

Final Report
Child Care Provider Needs Assessment
Caring for Nebraska Children with Special Needs

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Introduction

The purpose of this evaluation and needs assessment was to gather reliable and valid information about the needs of licensed child care providers in the State of Nebraska in order to promote quality care to children with special health care needs. Determining these needs will lend state and community agencies to contribute to quality improvement for this population of children and their families. The needs assessment will also provide data to design targeted training opportunities for child care providers. In this project, it was important to 1) examine the extent to which child care providers in Nebraska currently serve children with special needs, 2) identify barriers and limitations to providing such care, and 3) identify resources and supports to expand or enhance the delivery of quality child care services to children with special needs. Information gathered will inform the Child Care Health Consultation (CCHC) work group of Together for Kids and Families, Nebraska Department of Health and Human Services, regarding educational and support needs of licensed child care providers in Nebraska.

Significance

Children with special needs who participate in quality child care programs grow and learn physically, emotionally, intellectually and socially alongside their peers in a “natural environment” (Child Care Bureau, National Association of Child Care Resource and Referral Agencies and Easter Seals, 2001). A quality child care environment provides predictability and routine important to children with special needs, as well as a focus on activities that promotes optimal development. Quality child care can provide the opportunity for children with special

needs to be better prepared to enter public school and empowered to maximize their independence.

Special needs children can be defined as children with physical, developmental, mental, emotional, behavioral, or medical needs that requires different levels of care than other children their age (National Child Care Information and Technical Assistance Center, 2009). In Nebraska, children with special needs are slightly less likely to attend child care than children with no special needs. Approximately 51% of children with special needs age 5 or younger in Nebraska attend childcare (day care center, preschool, nanny, relatives, etc.) for 10 or more hours per week which is less than the 58% of children without special needs who attend childcare in Nebraska (Child and Adolescent Health Measurement Initiative, 2007).

Children with special health care needs (CSHCN) are defined as those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally (U.S. Department of Health and Human Services, 2008). The National Survey of Children with Special Health Care Needs shows that 13.9 percent of U.S. children have special health care needs, and 21.8 percent of U.S. households with children have at least one child with special health care needs. Each of these figures represents an increase since the last survey in 2001: at that time, 12.8 percent of children were estimated to have special health care needs, and 20.0 percent of households with children had a child with special health care needs. In Nebraska, an estimated 62,759 or 14.6 % of children have special health care needs, slightly higher than the national average (U.S. Department of Health and Human Services, 2008).

Barriers encountered by child care providers when caring for children with special needs

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includes inadequate training or lack of trained personnel to care for children with special needs. Marko's-Capp & Godfrey (1999) found that only 44% of day care directors reported that they or their staff had received training to care for children with special needs. Kasel (2001) found that 68.2% of directors reported lack of trained personnel as a barrier to accepting children with special care needs.

For these reasons an evaluation and needs assessment was thought to be needed in Nebraska to inform and guide future child care provision quality improvement efforts.

Methods

Survey Development

The primary method chosen for the evaluation and needs assessment of Nebraska licensed child care providers caring for children with special needs was a mail survey. This method was chosen because of several factors including budgetary limitations, anticipated child care provider preference, convenience and available information from the literature regarding survey content.

The survey utilized in this study was developed using literature review findings and validation of survey items by child care provider experts in Nebraska. A literature review was completed using Medline via EBSCO, Medline via PubMed, CINAHL via Ebsco, PyschInfo and the ERIC data bases. Mesh words used were "children with special needs AND child care", "children with special needs AND day care", "children with special needs AND conditions", "disabled children AND child care providers", "children with special needs AND child care AND barriers", "children with special needs AND child care AND difficulties". Thirteen articles were located and evidence tables were formulated (Appendix A). The findings of the literature

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review as well as the functional difficulties and current health conditions section (Data Resource Center for Child and Adolescent Health, n.d.) of the 2005-2006 National Survey of Children with Special Health Care Needs were used to develop the initial instrument. The survey was then reviewed and revised based on expert feedback from the Child Care Health Consultation (CCHC) work group of Together for Kids and Families, and the regional directors of the Nebraska Early Childhood Professional Development Partnership. The final 27 item instrument includes multiple choice and open ended items and responses. The broad categories of items included within the instrument address providing child care to children with special needs, knowledge of resources, and demographic information (Appendix B).

