

Project EXCEPTIONAL Training

Phase III: Evaluation of Increased Capacity to Include
Children with Disabilities in Child Care



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Phase III: Evaluation of Increased Capacity to Include Children with Disabilities in Child Care

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Background and Evaluation Objectives

The Center for Early Education and Development at the University of Minnesota is conducting a longitudinal five-year evaluation of the Project EXCEPTIONAL professional development program, created by the Center for Inclusive Care at Concordia University. Project EXCEPTIONAL (“PE”) is a training program that focuses on providing information, skills, and training to child care providers with the hopes of fostering the successful inclusion of young children with disabilities in various child care settings.

This initial stage of the PE evaluation involved using a mail-in survey to gather baseline demographic and professional information on the first-time trainees of the PE program. First-time PE trainees were defined as those who had taken one or more PE courses from the period beginning July 31, 2004 through March 5, 2005. One survey objective was to evaluate the influence of the PE program on the trainees’ attitudes, behavior, and knowledge as caregivers of young children with disabilities. Specific components of the survey include assessments of first-time trainees’ awareness and/or use of online resources through the Center for Inclusive Care (CICC) website and of early childhood screening and referral services. Another goal of the survey was to determine those training needs that would best meet the unique gaps in knowledge and skills in caring for young children with disabilities in diverse child care facilities.

Section one of the report provides demographic information on the first-time PE participants who were eligible to participate in this survey. Section two of the report provides information on the child care program settings in which first-time trainees offer their services. Section three of the report provides information on the experience of providers with the PE professional program and assesses the extent to which the skills gained through the program has enhanced their care of, or has increased their capacity for, children with disabilities in their facilities.

One of the goals of the PE professional program is to include all children in typically developing settings regardless of ability. Since the decision to care for children (or more children) with disabilities is influenced by attitudes, we asked the respondents to share their concept of inclusion of children with disabilities in their child care program. Appendix A (“What Providers Said About Inclusion of Young Children with Disabilities”) contains responses from first-time PE trainees regarding their individual philosophies of “inclusion” in early child care settings.

Summary of Key Findings

The following are key findings of the 2006-2007 survey evaluation of PE trainees, divided into the three sections of information gathered. The fourth section includes selected examples of the statements of PE trainees regarding their beliefs and attitudes about inclusion of young children with disabilities in child care settings.

Demographics of PE Participants

- The PE trainees surveyed had an average of 16 years professional experience in caring for young children.
- More than a third of the trainees had graduated from college and nearly all had some post-high school education.
- The survey cohort is representative of all child care providers in Minnesota with regard to their professional role(s). That is, the number of family child care providers, primary teachers, assistant teachers, program directors, etc. in the group are similar to the proportion of such roles of providers throughout the state.

Information on Child Care Settings

- As with the roles providers fulfill, the proportion of settings in which the trainees work is representative of child care settings in Minnesota.
- Approximately one half of the trainees surveyed are from the Metropolitan Area and one half are from Great Minnesota.
- Survey respondents care for children ages birth to school age.

Provider Experiences with the Project EXCEPTIONAL Program

- The **primary** reason trainees enroll in PE training is to “increase knowledge and learn new strategies in working with children with disabilities.”
- The **secondary** reason trainees enroll in PE training is to “fulfill licensing requirement(s) for training hours.”
- More than one half of the trainees took fewer than four hours of PR training.
- In response to questions about application of knowledge and skills gained from the PE program, trainees reported “increased comfort in approaching parents of children with disabilities with concerns about their child’s development.” When appropriate, they

“encouraged parents to seek early childhood screening and/or referred them to special education services.”

- A majority of the trainees reported that they did not use the Center for Inclusive Child Care web site to gain access to information and resources.
- When asked for their reasons for not including children with disabilities in their settings, trainees reported the following as primary barriers to inclusion:
 - Need physical adjustments
 - Liabilities
 - Space limitations
- A majority of respondents reported that they knew about early childhood screening and referral services and approximately half of them have accessed these services and/or referred families to them.

What Providers Said About Inclusion of Young Children with Disabilities

The following are selected trainee comments regarding inclusion.

I feel all children should be able to play and interact with other children regardless of their abilities.

It is the best environment for all children to learn, grow and respect each other. There are many kinds of people in our world. To meet and live with all types of people from a very early age is crucial to learning acceptance and empathy. Children with disabilities learn from typically developing role models and therefore model these behaviors. It's a win/win situation.

Working with our district ECSE for the past 10 plus years we see the importance of connecting all parents and all children. It's a great atmosphere to learn from each other.

I like having children in my family child care group who have different levels of abilities. I find that it is a good fit in a family-type, mixed-age setting, particularly for children with developmental or behavioral difficulties. The typically developing children, with only a little help, are generally very accepting of different abilities since they are always in a group of children with differing abilities (due to the age range). The child with developmental or behavioral difficulties benefits from the models and stimulation provided by the typically developing children, and also finds playmates who match their developmental abilities at times, and children who match their age at times.

The preliminary information gained from this survey of PE trainees informs us about the characteristics of providers and establishes a “baseline” regarding their use of the knowledge and skills taught through PE training. In addition, it provides data regarding trainees’ knowledge of and use of related community resources such as screening and referral services. Finally, the comments of trainees provide a window into their general beliefs and attitudes regarding inclusion of children with disabilities.

This cohort of trainees will be followed during the next three years to determine whether or not they participate in additional PE training and if so, how their implementation of knowledge and skills does or does not change. At the time of this survey most trainees had participated in a limited amount of PE training, so they had been exposed to only fundamental level PE training material. A central question of future evaluation activities will be, “If providers participate in additional PE training and/or use additional resources, such as those accessible through the Center for Inclusive Child Care web site, does it affect their beliefs and attitudes regarding inclusion and does it have an impact on their child care practice?”

I. Demographics of First-Time Project EXCEPTIONAL Participants

Longitudinal Survey Population

Of the 71 participants who completed the survey, 29 (41%) individuals attended a PE training course prior to July 31, 2004 and 42 (59%) did not (see Figure 1). The first-time Project EXCEPTIONAL trainees have, on average, 16 years of professional experience in caring for young children in various early child care settings; their years of experience range from two years to 38 years. These 42 participants are first-time PE trainees who are eligible to participate in the PE longitudinal surveys.

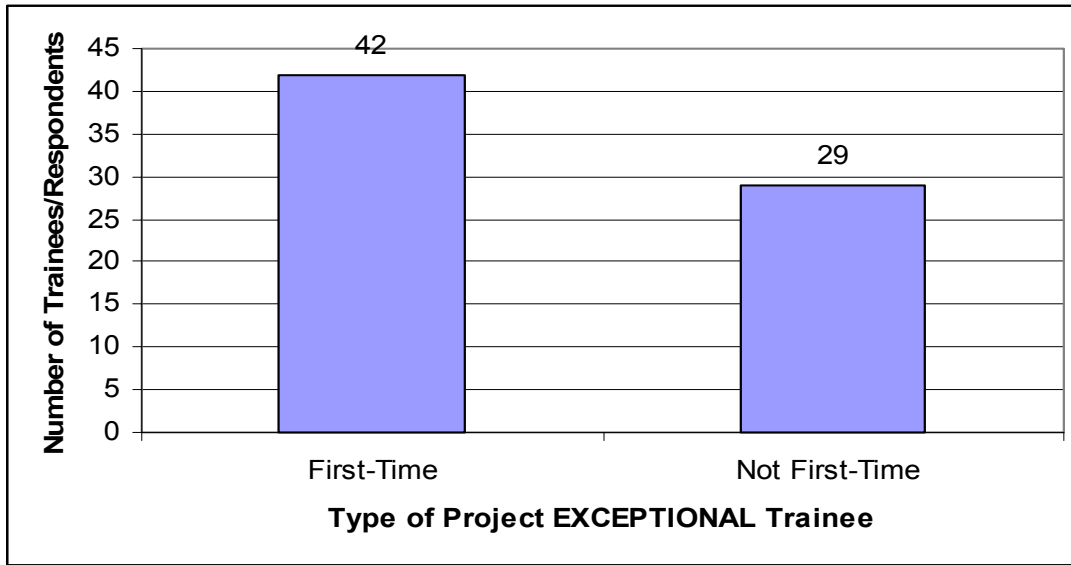


Figure 1: Type of Project EXCEPTIONAL Trainee by Number of First-Time Trainees

Age of Providers

The age of first-time PE trainees ranged from 18 to over 64 years of age. The number of providers by age group is reported as follows: two providers (5%) were 18 to 24 years of age, nine providers (21%) were 25 to 34 years of age, nine providers (21%) were 35 to 44 years of age, 14 providers (33%) were 45 to 54 years of age, six providers (14%) were 55 to 64 years of age, and two providers (5%) were over 64 years old (see Figure 2).

