS/PROBLEM STATEMENT: Child care providers are currently not able to pay actual cost of care for eligible children who have disabilities and special health care needs.	EVALUATION CRITERIA: Increase in the number of disabilities and special health care needs children served in child care arrangements. Base line data will be developed using the family and provider surveys as described in Outcome #6.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Department of Children and Families (DCF) will develop a process, including necessary approvals, that will allow individualized payment rated for children and young adults with disabilities and special health care needs if child care costs exceed the regular specialized rate.</p> <ol style="list-style-type: none"> <li>1. School Readiness has in their plans</li> </ol> <p>B. DCF, in their contract process for fiscal year 1999-2000, will authorize individual child care payment rate for children and young adults with disabilities and special health care needs.</p> <p>C. Child care services paid for through DCF contracts will be authorized through the Family Support Plan or Individual Educational Plan (FSP, IEP) process.</p> <ol style="list-style-type: none"> <li>1. Include child care providers in FSP-IEP process. <ol style="list-style-type: none"> <li>a. Establish reimbursement options for child care providers to attend these meetings (i.e. substitutes).</li> </ol> </li> </ol>		<p>Ongoing</p> <p>Complete</p> <p>Complete</p>
POTENTIAL RESOURCES: Child Care and Development Fund Title IV-E Department of Education (DOE)		
Temporary Assistance for Needy Families (TANF) Part H/C Developmental Services		
FACILITATOR:		

TOPICAL AREA: Accessibility and Availability (Group F)		OUTCOME #15								
OUTCOME STATEMENT: Ensure children and young adults with disabilities and special health care needs are able to access occupational therapy, physical therapy, speech/language therapy, etc. in an affordable and easily accessible manner regardless of placement, disability, or age.										
CURRENT STATUS/PROBLEM STATEMENT: Coverage for physical, occupational and speech/language therapies, behavior management supports. People are divorcing in order to become eligible for Medicaid.	EVALUATION CRITERIA: Consumer satisfaction/survey form									
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter								
<p>A. Encourage the coverage of services by insurance companies for services equivalent to State Medicaid coverage.</p> <ol style="list-style-type: none"> <li>Investigate legislation to address insurance issue and lack of parity with Medicaid.</li> </ol> <p>B. Provide access to occupational therapy, physical therapy, speech/language therapy, etc. in settings where children receive care, before-after school services.</p> <ol style="list-style-type: none"> <li>Develop a Medicaid respite program with therapy component.</li> </ol> <p>C. Add consultation services to care providers, involve them in service planning, delivery.</p> <p>D. 1999-2000 model contracts in the Department of Children and Families (DCF) will include language that will allow for specialized services as defined in the Family Service Plan or Individual Education Plan (FSP or IEP).</p> <ol style="list-style-type: none"> <li>School Readiness Coalitions currently responsible.</li> </ol>		<p>4.4</p> <p>3.1</p> <p>2.1</p> <p>Complete/Ongoing</p>								
<p>POTENTIAL RESOURCES:</p> <table border="0"> <tr> <td>Department of Health (DOH)/Part H/C Insurance</td> <td>Department of Education (DOE)/Part B Medicaid</td> </tr> <tr> <td>Private Foundations</td> <td>State funded agencies</td> </tr> <tr> <td>Katie Beckett waiver - similar</td> <td>WAGES Coalition</td> </tr> <tr> <td>United Way</td> <td></td> </tr> </table>			Department of Health (DOH)/Part H/C Insurance	Department of Education (DOE)/Part B Medicaid	Private Foundations	State funded agencies	Katie Beckett waiver - similar	WAGES Coalition	United Way	
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FACILITATOR:										

TOPICAL AREA: Accessibility and Availability (Group F)		OUTCOME #16
OUTCOME STATEMENT: Liability insurance will be affordable to enable all providers to serve children and young adults with disabilities and special health care needs in an inclusive setting. Ensure all child care providers are able to access affordable liability insurance.		
CURRENT STATUS/PROBLEM STATEMENT: In declining access to child care, providers frequently cite their concerns re: higher rates, or loss of coverage, if they serve children and young adults with disabilities and special health care needs.	EVALUATION CRITERIA: Providers are able to access affordable insurance without being penalized financially because they have children and young adults with disabilities and special health care needs in their enrollment.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Investigate the need, options for legislation to protect providers serving children and young adults with disabilities and special health care needs. Ensure through legislature that insurance companies can not charge extra for serving children and young adults with disabilities and special health care needs in a child care setting.</p> <p>B. Contact Insurance Representative to understand the issue from their perspective; verify accuracy of information and reports.</p> <p>1. Need to determine if there are increased rates charged for serving children and young adults with disabilities and special health care needs; several providers report that there is no additional charge.</p> <p>a. They can not charge additional rate for liability insurance but they have the option to not offer policy and have provider insured with Professional Liability policy which costs more.</p> <p>C. Special Needs Workgroup - Department of Children and Families (DCF) to help access better rates for child care providers.</p> <p>D. Ensure that training and technical assistance is available and mandated for all providers who serve children and young adults with disabilities or special health care needs, and for all providers receiving public funds for serving any child.</p> <p>1. Director Credential requires all Directors of licensed day care facilities to have 10 Hr Departmental Module Special Needs Appropriate Practices or 8 hours of in-service training in serving children with disabilities and special health care needs that meet statutory requirements for licensing.</p> <p>E. Link continuing education credits to the opportunity to acquire discounted insurance premiums.</p> <p>F. Investigate the possibility of forming an Insurance Network for child care providers.</p>		<p>Ongoing</p> <p>Complete</p> <p>Complete</p> <p>Ongoing</p> <p>4.4</p> <p>5.4</p>
POTENTIAL RESOURCES:		
FI Developmental Disabilities Council (FDDC) Department of Health Department of Insurance Local WAGES Coalition	FI Interagency Coordinating Council for Infants and Toddlers (FICCIT)/Insurance Rep. Department of Children & Families (DCF) Child Care Unit Department of Education	
FACILITATOR:		