Sample Plan, Design and Methods

The goal of the survey was to obtain representative, comprehensive, valid and meaningful data about the *needs* of licensed child care providers and special needs children receiving licensed child care services in Nebraska. This goal focuses on the answer to two basic questions, *What do we want to learn?* (i.e. needs assessment) and *How will the data be used?* (evaluation, training and quality improvement). The goal was important in making the decisions that informed the sample plan, design and methods. The collaborative decisions made by the project stakeholders and the evaluation team related to sampling were:

- ▶ geographic distribution across the whole state of Nebraska
- ▶ known probability sample in order to generalize to the larger population
- ▶ representation from each of four types of Nebraska child care license options

► 4% or less margin of error

The type of sampling design selected, based on the goal of the survey, was systematic stratified sampling (Lee, Forthofer & Lorimor, 1989). For this survey there were two primary strata that were determined, geographic location and licensed child care center type (i.e. home-based and centers/preschools). For geographic location the five regional child care areas within Nebraska (Eastern, Central, Southeastern, Western and Northern) were used to stratify the sample. Type of licensed child care was the second factor used to stratify the sample. Licensed child care provider type was considered within each of the five geographic areas. Within each of these strata, a random number was used to select every “nth” center in order to randomize the sample and obtain diverse zip code selection within each geographic region and licensed child care type. This sampling design yielded the following sampling plan to target a total of 2000 child care providers, 200 randomly sampled when possible from each child care region and type, in order to yield a minimum of a 30% return rate with a 95% confidence level and a 4% margin for error (McGee, Goldfield, Riley & Morton, 1996).

Pre-Randomization Stratified Sampling Plan

Type	Eastern	Central	Southeastern	Western	Northern
Centers/ Preschools	465	137*	272	148*	147*
Family Child Care I & II	878	429	830	310	515

*Note this number represents all available for that region and type

In order to promote survey completion and obtain feedback on the survey questions, a face to face meeting between the evaluators and the child care provider regional coordinators

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was held. The group helped to refine questions and answer response types. They were also enlisted to help promote return of the survey through their newsletters and email communications with child care providers within their regions. Because of these communication mechanisms and budgetary limitations, a reminder postcard post survey mailing was not initiated.

Procedures

The surveys were coded by year, region, license type, and a unique identifying number. Each of the five regions were color coded using a different color, including pink (Central region), yellow (Eastern region), green (Northern region), ivory (Southeast region), and gray (Western region). The year, license type and unique identifying number were placed in the upper right hand corner of the survey. The license types included: (a) Family Child Care Home I (defined as a program in the home of the provider; maximum capacity is eight children of mixed ages and two additional school age children during non-school hours), (b) Family Child Care Home II (defined as a program in the home of the provider or another site; maximum capacity is twelve with two providers), (c) Child Care Center (defined as a program licensed for at least 13 children, and (d) preschool (defined as a program providing educational services where children do not nap and are not fed a meal. The license type was coded by using an assigned number (1-8), depending on the specific license the child care provider held. Specifically by license type: 1 (Family Child Care Home I), 2 (Provisional Family Child Care Home I), 3 (Family Child Care Home II), 4 (Provisional Family Child Care Home II), 5 (Child Care Center), 6 (Provisional Child Care Center), 7 (Preschool), and 8 (Provisional Preschool). The surveys were mailed on November 2, 2009. The mail return cutoff date was the week of January 11, 2010.

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Double data entry was performed and analysis completed using SPSS version 17.0. Simple descriptive statistics were used in this study that documented the frequency and percentage of survey questions.

Results

The total number of surveys mailed was 1,971, 19 short of the projected 2000, which was related to printing errors from the printing vendor that could not be corrected in the time frame needed for mailing. The total number of surveys returned was 682 for a 35% response rate. Since the expected response rate was 30% and the actual response rate was 35% the 95% confidence level and 4% margin of error are assumed for the overall sample even though there were some types of child care programs in two geographic areas that did not have over 200 to sample from.

Table 1. *Description of Sample Demographics*

Question	Number	Percent
Gender		
Male	8	1
Female	664	99
Race/Ethnicity		
White Non-Hispanic	642	96
African American	9	1
Hispanic	10	2
Asian-Pacific Islander	0	0
Native American	4	1
Other	1	0
Educational Preparation		
High School/GED	406	60
Child Development Associate Credential (CDA)	57	8
Tech Prep	19	3
Associate Degree in Early Childhood Education	85	12
Associate Degree (Other)	58	9
Bachelor's Degree in Child Development	24	4
Bachelor's Degree with completion of a teaching education program	93	14
Bachelor's Degree (Other)	95	14
Master's Degree in Early Childhood Education	18	3
Master's Degree (Other)	24	4
Other graduate degree	26	4
Language		
Additional training with special needs		
English Primary Language (Yes)	668	99

Question	Number	Percent
Staff speak other language (Yes)	140	22
Non-English speaking children (Yes)	107	16
Percent of non-English Speaking		8

Sample Characteristics

The sample was primarily female, White non-Hispanic, with a high school education (Table 1). The average age of the child care providers was 44 years. Approximately one third of the sample indicated they did have additional training in caring for children with special needs. This additional training included mostly workshops. English was the primary language spoken, with a little less than one fourth indicating their staff spoke a second language. Sixteen percent indicated they cared for non-English speaking children.