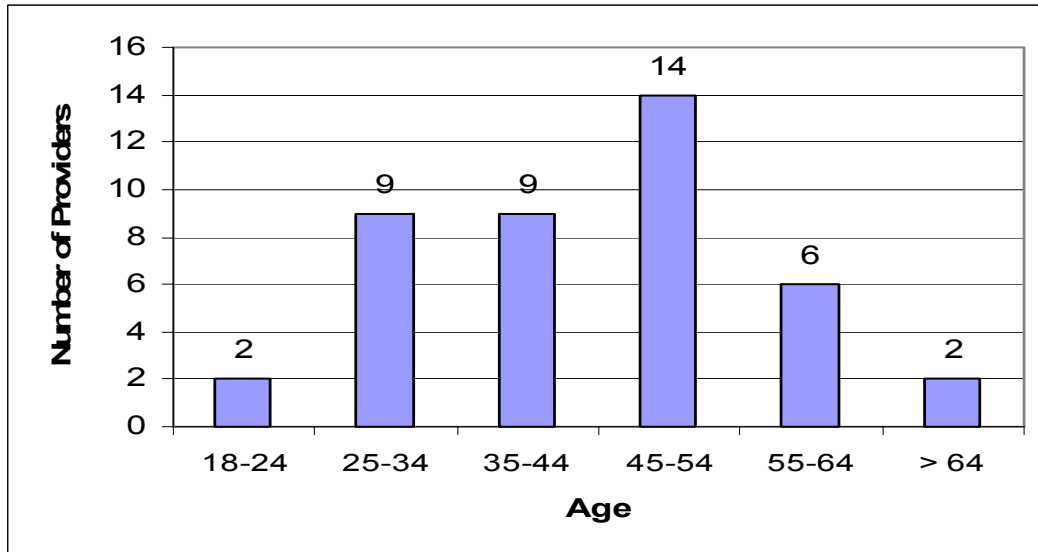


Figure 2: Age of Providers by Number of Providers

Level of Education of Providers

While first-time PE trainees attained different levels of education, more than a third of them graduated from college. The trainees and their level of educational attainment are summarized as follows: one provider (2%) with a General Educational Development Certificate (GED), six providers (14%) received a high school diploma, eight providers (19%) received some college education, eight providers (19%) received a Child Development Associate Certificate (CDA), 15 providers (36%) had a Bachelor degree, three providers (7%) attended a 2-year community or technical college program, and one provider (2%) attained a graduate degree (see Figure 3).

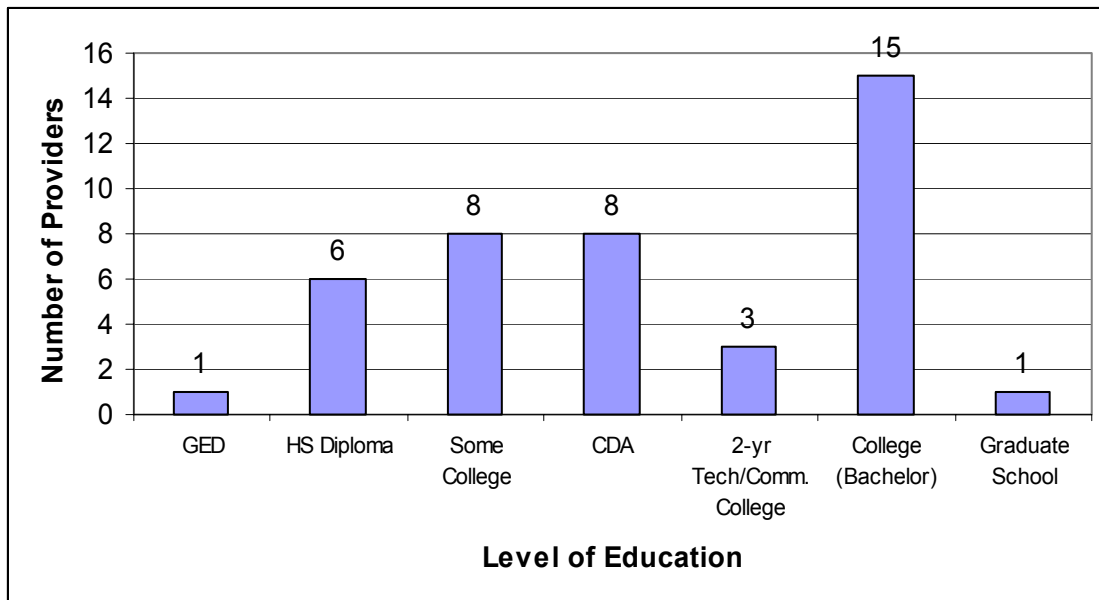


Figure 3: Level of Education by Number of Providers

Professional Role(s) of Providers

Most of the respondents are licensed family child care providers or child care center primary teachers. We found that 27 providers (64%) are family child care providers, 11 providers (26%) are primary teachers at child care centers, four providers (10%) serve as center directors or primary administrators, two providers (5%) work in the FFN category, one provider (2%) is an assistant teacher at a child care center, and another provider (2%) is a Head Start teacher (see Figure 4). Please note that six of these respondents served in more than one professional role.

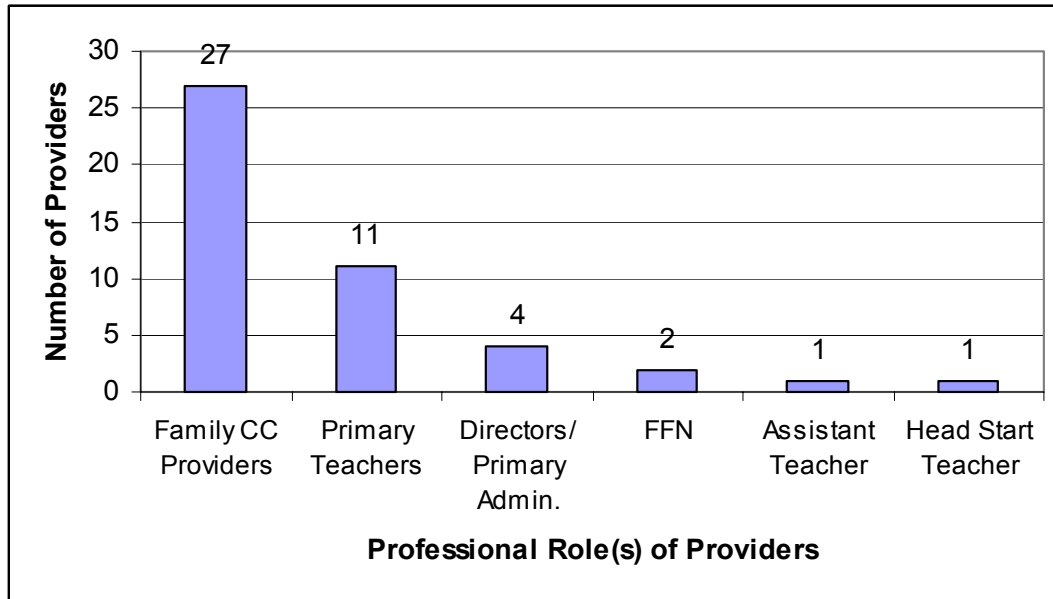


Figure 4: Professional Role of Providers by Number of Providers

Prior Training Received by First-Time Trainees

To evaluate the impact of Project EXCEPTIONAL training on first-time trainees, the type and extent of prior training that is relevant to the care of young children with disabilities was assessed. Providers were asked about four areas of training that they received before their participation in the PE professional program; the following four areas were considered directly or peripherally related to special education training: mental health, health care, disability-related, and other-related courses (see Figure 5). Of those providers who gained additional training prior to their enrollment in the PE program, they received, on average, 12 hours of training in mental health, 7.6 hours in health care, 14.4 hours in disability, and 17 hours in other relevant coursework (see Figure 6).