TOPICAL AREA: Quality, Credential/Certification; Training (Groups A, B and E)		OUTCOME #18
OUTCOME STATEMENT: There will be increased accessibility to training activities for inclusive child care, that meets the needs of providers, parents, and other key stakeholders that may lead to credentialing and certification.		
CURRENT STATUS/PROBLEM STATEMENT: Current training is fragmented and not market-driven. There is a lack of low cost, convenient training modules for all age groups, including school aged and few that are offered in other languages.	EVALUATION CRITERIA: There will be at least a fifty percent (50%) increase in trained personnel to provide quality and continuous child care, including those with disabilities and special health care needs, by the Year 2003	
STRATEGIES AND ACTIVITIES	TIMELINE: Year/Quarter	
A. Identify and evaluate existing training modules, replicating appropriate ones and create new modules.	3.3	
1. Research and evaluate existing training and educational programs.	1.2	
a. Identify training institution entities to facilitate programs and train the trainers.		
b. Increase availability by developing modules, certifications, etc.		
1. Department of Children & Families/Child Care - developed 10 hour Special Needs Module	Complete	
2. Develop additional training modules, certifications, programs, etc.	Complete	
a. Department of Health/EIP developing Infant & Toddler Certification		
3. Develop a common community training calendar.	1.2	
4. Coordinate a system of training for all early childhood providers (Head Start, child care, infant/toddler, school districts, community college networks)	2.3	
a. School Readiness Quality Assurance Division	Complete/Ongoing	
b. Annual Providing Child Care for Children/Young Adults with Special Health Care Needs Conference.		
c. Annual Inclusion Institute		
5. Develop training teams across agencies and disciplines.	2.1	
6. Develop measures to document improvement/evaluate efforts.	1.4	
a. Develop a needs assessment for training participants.	Ongoing	
b. Develop post training evaluation and support.		
B. Increase the general level of quality child care providers and programs and services.	5.0	
1. Require providers receiving public funds to train staff working with disabilities and special health care needs.	Ongoing	
a. All directors/operators required to have training within 5 years of employment		
2. Require all family child care home providers to take the thirty (30) hour training including disabilities and special health care needs.	Complete	
3. Develop and require a credentialing certification program for all owners/operators and directors.	Complete	
4. Explore possibility of expanding the Gold Seal program.	Ongoing	
5. Ensure that Head Start and other specialized programs are available to all.	5.0	

STRATEGIES AND ACTIVITIES Outcome 18 - continued	TIMELINE: Year/Quarter
6. Lobby legislature to implement higher standards for staff: child ratios, require one (1) qualified staff for up to twenty (20) children.	Ongoing
7. Develop a career ladder for training participants starting with broad, basic training, and leading to more specific training that may result in a Child Development Associate (CDA), AA/AS, Bachelor of Arts (BA) or advanced degree in Early Childhood Education. a. Florida Partnership for School Readiness is addressing	Ongoing
8. Develop telecommunication training ("at a distance") through Department of Children and Families (DCF).	Ongoing
9. Ensure that provider staff is aware of "readiness requirements" and accompanying screening/assessment tools. a. School Readiness Quality Initiative	Ongoing
10. Raise salaries for provider staff when educational level increases (stipend for those who return to school, benefits, etc.) (Follow Leon County school system; eg.TEACH Program).	4.0
C. Provide owners/operators and educators with information for all educational opportunities for training through: 1. Local newsletters, flyers distribution. 2. Local television station using Public Service Announcements (PSAs). 3. Department of Children and Families (DCF) quarterly lists. 4. Internet access by establishing local and state web sites. 5. County and State early childhood and after-school affiliates (Early Childhood Association of FL (ECA of FL), National School Age Child Care Alliance (NSACCA)). 6. Florida's Child Magazine	Ongoing
D. Establish a Clearinghouse to locate funding to support training (i.e., Child Development Associate (CDA), National Association for the Education of Young Children (NAEYC), National School Age Child Care Alliance (NSACCA) accreditation, etc.).	2.0
1. Maximize the use of interns from university training programs for all areas of children's programs	1.2
2. Develop training for parents on inclusive child care.	2.0
3. Support and promote accreditation process for all child care programs.	Ongoing
4. Provide more culturally sensitive training such as training in other languages and materials.	4.0
5. Develop parent/provider trainer teams and traveling trainers.	2.0
6. Develop "school aged" and "special needs" Child Development Associate (CDA) equivalent.	Completed
7. Establish guidelines that follow accreditation criteria (i.e., NAEYC, NSACCA, etc.). a. Supportive of Gold Seal Program	Ongoing
8. Use vehicle of CDA re-certification (credit/non-credit) to expand awareness/commitment to inclusion.	Ongoing
9. Include high school child care magnet programs as resources for expansion and development of training. to include special needs	