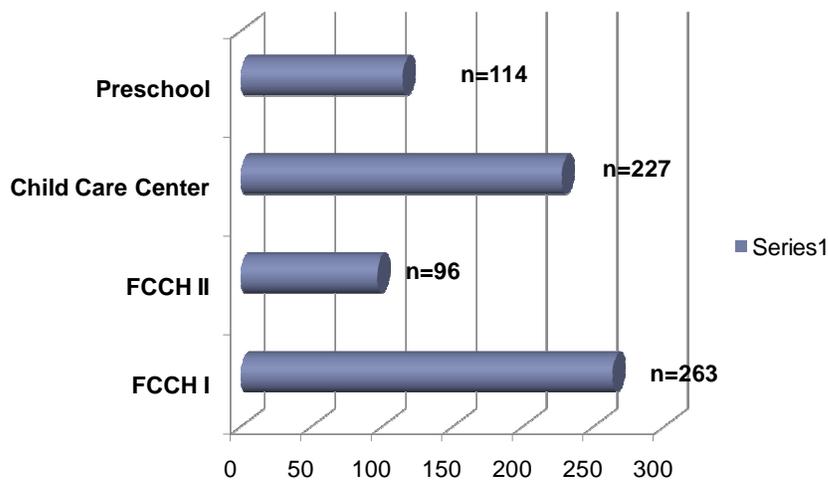
Table 2. *Description of Child Care Programs*

Question	Average	Number	Percent
Accept Children with Special Needs			
Yes		486	72
Average years experience as child care provider	13.4		
Accept Child Subsidy (Title XX)			
Yes (excluding preschools)		364	82
Average number of employees that provide direct hands on care	5.9		
Type of license held			
Family Child Care Home I		263	39
Family Child Care Home II		96	14
Child Care Center		227	33
Preschool		114	17

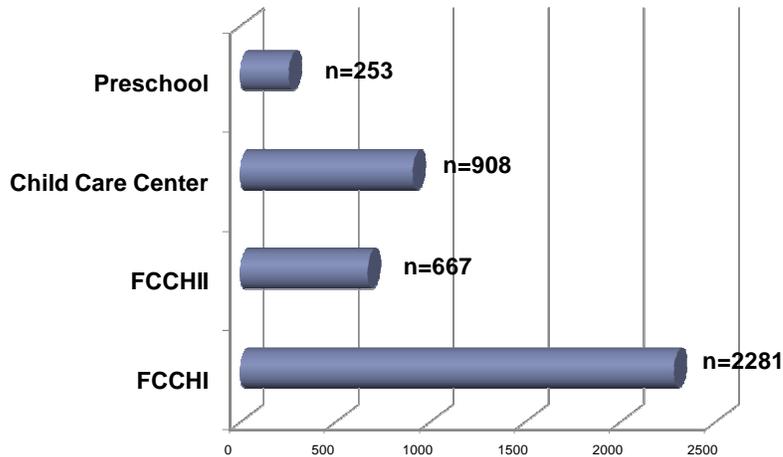
The majority of the child care programs enrolled or cared for children with special needs (Table 2) with approximately one third of both urban and rural child care programs indicating they *did not* enroll or care for children with special needs. The average years of experience providing child care was 13.4 years. Type of child care license for the total sample was reflective of the total child care provider numbers for Nebraska in April of 2009 (Figure 1).

Figure 1. Type of Child Care License Total Sample As Compared to State

Type of Child Care License (Total Sample)



Type of Child Care License (State)



More Survey Results

The results are organized into four tables in Appendix C; Table 1 includes results for the total sample, Table 2 includes results by child care license type, Table 3 includes results by rural and urban areas, and Table 4 includes results by the five geographic regions (Appendix C). Each table includes results for each survey item. Rural was defined as any child care program residing in a Nebraska county with less than 50,000 population (Amber Waves, 2008). Qualitative data collected on the open ended questions is included by survey item (Appendix D). It should be noted that some results may not add up to 100% because of missing data (not included in the tables) and/or the question asked the child care provider to “select all that apply”.

Child care providers indicated that children in their care most often experienced (Figure 2) learning and attention difficulties (n=389, 57%; Table 1, Appendix C), behavior problems

Figure 2. Problems children experience most often in child care programs.

8. Children in your care experience any of the following? (mark all that apply)

Problem	Number (N=682)	Percent
Learning, understanding, paying attention, following directions	389	57%
Behavior problems such as biting, temper tantrums, fighting, bullying or arguing	309	45%
Breathing or other respiratory problems	201	29%
Taking medications on a regular basis	177	26%
Problems at home	170	25%
Making and keeping friends	129	19%

Figure 3. Most frequent medical conditions experienced by children child care programs..