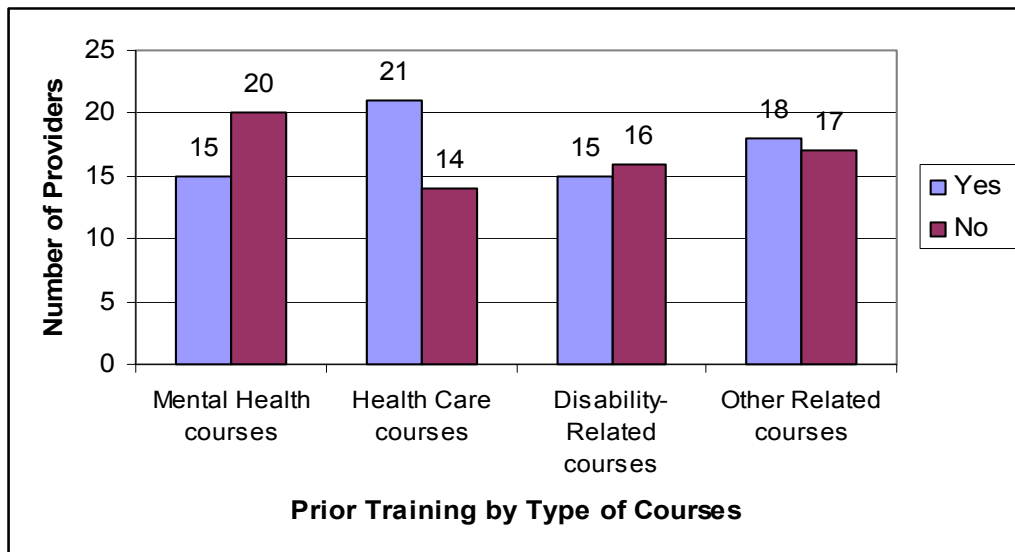


Figure 5: Prior Training by Type of Courses and by Number of Providers

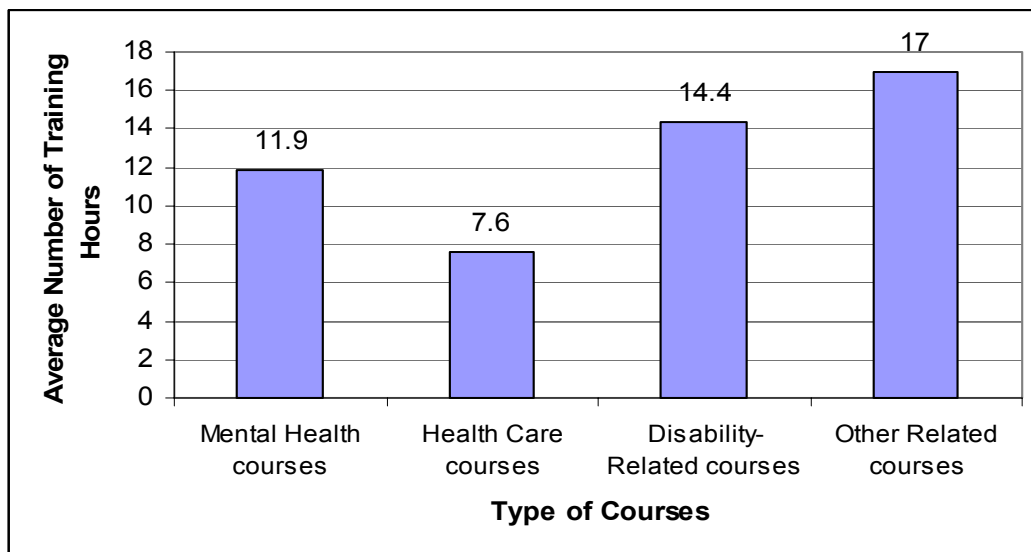


Figure 6: Prior Training by Type of Courses and by Average Number of Training Hours

II. Information on Child Care Settings

Child Care Settings

Most (93%) of the first-time trainees work in either family child care settings or child care centers. Of those surveyed, 27 providers (64%) work in licensed family child care (Licensed FCC) settings, 14 providers (33%) serve in child care centers (CC Center), and one provider (2%) works in a Family, Friend or Neighbor (FFN) setting (see Figure 7). The number of children cared for by first-time trainees varied from one child to 170 children, not including one very large child care facility that provides care to 1300 children. Not including this same large facility, the average number of children cared for by the trainees was 31 children. Please note that none of the respondents reported receiving a special needs rate through public child care assistance for providing care to children with disabilities.

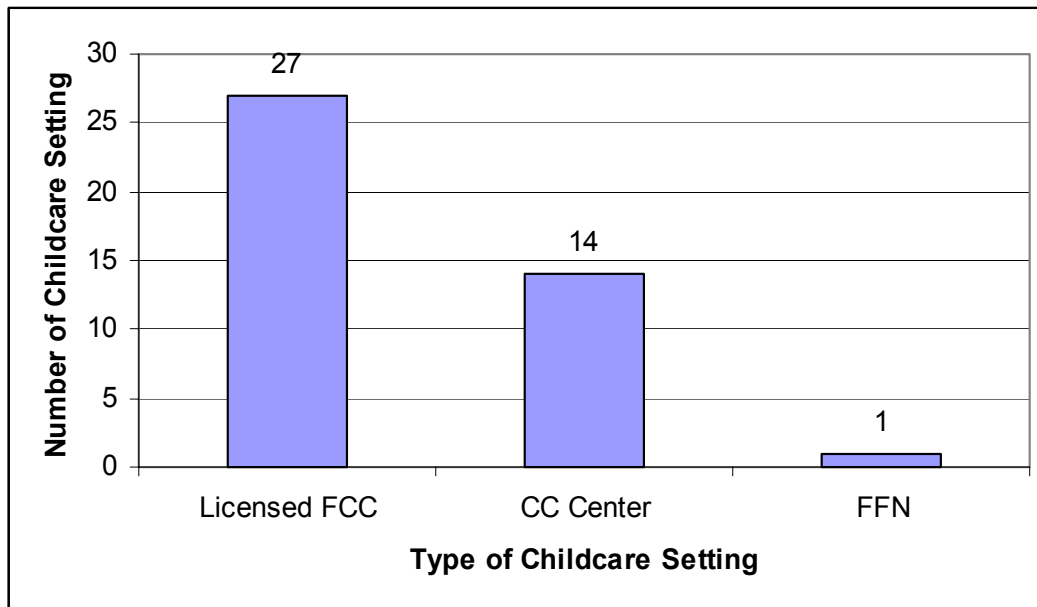


Figure 7: Type of Child Care Setting by Number of Child Care Setting

Locations of Child Care Programs

First-time trainees offered their child care services primarily in four regions in Minnesota. About 20 providers (50%) have their child care programs in the Northwest District, followed by 11 providers (28%) in the East Metro District, five providers (13%) in the West Metro District, and four providers (10%) in the Northeast District (see Figure 8).

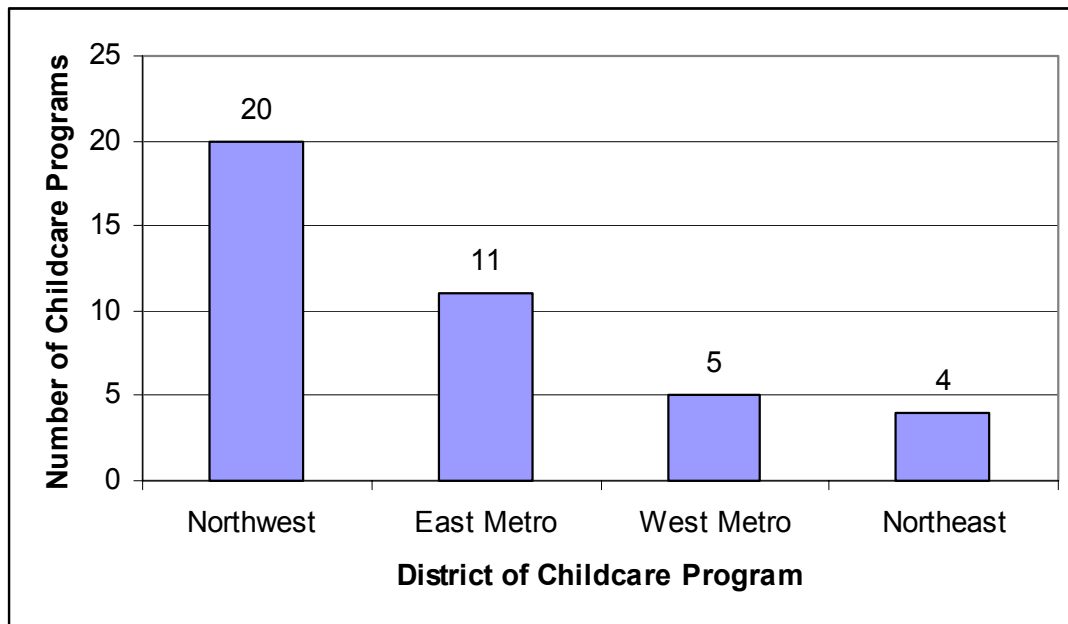


Figure 8: Location of Child Care Program by Number of Child Care Programs

Age group(s) Served by Providers

Over 70 percent of the first-time trainees work with pre-school aged (ages 3 to 6) children in their child care settings. We found that about 30 providers (71%) care for pre-school children, another 19 providers (45%) care for infants or toddlers (birth to age 3), four providers (10%) work with elementary-aged children (age 6 and above), and two respondents (5%) are not caregivers. Please note that 11 first-time trainees care for children in more than one age group (see Figure 9).