STRATEGIES AND ACTIVITIES Outcome 18 - continued	TIMELINE: Year/Quarter																								
J. Provide substitute pools and stipends for staff attending training	4.0																								
<p>POTENTIAL RESOURCES:</p> <table border="0"> <tr> <td>Department of Education (DOE)</td> <td>FL Diagnostic and Learning Resources System (FDLRS)</td> </tr> <tr> <td>Universities and colleges, including community colleges</td> <td>YMCA/YWCA</td> </tr> <tr> <td>Training Network</td> <td>Family Members</td> </tr> <tr> <td>National speakers</td> <td>TEACH Program</td> </tr> <tr> <td>Foundations</td> <td>National Alliance for the Education of Young Children (NAEYC)</td> </tr> <tr> <td>Public Schools</td> <td>Training Coordinators at local level</td> </tr> <tr> <td>Early Childhood Association (ECA)</td> <td>FL Association of Child Care Management (FACCM)</td> </tr> <tr> <td>National Association of Family Child Care (NAFCC)</td> <td></td> </tr> <tr> <td>National Association for Child Development Education (NACDE)</td> <td></td> </tr> <tr> <td>FL Family Child Care Home Association (FFCCHA).</td> <td></td> </tr> <tr> <td>Check Blue Ribbon Initiative - Jacksonville/Duval Counties (funded by Children's Commission)</td> <td></td> </tr> <tr> <td>Members of Workgroup who are influential members of national organizations</td> <td></td> </tr> </table>		Department of Education (DOE)	FL Diagnostic and Learning Resources System (FDLRS)	Universities and colleges, including community colleges	YMCA/YWCA	Training Network	Family Members	National speakers	TEACH Program	Foundations	National Alliance for the Education of Young Children (NAEYC)	Public Schools	Training Coordinators at local level	Early Childhood Association (ECA)	FL Association of Child Care Management (FACCM)	National Association of Family Child Care (NAFCC)		National Association for Child Development Education (NACDE)		FL Family Child Care Home Association (FFCCHA).		Check Blue Ribbon Initiative - Jacksonville/Duval Counties (funded by Children's Commission)		Members of Workgroup who are influential members of national organizations	
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<p>FACILITATOR:</p> <p>FL Children's Forum (FCF)</p>																									

TOPICAL AREA: Training (Group E)	OUTCOME #19
<p>OUTCOME STATEMENT: To provide quality training activities re: inclusive child care for providers, parents, and other key stakeholders. Child care and community arrangements will have incentives to allow/encourage employees to attend training on serving children or young adults with disabilities and special health care needs.</p>	
<p>CURRENT STATUS/PROBLEM STATEMENT:  Child care workers are not attending training on serving children and young adults with disabilities and special health care needs. Current training is underutilized and not market-driven; consequently it has insufficient follow up because of a lack of understanding of need and lack of data to support need. Specific issues identified include:</p> <ol style="list-style-type: none"> <li>1. Language barriers</li> <li>2. Lack of training modules in all age groups</li> <li>3. Location of training</li> <li>4. No incentives</li> <li>5. Frequency of training</li> <li>6. Cost of training classes</li> <li>7. Feelings of care givers (unqualified, afraid, etc.)</li> <li>8. Lack of specific training modules for school age (National School Age Child Care Alliance (NSACCA))</li> <li>9. One to twenty (1:20) ratio of qualified staff is really one to thirty-nine (1:39)</li> </ol>	<p>EVALUATION CRITERIA:</p> <ol style="list-style-type: none"> <li>1. Document the increase in the numbers of trained participants through the administration of a needs assessment, followed by a post-training evaluation.</li> <li>2. More credentialed personnel will be available to provide quality and continuous child care for all children, including those with disabilities or special health care needs.</li> <li>3. Every community will have implemented same incentive to allow/encourage the child care employees to attend training on children and young adults with disabilities and special health care needs, thus increasing the annual hours of training for child care workers relative to serving children and young adults with disabilities and special health care needs.</li> </ol>
STRATEGIES AND ACTIVITIES	TIMELINE: Year/Quarter
<p>A. Develop a state wide research/development committee, assigned to:</p> <ol style="list-style-type: none"> <li>1. Identify existing and increase availability by developing modules, certifications, etc.</li> <li>2. Research existing training/educational programs.</li> <li>3. Develop additional training modules, certifications, programs, etc.</li> <li>4. Develop a concerted effort to promote accreditation. <ol style="list-style-type: none"> <li>a. Contact Child Development Association (CDA) Council to promote school-age certification.</li> </ol> </li> <li>5. Identify training institutions entities to facilitate program and train trainers.</li> </ol> <p>B. Department of Children and Families (DCF) should inform providers of individuals who hold qualifications to do training.</p> <ol style="list-style-type: none"> <li>1. Develop school-aged Child Development Associate degree (CDA) or equivalent to include disabilities and special health care needs.</li> <li>2. Promote National School Age Child Care Alliance (NSACCA) accreditation for programs.</li> <li>3. Promote National Association for the Education of Young People (NAEYC) accreditation for early childhood programs.</li> <li>4. Promote National Family Accreditation for licensed family child care home providers.</li> </ol>	<p>1.2</p> <p><b>Completed</b></p> <p>1.2</p> <p><b>Ongoing</b></p> <p><b>Ongoing</b></p> <p><b>Ongoing</b></p>