9. Currently or in past had conditions? (mark all that apply)

Problem	Number (n=682)	Percent
Speech delay	429	63%
ADD or ADHD	396	58%
Allergies	392	57%
Asthma	385	56%
Language delay	292	43%
Autism or Autism Spectrum Disorder	254	37%

(n=309, 45%; Table 1, Appendix C) and breathing or respiratory problems (n=201, 29%; Table 1, Appendix C). The most frequent medical conditions experienced (Figure 3) included speech delay (n=329, 63%; Table 1, Appendix C), ADD or ADHD (n=396, 58%; Table 1, Appendix C), allergies (n=392, 57%; Table 1, Appendix C), asthma (n=385, 56%; Table 1, Appendix C), language delay (n=292, 43%; Table 1, Appendix C), and autism or autism spectrum disorder, (n=254, 37%; Table 1, Appendix C)

Figure 4. Difficulties or barriers encountered in caring for children with special needs.

10. Difficulties encounter caring for children with special needs? (mark all that apply)

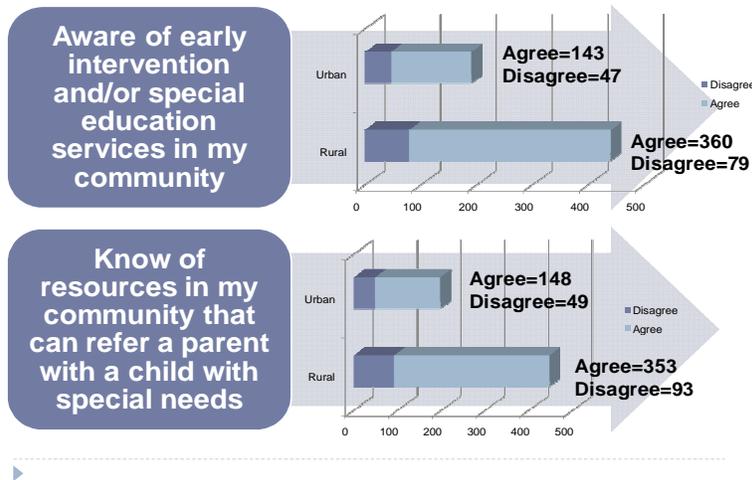
Difficulty	Number (n=682)	Percent
Inadequate training	206	30%
Fear of not being able to meet child's need	195	29%
Budget implications or issues with adequate personnel	162	24%
Worry about interactions between the child with special needs and other children	160	23%
Parental demands	159	23%
Lack of staff	149	22%
Budget implications or issues with costs of special resources	128	19%
No difficulties	241	35%

Encountering no difficulties and/or barriers in caring for children with special needs was the most frequent response by the child care providers (n=241, 35%; Table 1, Appendix C).

However, the subsequent most frequent difficulties and/or barriers that were encountered (Figure 4) in providing care to children with special needs included inadequate training or lack of

training (n=206, 30%; Table 1, Appendix C), fear of not being able to meet the child's needs (n=195, 29%; Table 1, Appendix C), and budget implications or issues of adequate personnel (n=162, 24%; Table 1, Appendix C).

Figure 5. Awareness of early intervention services by child care providers.



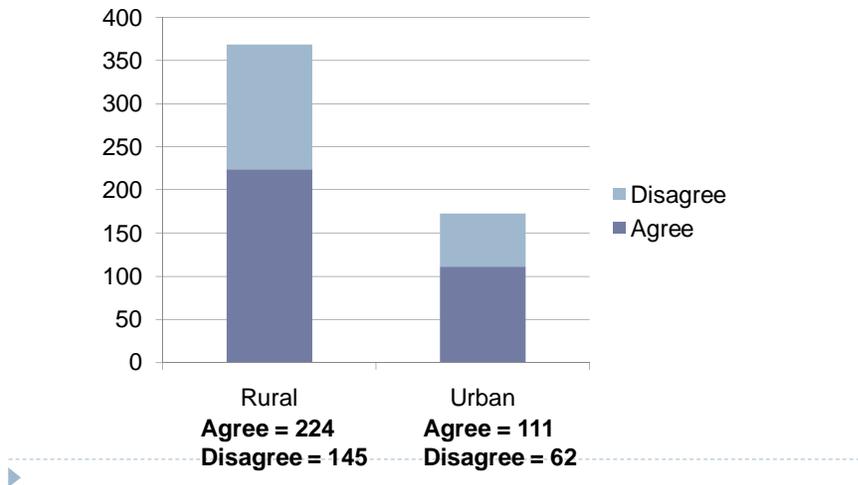
The majority of the child care providers were aware of the early intervention and/or special education services in their communities (n=503, 80%; Table 1, Appendix C), and were aware of resources in their communities that they could refer a parent with a child with special needs (n=501, 78%; Table 1, Appendix C). This was true for both rural (n=360, 82%; Table 1, Appendix C), and urban (n=143, 75%; Table 1, Appendix C) communities (Figure 5). The majority of child care providers indicated they were aware of the Nebraska Early Childhood Professional Development Partnership (n=438, 68%; Table 1, Appendix C). However, a little less than half of the urban child care providers (n= 88, 46%; Table 1, Appendix C) as compared to approximately one fourth of the rural child care providers (n=117, 26%; Table 1, Appendix