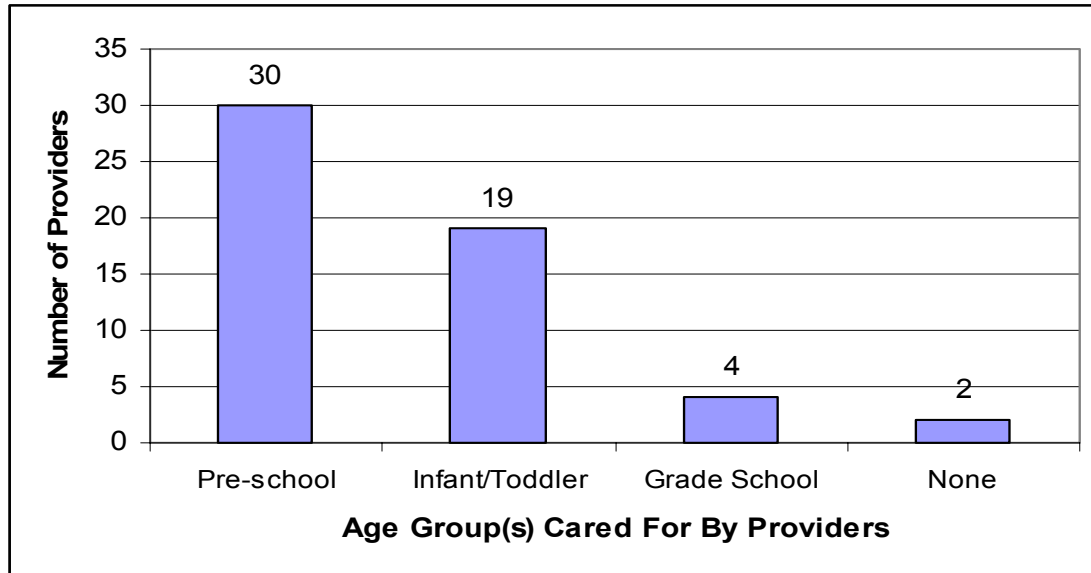


Figure 9: Age Group(s) of Children Cared for by Providers by Number of Providers

III. Experience of Providers with the Project EXCEPTIONAL Professional Program

Primary Reasons for Enrollment in the Project EXCEPTIONAL Program

Providers were asked to rank the most important reason for their enrollment in the Project EXCEPTIONAL professional program (see Table 1 for the reasons). Fifteen trainees (36%) ranked increasing their knowledge and learning new strategies in working with children with disabilities as their primary reason for participating in the PE training. Twelve providers (29%) cited meeting training hours to fulfill licensing requirements as their primary reason for attending the PE program. Seven providers (17%) enrolled in the PE training to learn new strategies to communicate with parents of children with disabilities, including those skills to encourage parents to seek an early childhood screening or a special education referral. Three providers (7%) reported their enrollment in PE training to increase knowledge and to learn new strategies to accommodate children with disabilities in their child care programs.

Table 1: Primary Reasons for Enrollment in the Project EXCEPTIONAL Program

Primary Reasons for Enrollment in the Project EXCEPTIONAL Program	Number of Providers
Increase knowledge and learn new strategies in working with children with disabilities	15
Fulfill licensing requirement(s) for training hours	12
Learn new strategies to communicate with parents, including skills to encourage these parents to seek an early childhood screening or a special education referral	7
Increase knowledge and learn new strategies to accommodate children with disabilities	3
Increase knowledge of online or other consultation resources available to facilitate care of children with disabilities	1

Number of Project EXCEPTIONAL Courses Taken

An overwhelming majority (85%) of the first-time trainees took less than two courses from the Project EXCEPTIONAL professional program. They reported taking, on average, 1.5 courses from the program. The number of PE courses taken by the number of trainees is detailed as follows: 25 trainees (64%) attended one course, eight providers (21%) attended two courses, five providers (13%) participated in three courses, and one provider (3%) attended four courses (see Figure 10).

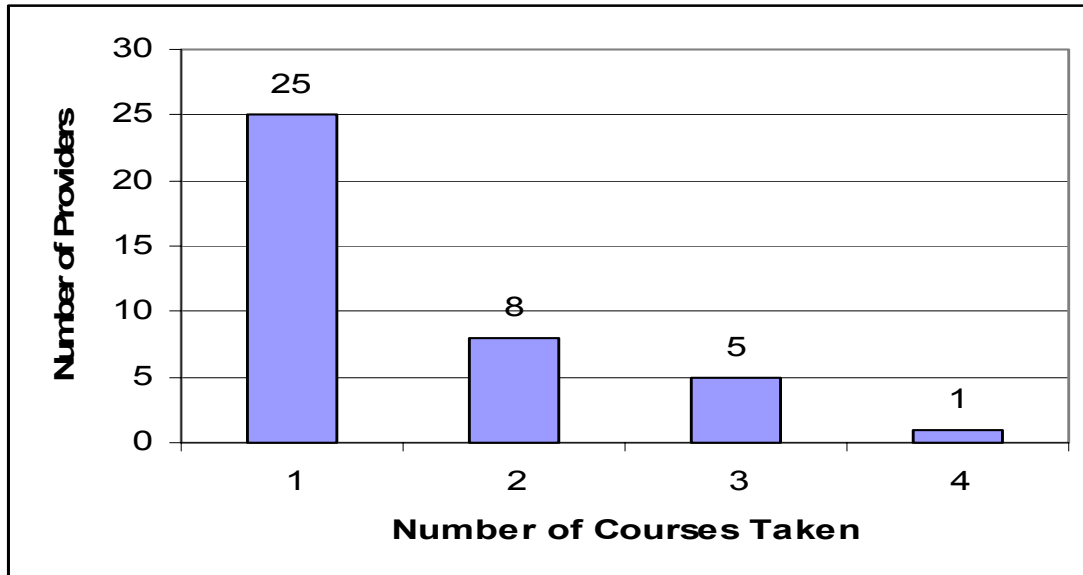


Figure 10: Number of Courses Taken by Number of Providers

Hours of Training in the Project EXCEPTIONAL Professional Program

With respect to the number of hours of Project EXCEPTIONAL training, first-time trainees enrolled in, on average, 3.6 hours of PE training. Their hours of training ranged from a minimum of two hours to a maximum of 10 hours. While almost half of these trainees (19) received two hours of training, two providers (5%) received 10 hours of training through the PE professional program (see Figure 11).

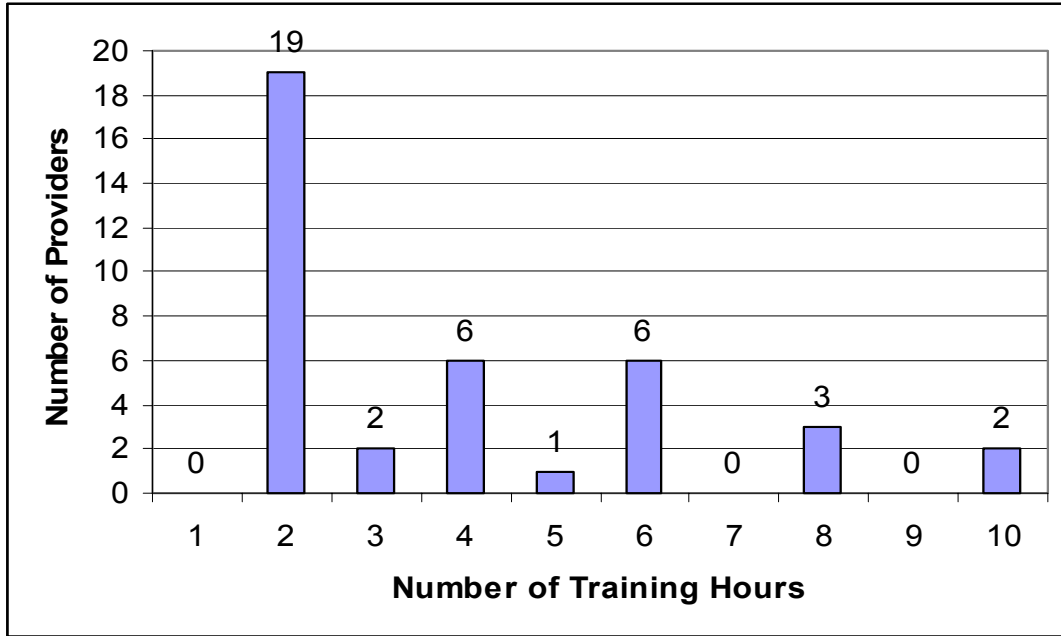


Figure 11: Number of Training Hours by Number of Providers

Application of Knowledge and Skills Gained from the Project EXCEPTIONAL Program

On a scale of one to five providers were asked to rate how strongly they agreed or disagreed with nine statements regarding their application of the knowledge and skills gained through the Project EXCEPTIONAL professional program (see Table 2 for the statements). A rating of “1” shows strong disagreement with the statement, and a rating of “5” expresses strong agreement with the statement. The feedback from the 42 trainees regarding their experience with the PE program ranged from general disagreement to general agreement (2.5 to 3.7 rating).

Table 2: Application of Knowledge and Skills Gained from the PE Program

Application of Knowledge and Skills Earned from the Project EXCEPTIONAL Program	Average Rating
Learned the knowledge and skills to care for children with disabilities	3.4
Increase comfort in providing care to children with disabilities	3.4
Learned what is needed to include children (or more children) with disabilities in a child care facility	3.4
Increase comfort in approaching parents of children with disabilities with concerns about their child’s development	3.7
Provided resources to make physical adjustments to include children (or more children) with disabilities in a facility	3.0
Learned to provide training to personnel to include children (or more children) with disabilities in my care	3.0
Increased confidence in including children (or more children) with disabilities in my care	3.4
Encouraged parents to seek early childhood screening and/or referred them to special education services	3.7
Added children (or more children) with disabilities in my care	2.5

Access to Center for Inclusive Child Care Web Resources

Thirty of the 42 first-time PE trainees (71%) did not use the resources that are offered by the Center for Inclusive Child Care (CICC) website. Specifically, they did not visit the web links, access documents, visit the CICC Learning Center, access the Trainers and Consultants registry, or have at least one phone or one face-to-face consultation through the Trainers and Consultant services. Of the 12 respondents who did employ these resources, their activities by the number of providers are summarized as follows: eight providers (19%) reported visiting the web links offered by the CICC website, three providers (7%) had accessed documents through the website, and one provider (2%) visited the CICC Learning Center (see Figure 12). Of the 12 providers who utilized the CICC online resources, nine providers ranked the website resources to be generally helpful.