STRATEGIES AND ACTIVITIES Outcome 19 - continued	TIMELINE: Year/Quarter
<p>C. Increase the general level of quality of child care providers and programs/services.</p> <ol style="list-style-type: none"> <li>1. Require child care centers/licensed family child care homes receiving public funds to train staff in working with disabilities and special health care needs.</li> <li>2. Require family child care to take the thirty (30) hour training including disabilities and special health care needs.</li> <li>3. Explore possibility of expanding Gold Seal Program.</li> <li>4. Require qualifying child care centers/licensed family child care homes to be equipped and have trained staff ready to serve children birth through age three (3) as well as children up to age twenty-one (21) who qualify for Exceptional Student Education (ESE) services.</li> <li>5. Increase four (4) year degree programs in Early Childhood at the university level.</li> <li>6. Lobby legislature to implement higher standards for staff: child ratio. <ol style="list-style-type: none"> <li>a. Require one (1) qualified staff for each class.</li> <li>b. Require one (1) qualified staff for up to twenty (20) children, two (2) qualified staff for twenty-one through forty (21-40), etc.</li> </ol> </li> <li>7. Develop and require a credentialing certification program for all owners/operators and directors.</li> <li>8. Make Head Start and other specialized programs available to all and Universal Pre-k for all 4 year olds..</li> <li>9. Develop telecommunication training ("at a distance") through Department of Children and Families (DCF) funds.</li> </ol> <p>D. Incorporate Exceptional Student Education (ESE) requirements throughout a variety of training and service systems.</p> <ol style="list-style-type: none"> <li>1. Encourage and lobby all accreditation agencies to thread (ESE) training throughout their programs.</li> <li>2. Encourage all child care and youth service programs to thread (ESE) training throughout their programs.</li> </ol> <p>E. Expand training statewide.</p> <ol style="list-style-type: none"> <li>1. Pilot training programs in metro counties/areas.</li> <li>2. Provide practicum experiences in before/after school care and in child care settings using university entrance.</li> <li>3. Use computerized educational models to help train child care staff to care for disabilities and special health care needs children. Specifics - visual impairments, cerebral palsy, etc.</li> </ol> <p>F. Research existing and developing high school child care magnet programs.</p>	<p>1.2</p> <p><b>Complete</b></p> <p>2.1</p> <p>2.2</p> <p>2.3</p>

STRATEGIES AND ACTIVITIES Outcome 19 - continued	TIMELINE: Year/Quarter														
<p>G. Provide directors/owners with incentives, information and educational opportunities for training and funding</p> <ol style="list-style-type: none"> <li>1. Newsletters, flyers, etc. published and distributed by local training centers.</li> <li>2. Department of Children and Families (DCF) publishes updated training lists on quarterly basis to all licensed child care centers/licensed family child care homes.</li> <li>3. Publish classes and funding sources on Internet.</li> <li>4. Encourage local Early Childhood Associations (ECAs) and National School Age Child Care Alliance (NSACCA) affiliates to be information providers.</li> <li>5. Develop state and local child care web sites with training info, collaborations, funding sources.</li> <li>6. Provide video ("There Is No Difference") to be used in state training modules.</li> </ol> <p>H. Increase local training options.</p> <ol style="list-style-type: none"> <li>1. Publish list through FL Family Child Care Home Association (FFCCHA) newsletter.</li> <li>2. Offer training in other languages if needed.</li> <li>3. Hire statewide "traveling trainers".</li> </ol> <p>I. Evaluation of progress.</p>	<p>1.2</p> <p>Ongoing</p> <p>Complete</p> <p>1.2</p>														
<p><b>POTENTIAL RESOURCES:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Training coordinators at local level</td> <td style="width: 50%;">Members of Workgroup who are influential members of national organizations</td> </tr> <tr> <td>Vocational/Technical Colleges</td> <td>Four (4) year Institutions</td> </tr> <tr> <td>Community Colleges</td> <td>Local Training Coordinators</td> </tr> <tr> <td>Local professional affiliates</td> <td>FL Children's Councils/local children's services boards/commissions</td> </tr> <tr> <td>Department of Children and Families (DCF)</td> <td>Department of Health (DOH)/Part H/C</td> </tr> <tr> <td>Department of Education (DOE)</td> <td>Local Communities</td> </tr> <tr> <td>Interagency Councils</td> <td></td> </tr> </table>		Training coordinators at local level	Members of Workgroup who are influential members of national organizations	Vocational/Technical Colleges	Four (4) year Institutions	Community Colleges	Local Training Coordinators	Local professional affiliates	FL Children's Councils/local children's services boards/commissions	Department of Children and Families (DCF)	Department of Health (DOH)/Part H/C	Department of Education (DOE)	Local Communities	Interagency Councils	
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Department of Education (DOE)	Local Communities														
Interagency Councils															
<p><b>FACILITATOR:</b></p>															

TOPICAL AREA: Credential/Certification (Group B)		OUTCOME #20
OUTCOME STATEMENT: There will be Child Development Associate (CDA) equivalencies in Infant Child Care and Family Child Care.		
CURRENT STATUS/PROBLEM STATEMENT: There are currently no state equivalencies for infant, child or family child care specialization.	EVALUATION CRITERIA: Fifty percent (50%) of the current recognized equivalency training programs will provide an Infant Child Care certification specialization equivalency by September 1999.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Encourage training institutions to develop and submit Infant Child Care equivalence programs which include a disabilities and special health care needs component.</p> <p>1. Offer training that could lead to an Infant Child Care credential.</p> <p>B. Require a minimum of one (1) staff to be credentialed in Infant Child Care for a center to provide infant care.</p> <p>1. Would require a statutory change.</p> <p>C. Involve FL Family Child Care Home in the development of equivalency program for Family Child Care which will have a re-certification component.</p>		<p>Ongoing</p> <p>Complete</p>
POTENTIAL RESOURCES: Hillsborough County has/had Infant Child Care Equivalency See established equivalency listing Council for Early Childhood Professional Recognition, Washington, D.C.		
FACILITATOR: Department of Children and Families (DCF)		