C), were *not* aware of the Nebraska Early Childhood Professional Development Partnership.

Financial assistance was the most often requested training/support needed in caring for children with special needs (Appendix D). Information on specific medical conditions included information on autism, ADD/ADHD, and behavioral problems. Specific skills requested was learning sign language and how to speak Spanish. Knowing how to work with and communicate with the parents of the child with special needs was identified as key to caring for children with special needs. Being kept informed of resources available to them was also an important training/support identified by the child care providers.

Figure 6. Rural/urban differences in perception of need for more support in order to consider caring for child with special needs.

15. Need more support in order to consider caring for a special needs child or continue caring for children with special needs



While the majority of the total sample indicated that they *do* need support in order to consider caring and/or continue caring for children with special needs (n=335, 62%; Table 1,

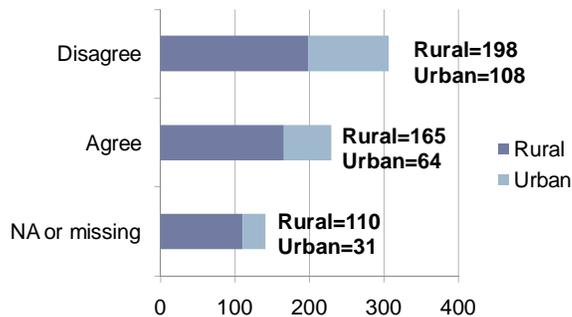
Appendix C), approximately one third of the urban child care providers (n=62, 36%; Table 1, Appendix C) and 40% (n=145, Table 1, Appendix C) of the rural child care providers indicated they felt comfortable caring for children with special needs, currently (Figure 6).

The primary sources in which both urban and rural child care providers obtain information about caring for children with special needs includes the child's parents (n=423, 62%; Table 1, Appendix C), the public school or educational service unit in their community (n=320, 47%; Table 1, Appendix C), and the internet (n=292, 43%; Table 1, Appendix C).

Figure 7. Rural/urban differences in preferences for web-based or computer assisted training materials.

Training/Support Needed – Training Preferences

▶ 16. Training preferences are web-based or computer assisted?



However, slightly more than half of the rural child care providers (n=198, 55%; Table 1, Appendix C) and approximately two thirds (n=108, 63%; Table 1, Appendix C) of the urban child care providers who responded to this question indicated that web based or computer assisted training *was not* their training method of choice (Figure 7). More personal interaction

and support from professionals as well as more individualized support was identified as most preferred (Appendix D).

Conclusions

There is little information available in the literature regarding needs of child care providers in providing care to special needs children. This evaluation and needs assessment contributes to knowledge of child care provision for special care needs children in Nebraska. The results will help to determine targeted training opportunities and will contribute to quality improvement of child care provided to children with special needs.

Findings from this evaluation and needs assessment are consistent with the literature. Kasel (2001) reported that 68.2% of directors reported lack of trained personnel as a barrier to accepting children with special care needs. Marko's-Capp and Godfrey (1999) found that barriers to caring for children with special needs included lack of staff, fear of not meeting the child's needs, and the lack of trained personnel. Marko's-Capp and Godfrey (1999) found that one of the most frequent training support needed involved greater staff training. Similar to Marko's-Capp and Godfrey (1999), developmental disabilities (such as speech/language delays, learning problems), emotional/behavioral problems (such as ADD), and chronic conditions (such as asthma) were the most frequent disabilities and chronic conditions are closely comparative with the results of the current needs assessment and evaluation.

While this evaluation and needs assessment was completed with licensed child care providers, some results are similar to the National Survey of Children with Special Health Care Needs which was completed with parents or family members. The most frequent medical conditions of ADD or ADHD, allergies and asthma identified by the child care providers was

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also identified as most frequent in Nebraska on the national survey (Table 3). However, the frequency of speech, language, and developmental delay identified by the Nebraska child care providers is much higher than findings in the national survey. This may be due to the nature of the survey question, as this evaluation and needs assessment asked if children in their care had or currently have one of the medical conditions, whereas the national survey queried current medical conditions only. Child care providers in this evaluation and needs assessment were not asked to verify if the medical conditions were diagnosed by a physician.