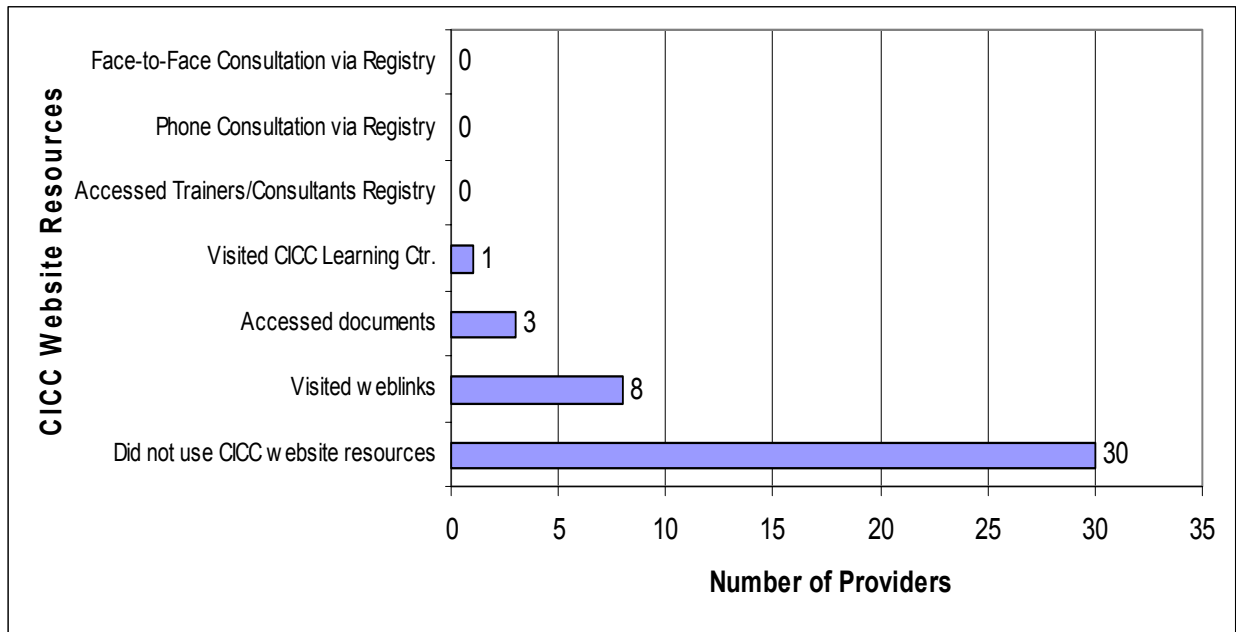


Figure 12: Number of Providers by CICC Website Resources

Number of Children with Disabilities Cared for by Providers

The number of children with disabilities cared for by first-time PE trainees varied widely. They reported caring for, on average, 2.4 children with disabilities in their child care program within the last 12 months of completing the survey. Each point on Figure 13 shows the number of children with disabilities that are cared for by their corresponding number of caregivers. For instance, 12 providers (29%) did not provide care to children with disabilities, while one provider (2%) cared for 13 children with disabilities and another provider (2%) cared for six children with disabilities in their facility.

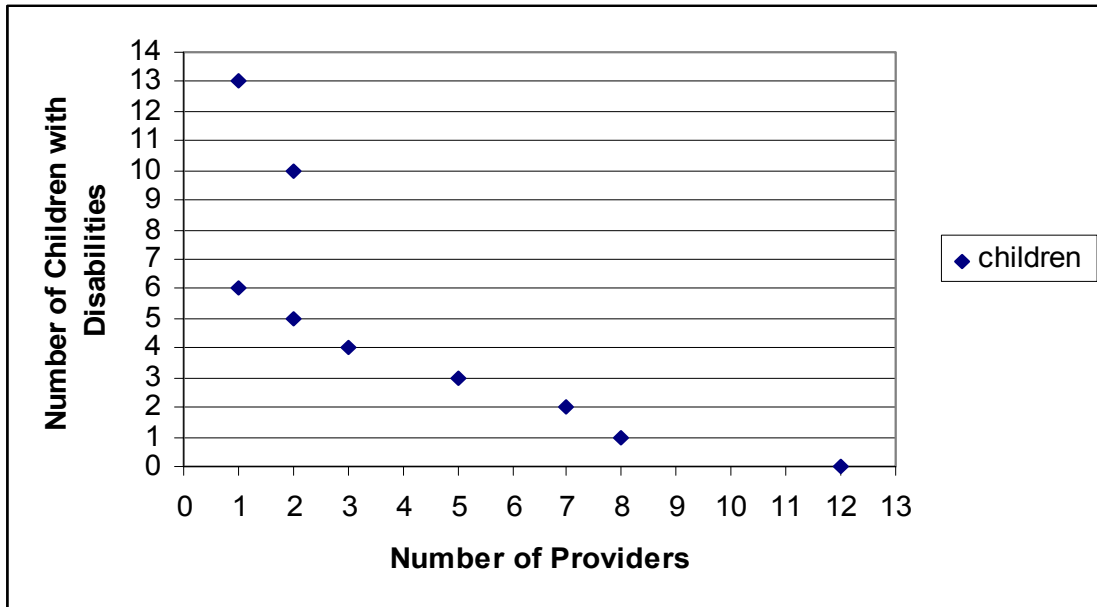


Figure 13: Number of Providers by Number of Children with Disabilities

Types of Disability Cared for by Providers

The providers were given the opportunity to identify a maximum of six children with disabilities in their care. Because the definitions of disabilities are complex and extensive, we have narrowed them into four categories of disabilities--cognitive, physical, communication, and behavior--for the purposes of the survey. The providers reported caring for children with a total of 110 disabilities that fell in the following four areas of disabilities: 11 (10%) cognitive disabilities, 15 (14%) physical disabilities, 32 (29%) communication disabilities, and 52 (47%) behavior disabilities (see Figure 14).

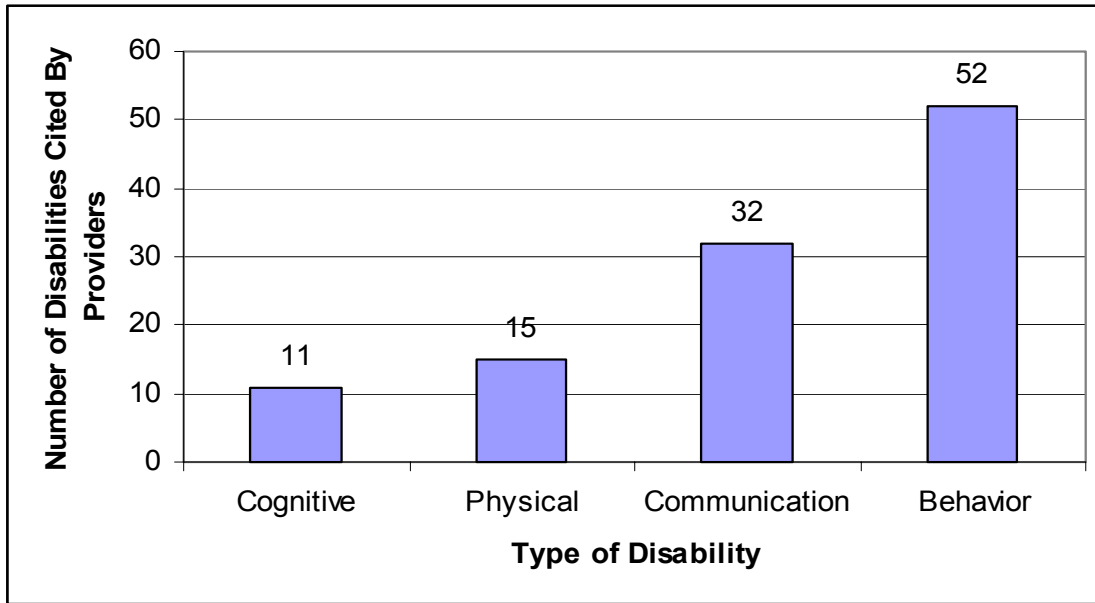


Figure 14: Type of Disability by Number of Disabilities

Primary Reasons for Not Including Children with Disabilities

Providers were asked to rank the most important reason for not including children (or more children) with disabilities in their care (see Figure 15 for the reasons) after receiving Project EXCEPTIONAL training. Twenty-four trainees (57%) reported that there had been no request for the care of children with disabilities in their facilities. Six providers (14%) cited space limitations as the primary impediment for providing care to children with disabilities. Two providers (5%) expressed the need to make physical improvements to their facilities in order to accommodate children with disabilities. Two providers (5%) stated the need to hire more aides or assistants to provide appropriate care to children with disabilities. Two providers (5%) maintained that administrative or school policies prevented the addition of children (or more children) with disabilities in their program or school.