TOPICAL AREA: Personnel/Capacity (Group B)		OUTCOME #21
<p>OUTCOME STATEMENT: Staff who have been trained in disabilities and special health care needs receive a higher salary rate in order to increase the availability of quality child care services for children birth through age three (3) as well as children up to age twenty-one (21) who qualify for Exceptional Student Education (ESE) services.</p>		
<p>CURRENT STATUS/PROBLEM STATEMENT: Low wages for exist for all child care personnel, resulting in frequent turn-over and lack of availability.</p>		<p>EVALUATION CRITERIA: Survey of child care providers.</p>
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Investigate "Project Challenge" in order to access staff support.</p>		1.2
<p>B. Increase public awareness of the need for specially trained staff to work with children birth through age three (3) as well as children up to age twenty-one (21) who qualify for Exceptional Student Education (ESE).</p> <p>1. Secure funding.</p>		1.2
<p>C. Develop and/or increase the availability of a credentialed training program for working with children and young adults with disabilities and special health care needs.</p>		Ongoing
<p>D. Access additional funding sources to provide higher salaries/rates of reimbursement.</p>		2.1
<p>POTENTIAL RESOURCES: Check Blue Ribbon Initiative - Jacksonville/Duval County (funded by Children's Commission)</p>		
<p>FACILITATOR:</p>		

TOPICAL AREA: Affordability; Financing (Group D)		OUTCOME #22
<p>OUTCOME STATEMENT: Multiple funding sources will be utilized to increase the resources available to child care providers in order to care for children and young adults with disabilities and special health care needs (both available/awareness by providers and identified), and ensure the provision of supports (consultation, equipment, facilities, insurance, transportation, etc.) to all child care centers/licensed family child care homes, and all other arrangements to allow them to serve children and young adults with disabilities or special health care needs, including children with severe disabilities.</p>		
<p>CURRENT STATUS/PROBLEM STATEMENT: Currently, many communities have not pooled potential funding sources that could facilitate serving children and young adults with disabilities and special health care needs, due to perceived and real barriers.</p>	<p>EVALUATION CRITERIA: In each community, a minimum of two additional funding sources will be recognized and utilized, resulting in an increase in the number of children and young adults with disabilities and special health care needs in regular child care arrangements.</p>	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Identify all funding sources, eligibility, barriers (perceived or real) to using multiple funding sources. (i.e. Local Educational Agency (LEA), Part H/C, Subsidized, Pre K, HeadStart, all "STARTS", WAGES and community organizations, Family Preservation).</p> <ol style="list-style-type: none"> <li>1. Advocate for child care partnerships to identify local money to serve children and young adults with disabilities and special health care needs.</li> <li>2. Child care partnerships will be developed to identify and secure local money to serve children and young adults with disabilities and special health care needs. <ol style="list-style-type: none"> <li>a. Community Inclusion Teams</li> </ol> </li> <li>3. Build funding models.</li> <li>4. A lead agency will disseminate information re: leading funders to local interagency councils and prepare different funding models specific to a variety of disabilities and special health care needs situations and distribute.</li> </ol> <p>B. Develop and implement a waiver process to agencies for rules, regulations and or policies.</p>	<p>December 31, 1998</p> <p>Ongoing</p> <p>Ongoing</p> <p>1.2</p>	

STRATEGIES AND ACTIVITIES Outcome 22 - continued	TIMELINE: Year/Quarter
<p>C. Utilize and/or develop community coalitions to collaborate, mentor, and plan how to implement these funding models.</p> <ol style="list-style-type: none"> <li>1. Pilot in two communities (rural and urban) a community coalition that tests out multiple funding sources, identify existing resources, and make then available for inclusive child care, utilize Department of Children and Families (DCF) Quality Child Care money as a pool for start up costs and on-going costs (that cannot be met through other existing resources)               <ol style="list-style-type: none"> <li>a. In order to receive these moneys children must utilize other money, such as part H/C Special Instruction Consultation Service, WAGES, local coalitions.</li> <li>b. Florida Developmental Disabilities Council and Department of Children &amp; Families funded pilots.</li> </ol> </li> <li>2. Coalitions should continue to work with Local Educational Agencies (LEAs) to provide birth through three (3) resources.</li> </ol> <p>D. Provide incentives for private, for-profit child care centers to serve children and young adults with disabilities and special health care needs.</p> <ol style="list-style-type: none"> <li>1. Pilot in two communities (rural and urban) a community coalition that tests out multiple funding sources, identify existing resources, and make them available for inclusive child care; utilize Department of Children and Families (DFC) Quality Child Care money as a pool for start up costs and on-going costs that can not be met through other existing resources.               <ol style="list-style-type: none"> <li>a. School Readiness Coalitions</li> <li>b. In order to receive these moneys children must utilize other money, such as part H/C consultative, WAGES, local coalitions.</li> </ol> </li> <li>2. Interagency council and communities should collaborate with LEAs to provide birth through three (3) funding and service delivery.               <ol style="list-style-type: none"> <li>a. In order to receive these moneys children must utilize other money, such as part H/C consultative, WAGES, local coalitions.</li> </ol> </li> </ol> <p>E. Develop legislative budget request for FY 1999-2000 to expand the Inclusion Pilots for statewide application.</p> <ol style="list-style-type: none"> <li>1. Provide legislative budget request to all child care and disability organizations to build support.</li> </ol>	<p><b>Complete</b></p> <p>Ongoing</p> <p>October, 1998</p> <p><b>Complete</b> <b>Complete</b></p> <p>Ongoing</p> <p>1.2</p>
<p>POTENTIAL RESOURCES:</p>	
<p>FACILITATOR:</p>	