Table 3. *Comparison of Child Care Provider Survey and National Survey of Children with Special Health Care Needs - Medical Conditions.*

Question	Child Care Provider Survey	*CSHCN Nebraska Results	*CSHCN National Results
Asthma	56%	37%	38.8%
ADD or ADHD	58%	23%	29.8%
Autism or Autism Spectrum Disorder	37%	2.2%	5.4%
Speech delay	63%	16.4%	22.6%
Language delay	43%	16.4%	22.6%
Developmental delay	32%	8.8%	11.4%
Allergies	57%	62.7%	53%

* Children with special health care needs (CSHCN)

This evaluation and needs assessment along with the national survey found that functional difficulties experienced most often by special needs children in Nebraska included learning and attention difficulties, behavior problems and breathing or respiratory problems (Table 4). However, there are differences in the frequencies found which may be due to

differences in perceptions of child care providers and parents/family members.

Table 4. *Comparison of Child Care Provider Survey and National Survey of Children with Special Health Care Needs - Functional Difficulties.*

Question	Child Care Provider Survey	*CSHCN Nebraska Results	*CSHCN National Results
Breathing or other respiratory problems	29%	42%	42.7%
Learning, understanding, paying attention, following directions	57%	31.7%	41%
Behavior problems such as biting, temper tantrums, fighting, bullying or arguing	45%	22.8	28.3

* Children with special health care needs (CSHCN)

In summary, a stratified random sampling plan was implemented and yielded a representative sample of both geographic regions and child care license type of child care providers in Nebraska. This survey found many similar findings consistent with the National Survey administered to parents of CSHCN. However, there were also unique results obtained from this study from the child care providers' perspective. Analysis identified strengths and areas for improvement regarding training support needs and resources.

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Appendix A

Evidence Tables

Literature Review Evidence Tables

Reference	Key Findings
R. Gupta, J. Pascoe, T. Blanchard, D. Langkamp, P. Duncan, P. Gorski, L. Southward (2008). Child Health in Child Care: A Multi-state Survey of Head Start Child Care Directors. <i>Journal of Pediatric Health Care</i> , 23 (3), 143-149.	<ul style="list-style-type: none"> • Incorporating health promotion in childcare centers has been thought to improve health behaviors by parents, childcare directors and health care professionals.

Reference	Key Findings
Kelly, Jean, F. & Booth, Cathryn, L. (1999). Child Care for Infants with Special Needs: Issues and Applications. <i>Infants and Young Children</i> , 12(1) 26-33	<ul style="list-style-type: none"> • The demand for quality child care for infants with special needs is increasing, and parents and professionals are confronted with questions about the quality of care, the type of care arrangement that is most appropriate at different ages, and the effects of child care on child development. • Results of this study suggest the need to increase support for in-home care for infants with special needs, to examine the impact of current back to work and family leave regulations on infants with special needs, and to develop models of service delivery for infants that support early development across appropriate contexts, including the family, early intervention, and child care environments.

Reference	Key Findings
Markos-Capps, Gina & Godfrey, Athleen B. (1999). Availability of Day Care Services for Preschool Children with Special Health Care Needs. <i>Infants and Young Children</i> , 11(3) 62-78.	<ul style="list-style-type: none"> • Directors of 86 day care centers in a large metropolitan area were surveyed to determine the availability and factors affecting the availability of day care services for preschool children with special health care needs. • Fifty-six (65%) centers enrolled preschoolers with special health care needs. • Less than 5% of preschoolers enrolled had special health care needs, and few had disabilities or conditions that required special interventions. • Barriers to admission included restrictive admittance requirements; lack of staff; fear of not meeting the child's needs; and lack of trained personnel. • Supports needed by the centers included more staff, greater staff training, and increased funding. • Over half of the directors expected benefits from enrollment of these children. Few, however, knew the Americans with Disabilities Act's requirements of inclusion of children with special health care needs. • Data from the survey support a need for increased