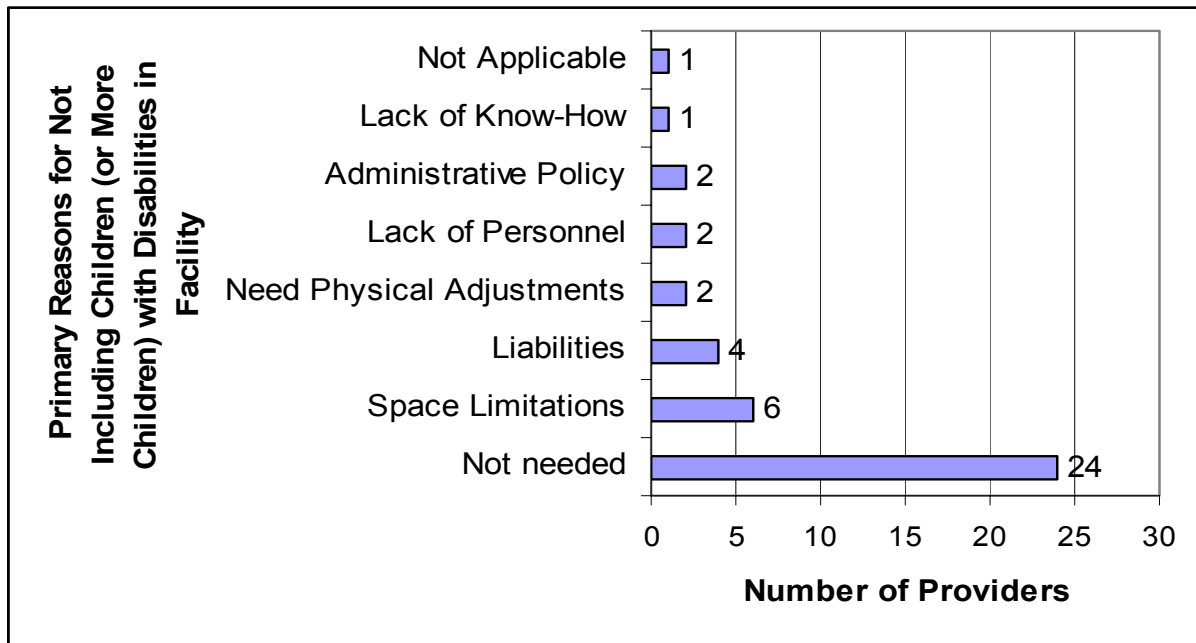


Figure 15: Primary Reasons for Not Including Children with Disabilities in Facility by Number of Providers

Early Childhood Screening and Referral Services for Special Education

Another component of the longitudinal survey is to assess how the Project EXCEPTIONAL training has enhanced the attitudes and behavior of first-time trainees regarding early childhood screening and referral services for special education. Providers were queried about their awareness and use of the early childhood screening and referral services in their area (see Figure 16). With respect to their knowledge of early childhood screening and referral services for special education, 36 providers (88%) reported their cognizance of the availability of these resources and five caregivers (12%) stated otherwise. Since their participation in the PE program, 21 providers (50%) have accessed these early childhood screening and referral services, 22 providers (52%) have referred families to obtain early childhood screening for their children with disabilities, and 16 providers (38%) have referred families to special education services for their children.

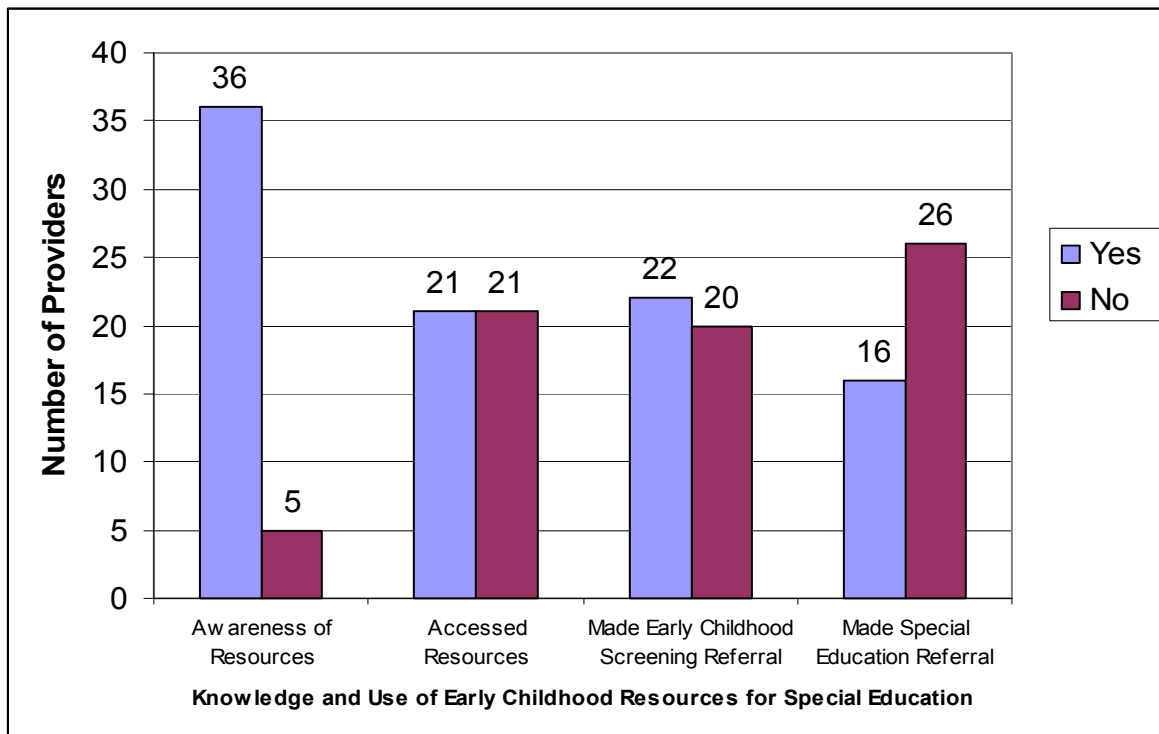


Figure 16: Knowledge and Use of Early Childhood Resources for Special Education by Number of Providers

Appendix A: What Providers Said About Inclusion of Young Children with Disabilities

The children I care for are treated like the other children. What they do during the day is not compared but is praised for what they did. Sometime these special children have a different perspective of things and give the other children a different insight on something.

A good idea, they will be better prepared for life – as there will always be these types of problems.

I'm not opposed at all, I feel it's good for the other children to experience or be exposed to disabilities it's "life"

Every child is included into my projects and activities no matter what age.

I feel all children should be able to play and interact with other children regardless of their abilities.

It would be great if kids could all adapt.

I think including children with disabilities in my family home daycare is fine. I have never been approached about it. I have only had 2 hours of PE training. My concern would be in a family daycare I am working with children birth to ten years of age. I am by myself and have doubts that it would be the bet environment (but of course depends on the situation)

Yes I think it would be helpful for all children.

I would do the best I could to my ability to include any child. If I felt that I was not qualified to have certain children here I would not feel comfortable taking them.

I feel it is a wonderful concept and I have seen it work very well in our school system. The children are all very open and accepting of each other.

I would definitely need training to provide care for a child that had a more severe disability than what I have had in the past.

I have not had a chance to work with children in my daycare program that have special needs. But through your website I have gained a lot of important information and also the class I took.

I think inclusion is a good thing. Sometimes it is hard to be a family daycare provider alone with all ages and have kids with disabilities. I am not saying I wouldn't be able to work with kids with disabilities- because I have many of them - but they are all minor disabilities on the list. I couldn't have kids with a feeding tube on my own and my home isn't handicap accessible for wheelchairs. I do believe in inclusion but I would need more changes to my home and helpers to have full inclusion.

It is the best environment for all children to learn, grow and respect each other. There are many kinds of people in our world. To meet and live with all types of people from a very early age is crucial to learning acceptance and empathy. Children with disabilities learn from typically developing role models and therefore model these behaviors. It's a win/win situation.

I don't feel confident in my patience and skill to deal with some disabilities and I find I excel with other! I couldn't cope with a severe behavior disability. It very much depends on the individual and how they are.

I agree with the concept and work hard at providing an environment where children with special needs can thrive. The biggest problem I see is funding – we need lower ratios of staff to children for the best success and lower ratios lower our income!

I believe in the concept of inclusion in my classroom as much as my physical environment allows.

It's great and it works well. My other kids in care all treat each other as equals.

Working with our district ECSE for the past 10 plus years we see the importance of connecting all parents and all children. It's a great atmosphere to learn from each other.

I like having children in my family child care group who have different levels of abilities. I find that it is a good fit in a family-type, mixed-age setting, particularly for children with developmental or behavioral difficulties. The typically developing children, with only a little help, are generally very accepting of different abilities since they are always in a group of children with differing abilities (due to the age range). The child with developmental or behavioral difficulties benefits from the models and stimulation provided by the typically developing children, and also finds playmates who match their developmental abilities at times, and children who match their age at times.