TOPICAL AREA: Affordability; Financing (Group D)		OUTCOME #23
OUTCOME STATEMENT: Provide financial incentives to increase the number of Gold Seal centers and licensed family child care homes in order to provide quality child care for more children including children and young adults with disabilities and special health care needs.		
CURRENT STATUS/PROBLEM STATEMENT: Fewer than ten percent (10%) of child care centers and licensed family child care homes are accredited and therefore awarded FL Gold Seal accreditation.	EVALUATION CRITERIA: Increase by three hundred (300) each year the number of child care centers and licensed family child care homes that achieve accreditation.	
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. The FL Child Care Initiative includes and will continue to include funding to assist child care centers and licensed family child care homes to become accredited.</p> <p>B. Develop Legislative Budget Request to increase number of children served in subsidized child care, Gold Seal Programs.</p>		<p>Ongoing</p> <p>Complete/Ongoing</p>
POTENTIAL RESOURCES: Department of Children and Families (DCF) Local communities FL Developmental Disabilities Council (FDDC)		
FACILITATOR:		

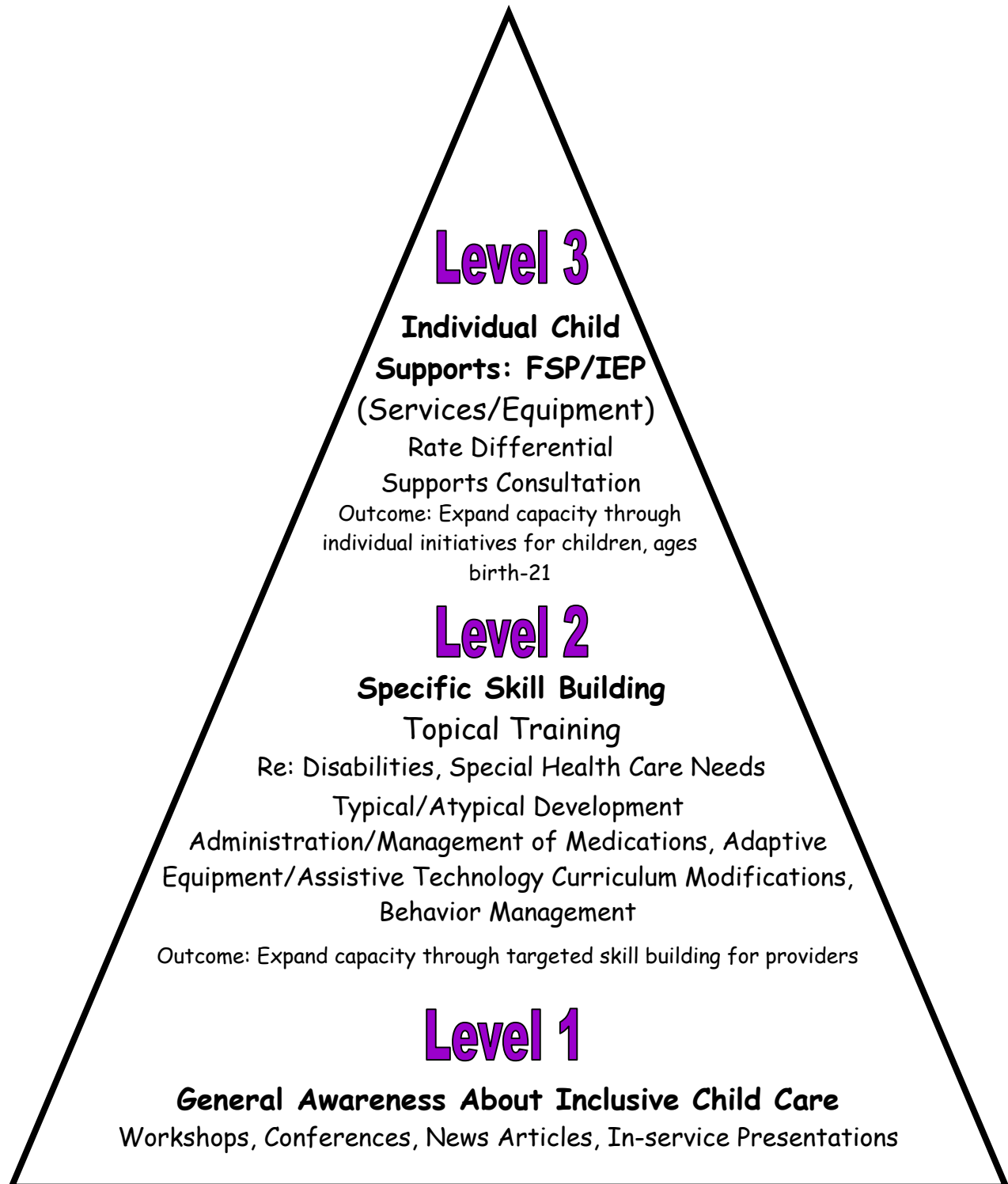


STRATEGIES AND ACTIVITIES Outcome 24 - continued	TIMELINE: Year/Quarter
<p>C. Contact Bureau Chief of DOE Bureau of Instructional Support and Community Services to encourage schools to make facilities available to communities for recreational programs and require that such programs serve children and young adults with disabilities and special health care needs.</p> <ol style="list-style-type: none"> <li>1. Meet with Bureau Chief to discuss different options for encouraging schools, such as:               <ol style="list-style-type: none"> <li>a. working with the State School Board and School Superintendent Associations;</li> <li>b. working with communities to assist them to work with schools to get them to require in their contracts for before and after school child care that children and young adults with disabilities and special health care needs be included; and</li> <li>c. what the Bureau can do to facilitate these programs.</li> </ol> </li> <li>2. Collaboration at the Inclusion Institutes in 2002 and 2003</li> <li>3. Family Surveys disseminated to families of school district children.</li> </ol> <p>D. Seek approval to serve children and young adults with disabilities and special health care needs eligible for subsidized child care who are older than the currently allowed age range.</p> <ol style="list-style-type: none"> <li>1. WAGES dollars for 13-17 year olds               <ol style="list-style-type: none"> <li>a. Legislation Florida has the authority to use.</li> </ol> </li> </ol> <p>E. Develop legislative budget request to expand child care for young children and adults with disabilities and special health care needs in child care community arrangements.</p>	<p>1.2</p> <p>Complete Complete</p> <p>Complete</p> <p>1.4</p>
<p>POTENTIAL RESOURCES:</p> <p>Finance workgroups Department of Children and Families (DCF)</p>	
<p>FACILITATOR:</p>	

TOPICAL AREA: Quality (Group A)		OUTCOME #25
OUTCOME STATEMENT: To reduce the child/adult ratios in child care centers/licensed family child care homes in order to ensure optimal development of all children.		
CURRENT STATUS/PROBLEM STATEMENT: one to twenty (1:20) credential ratio; no enforcement of requirements. Department of Children and Families (DCF) monitors call before they visit.	EVALUATION CRITERIA:	
STRATEGIES AND ACTIVITIES	TIMELINE: Year/Quarter	
A. Increase market rate for subsidized child care so ratios can be lowered.	1.4	
B. Pass legislation changing these ratios.	1.4	
C. Provide financial incentives for child care centers/licensed family child care homes and after-school care that voluntarily lower adult/child ratios.	3.4	
D. Does a child care center pay corporate tax? Investigate corporate tax credit for lowering ratios.	1.4	
POTENTIAL RESOURCES: State licensing guidelines Local licensing guidelines (could be stricter than state guidelines) Juvenile Welfare Boards Corporate support		