	<p>collaboration between the state’s Part C system, agencies regulating and supporting day care services, and health care providers.</p> <ul style="list-style-type: none"> • Involvement of pediatric health care professionals at all levels of the child care system could assist in promoting quality day care for all children with special care needs and in producing much needed linkages between day care services and the child’s health care providers.
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Reference	Key Findings
<p>Kishida, Yuriko & Kemp, Coral (2006). A measure of engagement for children with intellectual disabilities in early childhood settings: A preliminary study <i>Journal of Intellectual & Developmental Disability</i> 31(2) 101-114.</p>	<ul style="list-style-type: none"> • The purpose of this study was to develop a measure of engagement that could be used in practice with children with disabilities, including children with severe intellectual disabilities. • <i>The Individual Child Engagement Record (ICER)</i> was designed to observe and record the engagement of individual children in order to identify optimal programs for them. Using the measure, 5 children with mild to severe disabilities were observed in an inclusive childcare setting across 4 types of ongoing activities: routine, one-to-one instruction, planned, and child-initiated. • Generally, the children were better engaged in routine activities. The lowest level of engagement was found for planned activities. There were, however, differences across children with regard to the relative value of the different types of activities in promoting engagement. • The measure allowed for the identification of activities that would provide better learning opportunities for children with significant disabilities.

Reference	Key Findings
<p>Larson, Lisa, Lapine, Louise, Schmitter, Ann, Tragesser, Susan & Leichtfuss, Ann. (1999) Child Care for Children with Special Needs: A Description of Current Issues Facing Milwaukee County. <i>Planning Council for Health and Human Services</i>.</p>	<ul style="list-style-type: none"> • The Planning Council for Health and Human Services, Inc. was asked by 4C to examine the extent to which child care providers in Milwaukee County are prepared to engage in full community-wide inclusion. The study gathered data from multiple sources, using several different methods: (postcard survey of all licensed and certified child care providers, a questionnaire survey of providers, analysis of the child care provider resource and referral database, focus groups with child care providers, structured interviews with specialists in the Birth to Three community and group discussions and individual interviews with parents of children

	with special needs).
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Reference	Key Findings
<p>Bethell, Christine D., Read, Debra, Blumberg, Stephen, J., & Newacheck, Paul W. (2008). What is the prevalence of children with special health care needs? Toward an understanding of variations in findings and methods across three national surveys. <i>Maternal And Child Health Journal</i>, 12 (1), 1-14.</p>	<ul style="list-style-type: none"> • The purpose of this study was to compare and consider sources of variation in the prevalence and characteristics of children with special health care needs (CSHCN) identified using the CSHCN Screener across the 2001 National Survey of Children with Special Health Care Needs (NS-CSHCN), the 2003 National Survey of Children's Health (NSCH) and the 2001-2004 Medical Expenditures Panel Surveys. • When CSHCN Screener administration methods remained similar across years (2001–2004 MEPS), CSHCN prevalence rates were stable. • When methods varied between surveys, CSHCN prevalence rates differed. These differences suggest that prevalence is best expressed as a range, rather than as a point estimate. • However, once identified, characteristics and health needs of CSHCN were stable across surveys evaluated, each of which has unique strengths for purposes of policy and research.

Reference	Key Findings
<p>American Diabetes Association (2009). Diabetes Care in the School and Day Care Setting. <i>Diabetes Care</i>, 32 (1), S68-S72</p>	<ul style="list-style-type: none"> • Diabetes is on of the most common chronic illnesses of childhood. • The majority of young people attend school and/or some type of day care and need knowledgeable staff to provide a safe environment. • Despite the laws in place, many children in a school and day care setting face discrimination. Some day care centers may refuse admission to children with diabetes. • Appropriate diabetes care in school and day care setting is necessary for the child's immediate safety, long-term well being, and optimal performance. • Day care personnel must have an understanding of diabetes and must be trained in its management and in the treatment of emergencies to facilitate the appropriate care of the child. • Knowledgeable trained personnel are essential for the child to avoid the immediate health risks of low blood glucose and to achieve the metabolic control required to decrease risks for later development of diabetes complications.

	<ul style="list-style-type: none"> • Diabetes education must be targeted toward day care providers who interact with the child. • Toddlers and preschool-aged children unable to perform diabetes tasks independently will need an adult to provide all aspects of diabetes care. It is important that personnel are able to recognize and provide prompt treatment
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Reference	Key Findings
<p>Kasel, Debra K. (2001). <i>Assessing Day Care Providers' Knowledge of Asthma. RT for Decision Makers in Respiratory Care</i></p>	<ul style="list-style-type: none"> • Asthma is one of the most common chronic diseases of childhood, affecting almost 5 million children. • In May of 1999, the American Lung Association funded a mini-grant designed to define and address asthma education among day care providers. The project called for 126 state-licensed day care providers to complete an asthma survey questionnaire. • A total of 148 questionnaires were returned from 54-day care centers. All of the responding centers accepted or would accept a child with a history of asthma; however, only 26% of the respondents had received some form of asthma education. • The survey results supported the original hypothesis that many area day care centers accept children with asthma, but they are unfamiliar with the disease and how it is treated, or what can trigger an asthma attack. • Day care providers have a role to play in asthma management in young children for whom asthma is not always managed optimally. • The results of this survey of day care providers showed that many had experience in managing asthma attacks for children in their care, yet the vast majority of day care providers have no formal training in asthma management. Therefore, it is important that an asthma management plan be in place at day care centers to help ensure the children's health and safety. • The findings of this limited survey indicated a need for asthma education among day care providers. By developing an asthma education program, participants in the program were able to increase their knowledge on how to provide better care for asthmatic children in their day care centers.