I have cared for a child with Down Syndrome and a child with a speech impairment.

If I had some I would include them and take some additional training.

I feel it is a wonderful idea as that is how they live on a day to day basis and probably always will. I would require EAs in appropriate numbers to keep the education of the entire class at the maximum level.

The thought would be great but with preparation, funding, and personnel on hand it is not possible. The ratio of child/teacher and space is an issue. We can only accommodate what we have (by law).

I can see some major obstacles to a total-inclusion preschool classroom at the center in which I worked. Ratios were a big problem – I was maxed out at 10 (with no assistants or aides) – I especially with my student that had significant speech delay. If another one of my students had a major disability, I would have not been able to provide consistent care for all in my classroom. A commitment to lower ratios would be essential. (I don't remember – does a child in such a situation require a lower ratio?)

Project Exceptional trainings are wonderful trainings to attend. With doing my family child care it can make it challenging enough to apply some of these concepts. I find it very useful and handy – the handouts we receive. I then can share it with my families if I see problems arising. I think it is easier for a parent to read something then have a provider tell them they think something might be wrong. On the other hand, you work together with the parents to help the child succeed in his early childhood, and get the help they need. The teachers are always very helpful to try to adapt it to family child care settings.

I think all the children need to be with all other kids – even if there are issues. The care helper (me) needs to be intoned to who needs extra care/help. They have a right to be there.

I believe this is a great thing that PE/Project Exceptional is doing. I am aware of all that is but hope that one day the parents will be informed all around

I already have two children in my daycare who have special needs. One has Asperger Syndrome and one has delayed speech and poor small muscle control. I previously have cared for a severely retarded (shaken) baby, a non-verbal retarded 7-year old girl and a boy with cerebral palsy. Also, my youngest son has several mental illnesses. He is now 22 and recently married, so as you can see that I am fine with inclusion. I also have a toddler with severe food and environmental allergies.

Great, as long as support is given and class size is appropriate.

I think it is worth considering to our staff.

I feel that is appropriate to have a well rounded diverse group of children in my child care...including children of different abilities and race or ethnic background. At the same time, I need to work with all the children comfortable so a child that demands a lot of attention may be difficult to care for. I am quite comfortable caring for children with learning disabilities and physical limitations. However I've had children with behavioral problems that were just too time consuming and scared the other children. I would not be anxious to resume care of a child like that any time soon.

We always try to include all children in our program whether they have a disability or not – If we need help with a child we use any services available to us. We have never turned a child away.

I feel that we already are utilizing inclusion in my room. I've got two people who I suspect maybe autistic and one boy that is probably EBD. They are already included. Sometimes its hard

because the children need one on one help and its just not always possible to provide that without sacrifices.

I think all children should be included in any setting that will challenge them but not be beyond their abilities to succeed.

I agree with inclusion, although we have not had any enroll in our school.

To Survey Participant:

We sincerely appreciate your participation in this survey. In this survey you will be asked to provide feedback on your experiences with the resources and training that you received through the Center for Inclusive Child Care/ Project EXCEPTIONAL and how they have facilitated your care of children with disabilities. We understand that you may have taken PE training and other professional development course(s) from the Child Care Resource and Referral Network Service in your area and/or at a child care conference. Please note that we are interested in your feedback only on the Project Exceptional training courses. If you are not certain about which courses qualify as PE courses, we have included a list of the PE courses (see page 2 of the survey) for your use.

Please note that we will provide an annual cash incentive totaling \$1,000 for 10 respondents (\$100/each) each year for the next three years. The winners of the incentive will be determined by random drawing from the pool of respondents who complete and return their surveys each year.

The results of this survey will be processed and analyzed by the Center for Early Education and Development at the University of Minnesota. Your answers and other personal information will remain confidential. Survey results will be presented by groups only, so that no person or personal information will be identified in our reports. Please be advised that we have tailored specific definitions of disability categories (see below) to meet the needs of the survey. Again, we thank you for your participation!

Disability Category Definitions (for question #9):

1. **Cognitive.** Definition: The child has a mental disability which slows general learning. This category might include: Traumatic Brain Injury, Developmental Delay, Mental Retardation.
2. **Physical.** Definition: The child has a physical limitation(s). This category might include: Physically Impaired; Deaf--Blind, Hard of Hearing, Visually Impaired, Down Syndrome, Cerebral Palsy, Asthma, Allergies, Feeding Tube, Apnea Monitor.
3. **Communication.** Definition: The child has difficulty with talking or has problems processing information. This category might include: Speech or Language Impairments, Specific Learning Disabilities, Stuttering.
4. **Behavior.** Definition: The child has difficulty being with other children. Acts out, is withdrawn, or has difficulty getting along with adults. This category might include: Emotional or Behavior Disorders, Autism Spectrum Disorders, ADHD, Fetal Alcohol Syndrome, Sensory Processing Disorder.

Contacts and Questions:

The evaluation team conducting this study is: Elaine Lee and Lisa Cariveau. If you have any questions regarding the Project EXCEPTIONAL follow-up survey, please feel free to contact Lisa, Project Coordinator, at 612-624-0397 or lcarivea@umn.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the evaluation team, **you are encouraged** to contact the Research Subjects' Advocate Line at (612) 625-1650, and their office is located at D-528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455.

ID# _____

1. Which of the following Project EXCEPTIONAL Training courses have you completed?
Check all that apply.

Project EXCEPTIONAL: A Guide for Training and Recruiting Child Care Providers to Care for Children with Disabilities:

- Who Will Care for Our Children? (2 hours)
- More Alike Than Different (2 hours)
- Living with a Disability: The Family Perspective (2 hours)
- Inclusion: Developmentally Appropriate Care for All Young Children (2 hours)
- Family Caregiver Partnerships (2 hours)
- When Concerns Arise: Identifying & Referring Children with Exceptional Needs (2 hours)
- Caregiving Strategies: Building Resilience in Children at Risk (2 hours)
- Caring for Young Children with Physical Disabilities (2 hours)
- Health and Safety Considerations: Caring for Young Children with Exceptional Health Care Needs (2 hours)
- Nuts and Bolts: Administrative Issues in Serving Children with Exceptional Needs and their Families (2 hours)

Children and Challenging Behavior: Making Inclusion Work:

- Children's Behavior: The Importance of the Practitioner's Role (2 hours)
- Prevention: It's All About Environment (2 hours)
- Inside the Child: Social and Emotional Development (2 hours)
- Observation: Finding the Function of Behavior (2 hours)
- Tools for the Toolbox: Strategies to Meet Challenging Behaviors (2 hours)
- ADHD: Seeing the Disability Behind the Behavior (2 hours)
- Autism: Including Children with Social, Communication, and Behavior Needs (2 hours)

- The Nurtured Heart Approach Workshop* (4 to 6 hours)
- Sensory Processing Disorder Workshop* (2 hours)
- First Signs: Red Flags and Referral Workshop* (2 hours)
- Play Problems Workshop* (2 hours for each *Play Problem* workshop)

2. Have you taken any of the above listed courses prior to July 31, 2004?

- Yes No

3. How many hours of training have you taken from the above-listed Project EXCEPTIONAL courses (see hours of training in parentheses)? Write in number of hours.

Number of hours of PE training: _____

4. Which of the following resources from the Center for Inclusive Child Care (CICC) website [<http://www.inclusivechildcare.org/>] have you accessed since you took a workshop on a Project EXCEPTIONAL class? Check all that apply.

- I visited the web links.
- I accessed documents.
- I visited The Center for Inclusive Child Care Learning Center.
- I accessed the Trainers and Consultants registry.
- I had at least one phone consultation through the Trainers and Consultation services.
- I had at least one face-to-face consultation through the Trainers and Consultation services.
- Other: please write in: _____
- I have not used any of the above resources.

5. Having accessed the CICC website at <http://www.inclusivechildcare.org/>, please indicate, on a scale of 1- 5, how strongly you agree or disagree with the statements below based on your experience with the website. Please select NA if the question is *not applicable* to you. Circle only one number per statement.

	Strongly Disagree			Strongly Agree			
a) The website provided me with the resources that I needed to help care for the children with disabilities in my child care program or classroom.	1	2	3	4	5	NA	
b) I feel comfortable working with children who have disabilities in my child care program or classroom as a result of the help I received from the website.	1	2	3	4	5	NA	
c) I feel comfortable approaching the parents of children who have disabilities with my concerns about their child's development after using the resources from the website.	1	2	3	4	5	NA	
d) After using the resources through the website, I feel I am more prepared to care for children who have disabilities in my child care program or classroom.	1	2	3	4	5	NA	
e) The resources from the website have helped to improve my communication with the parents of the children in my care who have disabilities.	1	2	3	4	5	NA	
f) The website has provided me with the resources to encourage parents of children who are in my care to seek an early child care screening or a special education referral for their child(ren).	1	2	3	4	5	NA	
g) The website contains resources for those providers who wish to include children (or more children) with disabilities in their care.	1	2	3	4	5	NA	

6. If you had a phone or face-to-face consultation through the CICC/Project EXCEPTIONAL Consultation services, did you find this service to complement your training through Project EXCEPTIONAL? Please check only one option.