FACILITATOR: Department of Children and Families (DCF)		

TOPICAL AREA: Technical Assistance (Group E)		OUTCOME #26
<p>OUTCOME STATEMENT: Ensure the availability and provision of on-going technical assistance to child care providers, parents and other key stakeholders in statewide, regional, local, and provider-directed technical assistance opportunities that will encourage the access to appropriate, inclusive child care settings. This technical assistance may range from events that are focused generically on expansion and circulation of inclusive child care strategies and approaches to individual provider consultation and support that assist the inclusion of an individual child.</p>		
<p>CURRENT STATUS/PROBLEM STATEMENT: A wide variety of technical assistance is available. However, it is unlinked, under-utilized, and has insufficient follow-up. There is a lack of information on successful inclusion programs.</p>		<p>EVALUATION CRITERIA: Increase the use of technical assistance opportunities as documented by sources such as surveys of parents, providers, technical assistance experts, and monitors.</p>
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. To provide a variety of technical assistance opportunities to parents, providers:</p> <ol style="list-style-type: none"> <li>1. Identify and disseminate a list of local experts, including parents/para-professionals, who can provide limited technical assistance to child care providers.</li> <li>2. Identify and establish a Technical Assistance Liaison in each district to build relationships, know resources, and provide concrete information. <ol style="list-style-type: none"> <li>a. Child Care Resource and Referral - Inclusion Coordinators</li> </ol> </li> <li>3. To expand the special instruction consultant Special Instruction Consultant(SIC) model: <ol style="list-style-type: none"> <li>a. for the Part H/C population, to all areas of the state by making local Early Intervention Programs (EIPs) aware through Children's Medical Service (CMS).</li> <li>b. to work with older children through accessing school district resources.</li> </ol> </li> <li>4. Develop mentor model.</li> <li>5. Facilitate FL Diagnostic and Learning Resources System (FDLRS) partnership. <ol style="list-style-type: none"> <li>a. Network with computers to FDLRS districts, explore linkages to provide database of inventory of technical assistance opportunities. <ol style="list-style-type: none"> <li>1. Florida Children's Forum/Central Directory and FDLRS share the same toll free number.</li> </ol> </li> </ol> </li> <li>6. To expand/share expertise of FL Inclusion Network to other entities serving children and young adults with disabilities and special health care needs.</li> </ol> <p>B. Implement the model to promote awareness as the broad base of impact, training as the next steps and 1:1 technical assistance at the apex of the triangle.</p>		<p>Complete</p> <p>Complete/Ongoing</p> <p>Complete/Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>2.1</p> <p>Ongoing</p> <p>Complete/Ongoing</p> <p>Ongoing</p>

# Inclusive Child Care Training/Technical Assistance Model



STRATEGIES AND ACTIVITIES Outcome 26 - continued	TIMELINE: Year/Quarter
POTENTIAL RESOURCES:	
Local Training Coordinators - through community colleges, Department of Children and Families (DCF) (person in charge of implementing 30 hour trainings)	
FL Diagnostic Learning and Resources System (FLDRS) Association for Retarded Citizens (ARC) Local Interagency Coordinating Councils (LICC) National Early Childhood Technical Assistance System (NEC*TAS) Office of Special Education Programs (OSEP) OERI Foundations Childrens' Services Councils Council for Exceptional Children (CEC) Florida Inclusion Network	Easter Seals United Cerebral Palsy Centers (UCP) Local Interagency Disabilities Councils CMS/ Early Intervention Program (EIP) WAGES Coalition Coalition for Exceptional Education Students (CEES) National Assoc. for the Ed. of Young Children (NAEYC) FL Department of Education (DOE) Kidnet through FL Children's Forum (FCF)
FACILITATOR:	
FL Developmental Disabilities Council (FDDC)	