Yes (Please explain below how it HAS complemented your training)

No (Please explain below why it has NOT complemented your training)

NA (Please check NA if this question is *not applicable* to you)

7. Please rank each of the following reasons from top to bottom with regard to your enrollment in the Project EXCEPTIONAL Training. Please give a 1 to the most important reason, 2 the second most important, and so on until you have ranked all five statements.

Fulfill licensing requirement(s) for training hours.

Increase my knowledge and learn new strategies in working with children with disabilities.

Increase my knowledge and learn new strategies in order to accommodate children (or more children) with disabilities in my child care.

Learn new strategies to communicate with parents of children, including skills to encourage these parents to seek an early childhood screening or a special education referral.

Increase my knowledge of online or other consultation resources available to help me provide care for children with disabilities.

Other, please write in: _____

8. Including those in your care today, how many children with disabilities have you had in your child care program in the last 12 months? Write in the number of children.

Number of children with disabilities: _____

(record "0" if NONE and skip to question #9)

9. Specifically, what types/categories of disabilities do children with disabilities have in your care? Please refer to the definitions on page 1. Please record up to 6 children.

Child # 1 Cognitive Physical Communication Behavior
 Other: _____

Child # 2 Cognitive Physical Communication Behavior
 Other: _____

Child # 3 Cognitive Physical Communication Behavior
 Other: _____

Child # 4 Cognitive Physical Communication Behavior
 Other: _____

Child # 5 Cognitive Physical Communication Behavior
 Other: _____

Child # 6 Cognitive Physical Communication Behavior
 Other: _____

10. Please rank each of the following reasons from top to bottom with regard to why you have not included children (or more children) with disabilities in your child care program. Please give a 1 to the most important reason, 2 the second most important, and so on until you have ranked all five statements.

____ Space limitations: There is not enough space in my child care to provide care to children (or more children) with disabilities.

____ Need physical adjustments: I will need to make physical or structural changes before I can provide care to children (or more children) with disabilities.

____ Lack of personnel: I will need to hire more aides/assistants in order to provide care to children (or more children) with disabilities.

____ Discomfort: I have an overall discomfort with providing care to children (or more children) with disabilities in my child care program.

____ Lack of know-how: I do not feel that I have sufficient knowledge, skills, and/or experience to include children (or more children) with disabilities in my care.

____ Liabilities: I am concerned about the legal ramifications associated with caring for children with disabilities.

____ Unnecessary: No request for care of children with disabilities has been made.

____ Other: please write in _____

11. Having attended training through Project EXCEPTIONAL, please indicate, on a scale of 1- 5, how strongly you agree or disagree with the statements below based on the knowledge and skills you have gained through Project EXCEPTIONAL. Please select NA if the question is not applicable to you. Circle only one number per statement.

	Strongly Disagree		Strongly Agree			NA
	1	2	3	4	5	NA
a) I have learned the knowledge and skills that I needed to care for children with disabilities in my child care program or classroom through my Project EXCEPTIONAL training.	1	2	3	4	5	NA
b) I felt more comfortable providing care to children who have disabilities in my child care program or classroom after my Project EXCEPTIONAL training.	1	2	3	4	5	NA
c) I have learned from Project EXCEPTIONAL what I needed to include children (or more children) with disabilities in my care should I decide to do so.	1	2	3	4	5	NA
d) I felt more comfortable approaching the parents of children who have disabilities with my concerns about their child's development after my Project EXCEPTIONAL training.	1	2	3	4	5	NA
e) I have been provided the resources through Project EXCEPTIONAL to make the physical or structural adjustments needed to include children (or more children) with disabilities in my care if I decided to do so.	1	2	3	4	5	NA
f) I have learned through my Project EXCEPTIONAL training to provide or find a way to provide training to personnel in order to include children (or more children) with disabilities in my care should I decide to do so.	1	2	3	4	5	NA
g) I am less hesitant about including children (or more children) with disabilities in my care after learning more about the potential liabilities of caring for children with special needs through Project EXCEPTIONAL.	1	2	3	4	5	NA
h) I have encouraged parents of children with disabilities who are in my care to seek an early childhood screening and/or a special education referral after my Project EXCEPTIONAL training.	1	2	3	4	5	NA
i) I added children (or more children) with disabilities in my child care program or classroom as a result of my training through Project EXCEPTIONAL.	1	2	3	4	5	NA

12. Are you aware of the resources for early childhood screening and referral services for special education in your area? Please check only one option.

Yes No

13. Have you accessed the early childhood screening and/or referral services for special education in your area? Please check only one option.

Yes No

14. Have you referred a family to obtain an early childhood screening for their child(ren)?
Please check only one option.

- Yes No

15. Have you referred a family to seek a special education referral for their child(ren)?
Please check only one option.

- Yes No

16. The goal of Project EXCEPTIONAL and the courses we offer is to include all kids in typically developing settings regardless of ability. What are your thoughts about applying the concept of inclusion in your child care program?

17. What type of child care setting do you work in? Please check one.

- Child Care Center
 Licensed Family Child Care
 Family, Friend or Neighbor (FFN)

18. What is your role or roles in the child care program? Check all that apply.

- Licensed Family Child Care Provider
 Family, Friend, and Neighbor (FFN)
 Child Care Center Primary Teacher
 Child Care Center Assistant Teacher
 Head Start Teacher
 Primary administrator/Director
 Other: please write in _____)

19. What age group(s) do you primarily work with? Please check one.

- Infant/Toddler (birth – 3)
- Pre-school (ages 3-6)
- Grade school (age 6 and over)
- None, I do not work directly with the children

20. How many children are in your entire child care program? Please include your class plus all other classes in your program. Write in a number or best estimate.

Number of children: _____

21. Does your facility receive a special needs rate through public child care assistance for providing care to children with disabilities in your program?

___ Yes: please write in the number of children in your facility who is receiving this rate: _____

___ No

22. How old are you? Please check one.

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Over 64

23. How many years of experience do you have in the child care field?

Number of years: _____

24. What is your highest level of education? Please check one.

- General Educational Development Certificate (GED)
- High school diploma
- Some college
- Child Development Associate Certificate (CDA)
- Community/Technical College (2-year program)
- College/University (Bachelor degree)
- Graduate School (Masters, professional, or other)

25. In addition to the Project EXCEPTIONAL workshops you attended, we are interested in other non-Project EXCEPTIONAL training that you received and

are relevant to the professional development of early childhood practitioners. Please tell us the other types of mental health, health care, or disability-related courses that you have taken.

25a. *Mental Health courses*

___ Yes: please list the name(s) of the courses and the hours of training for each mental health course(s) you have taken below:

Hours of Training	Title of Course

___ No

25b. *Health care courses*

___ Yes: please list the name(s) of the courses and the hours of training for each health care course(s) you have taken below:

Hours of Training	Title of Course

___ No

25c. *Disability-Related courses*

___ Yes: please list the name(s) of the courses and the hours of training for each disability-related health course(s) you have taken below:

Hours of Training	Title of Course

25d. *Other Related courses*

___ Yes: please list the name(s) of the courses and the hours of training for other course(s) that you have taken and deem to be relevant to your position below:

Hours of Training	Title of Course

___ No

26. Which district is your child care program located in? Check only one.

- Northwest District: Region 1, 2, and 4** (Kittson, Marshall, Norman, Pennington, Polk, Red Lake, Roseau, Beltrami, Clearwater, Hubbard, Lake of the Woods, Mahnommen, Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin)
- Northeast District: Region 3, 5, 7E. Leech Lake** (Aitkin, Carlton, Itasca, Koochiching, Lake, St. Louis, Cass, Crow Wing, Morrison, Todd, Wadena)
- Midwest District: Region 6E, 6W, 7W, 8** (Kaydiyohi, Meeker, Renville, McLeod, Big Stone, Chippewa, Lac qui Parle, Swift, Yellow Medicine, Benton, Sherburne, Stearns, Wright, Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock)
- Southern District: Region 9 and 10** (Blue Earth, Brown, Faribault, LeSueur, Martin, Nicollet, Watonwan, Sibley, Waseca, Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona)
- West Metro District: Region 11** (Scott, Carver, Dakota, Hennepin)
- East Metro District: Region 11** (Anoka, Ramsey, Washington)
- Other, please write in _____

27. We would appreciate your continued participation in future Project Exceptional Follow-up surveys. Please note that we will provide an annual cash incentive in the amount of \$100 for 10 respondents each year for the next three years. The winners of the incentive will be determined by random drawing from the pool of respondents who complete and return their surveys each year.

If you would like to continue to be a partner in developing future Project EXCEPTIONAL coursework to address the multiple skills and challenges of current and future caregivers of young children with special needs, we would encourage you to indicate the method(s) by which you would like to participate in future surveys. *Check all that apply.*

Please note that we will not disclose your email address or phone number to anyone outside of the Project EXCEPTIONAL evaluation team.

___ Mail

___ Email/Internet (your email address: _____)

___ Phone (your phone number: _____)

Thank you again for completing the survey! Please return only pages 2 through 11 in the enclosed self-addressed envelope.