TOPICAL AREA: Materials and Equipment (Group A)		OUTCOME #27
<p>OUTCOME STATEMENT: Develop a statewide network for housing and lending materials, equipment and supplies to facilitate accessibility and provision of services to individuals with disabilities and special health care needs. Provide information about available resources and materials to parents, providers, and home visitors to increase the likelihood of successful inclusion for children and young adults with disabilities and special health care needs.</p>		
<p>CURRENT STATUS/PROBLEM STATEMENT: Materials are under-utilized because people are unaware of availability and applicability. Former opportunities FL Diagnostic and Learning Resources System (FDLRS) materials centers have shut down.</p>		<p>EVALUATION CRITERIA: Base on public library system, i.e., data base that tracks number of users, frequency of use, over and under-utilized materials. Track number of people checking out materials. Have them fill out evaluation form when they return items.</p> <ol style="list-style-type: none"> <li>1. Percent or Number of usage</li> <li>2. Satisfaction survey</li> <li>3. Measure home use of equipment</li> <li>4. Improvement</li> </ol>
STRATEGIES AND ACTIVITIES		TIMELINE: Year/Quarter
<p>A. Develop a list of equipment and video tapes recommended for use for programs including children and young adults with disabilities and special health care needs.</p> <ol style="list-style-type: none"> <li>1. List by exceptionality (Physically Impaired. Hearing and Language Impaired, etc.)</li> <li>2. Address age appropriate/developmentally appropriate issues.</li> <li>3. Child care providers and child's school programs should coordinate regarding recommended equipment.</li> </ol> <p>B. Investigate (through all avenues) what already exists and where, so we don't reinvent the wheel. (i.e., how does public library system work?) Resource mobiles; expand Assistive Technology Education Network (ATEN) network - investigate how this system works.</p> <ol style="list-style-type: none"> <li>1. Assistive Technology Education Network (ATEN)</li> <li>2. Lending libraries are based at Florida Diagnostic Learning Centers</li> </ol> <p>C. Develop systems to order equipment, materials and supplies in person or by phone, fax or Internet.</p> <ol style="list-style-type: none"> <li>1. Make provisions for home use of equipment individual use at school, along with person (home visitor) to help families use equipment appropriately.</li> </ol> <p>D. Develop a policy whereby purchased equipment should revert to agency or network for hand-me-downs.</p> <ol style="list-style-type: none"> <li>1. When state funds are used to buy technology/equipment for children, ensure that families return the equipment when it is no longer in use-- contributing to the technology lending library. <ol style="list-style-type: none"> <li>a. ATEN has limited equipment.</li> </ol> </li> </ol>		<p>1.4</p> <p>Completed/Ongoing</p> <p>2.4</p> <p>Ongoing</p>

STRATEGIES AND ACTIVITIES Outcome 27 - continued	TIMELINE: Year/Quarter
<p>2. Make technology/equipment loans available to child care providers for children in their care.</p> <p>a. Support the appropriate use of equipment/materials through on-site consultation, workshops and printed materials.</p> <p>E. Network to network - i.e., have library computers hooked up to FL Diagnostic and Learning Resources System (FDLRS) database, containing:</p> <p>3. Media Center Materials</p> <p>4. Speakers Bureau</p> <p>5. Teleconferences</p> <p>F. Weekend with the experts - companies will come for free (Link with training, i.e., Child Development Associate (CDA) accreditation).</p> <p>G. Develop Public Service Announcements (PSA's) to publicize chosen methods. Use WWW, toll-free number, community resource books, brochures in three languages.</p> <p>1. Disseminate these brochures and newsletters to public housing management offices, WAGES, coalitions, etc.</p> <p>H. Extend hours of toy lending libraries with delivery system.</p> <p>1. Provide a card with each piece of equipment with ideas for use.</p> <p>I. Investigate United Way of Central Florida, Success by Six computer network cross referencing people by social security number so they don't have multiple services.</p> <p>1. Department of Education (DOE) Clearinghouse, local school, personnel, FL Diagnostic and Learning Resources System (FDLRS), Assistive Technology Education Network (ATEN), Orlando), companies and manufacturers.</p>	<p>2.4</p> <p>3.1</p> <p>2.4</p> <p>2.4</p> <p>2.2</p>
<p>POTENTIAL RESOURCES:</p> <p>Businesses</p> <p>Local Counties/communities</p> <p>FL Department of Education (DOE)</p> <p>Child Care Resource and Referral Centers</p> <p>Service organizations, i.e., Sertoma, Lions, Shriners, Elks, Civitan, Kiwanis, Knights of Columbus</p>	
<p>FACILITATOR:</p> <p>FL Diagnostic and Learning Resources System (FLDRS)</p> <p>Child Care Resource and Referral Centers</p>	













## DEVELOPMENTAL DISABILITIES DEFINITION

The term "developmental disabilities" means a severe, chronic disability of a person 5 years of age or older which-

- A. Is attributed to a mental or physical impairment or a combination of mental and physical impairments;
- B. Is manifested before the person attains age twenty-two;
- C. Is likely to continue indefinitely;
- D. Results in substantial functional limitations in three or more of the following areas of major life activity:
  - Self care,
  - Receptive and expressive language,
  - Learning,
  - Mobility,
  - Self-direction,
  - Capacity for independent living, and
  - Economic self-sufficiency; and
- E. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated;
- F. Except that such term when applied to infants and young children means individuals birth to age five, inclusive, who have substantial developmental disability or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

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