Reference	Key Findings
<p>Neas, Katherine B. & Mezey, Jennifer (2003). <i>Addressing Child Care Challenges for Children with Disabilities: Proposals for CCDBG and IDEA Reauthorizations. Center for Law and Social Policy</i></p>	<ul style="list-style-type: none"> • Families with children with disabilities often have difficulty finding high quality childcare for their children. • This paper discusses the benefits of providing quality childcare and early intervention services to children with disabilities, and proposes recommendations for CCDBG and IDEA reauthorizations.

	<ul style="list-style-type: none"> • The article examines how quality early intervention and preschool services for children from birth to age 5 help identify and address cognitive, physical, and emotional disability at young age, and how such services can work together to ensure that the child receives high quality care that supports his or her development as well as enabling parents to work and support the family. • The paper explores the challenges families face in finding child care services for children with disabilities, including the inability or unwillingness of many providers to accept such children, transportation and other logistical problems, and the scarcity of appropriately trained caregivers.
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Reference	Key Findings
<p>Maryland Developmental Disabilities Council (2004). Barriers to Quality Child Care-Families of Children with Disabilities and Special Health Care Needs Speak Up</p>	<ul style="list-style-type: none"> • Childcare providers, child and disability-rights advocates, and State agencies have long recognized that barriers to inclusive childcare exist for children with disabilities and special health care needs. More information was needed from families to document the scope of the problem. • Results of this research showed that there are significant gaps in the availability and quality of childcare opportunities for children with disabilities and special health care needs. • There are indicators that families of children with disabilities have difficulties accessing and maintaining quality childcare. • The Maryland Developmental Disabilities Council gathered data from families using surveys and focus groups. Over 400 families responded to the survey and four regional family focus groups were held. • From the surveys and focus groups, a description of families' childcare experiences was developed and is summarized. • 83% of respondents said they had difficulties in finding, obtaining or keeping childcare. • 76% of families reported they had lost income due to family care issues. • 64% of families reported that a childcare provider had asked that their child leave the program/child care setting. • 78% reported they had concerns about availability of child and after-school care their child ages.

Reference	Key Findings
<p>Helburn, Suzanne & Bergmann, Barbara (2002) Supplementary Information To Accompany America's Child Care Problem: The Way Out. <i>Foundation for Child Development</i></p>	<ul style="list-style-type: none"> • Special needs include mild retardation, autism, cerebral palsy, AIDS, blindness, or a need for braces or wheelchairs. • Often times additional staff care members are needed. • The budget implications of integrating a special needs vary. • Inadequately trained personnel create a major barrier. • Special arrangements to promote active engagement of the child with a disability should intrude on regular classroom practice as little as possible. The teacher/provider should be careful to choose games that all the children can participate in, regardless of the handicap. • More attention to orderliness in the classroom is required by children in wheel chairs, and toys may need to be rearranged for accessibility. • For children with severe language impairment, teachers need to make more use of nouns than verbs since they are far easier for these children to learn. • Securing appropriate childcare for special needs children requires coordination among a diverse group of service providers, medical personnel, educational administrators, community and state childcare agencies, state social service and welfare agencies and professional organizations of childcare givers.

Reference	Key Findings
<p>Lindeke, Linda L., Krajicekm Marilyn, & Patterson, Diana L. (2001). PNP Roles and interventions with children with special needs and their families. <i>The Journal of Pediatric Health Care</i>, 15, 138-143.</p>	<ul style="list-style-type: none"> • Pediatric nurse practitioners (PNPs) can create excellent professional roles caring for children with special health care needs (CSHCN) and their families. • Assisting childcare centers to serve children and families with special needs is an ideal role for PNPs who have knowledge of health and regulatory issues. • In child care settings, PNP's can advocate for inclusion of children with special needs in all activities of the center by teaching child care providers about disabilities and associated care needs of CSHCN. • PNP's form a partnership between staff, parents, and childcare staff to achieve maximum growth, development, independence, and socialization of CSHCN. • Use national standards as benchmarks to evaluate

	<p>quality of childcare.</p> <ul style="list-style-type: none"> • Bring providers from other agencies involved in children’s care (i.e., early intervention staff, occupational/physical therapists, primary care providers) to the center to share information and teach child care staff about care needs • Prevent unnecessary illnesses and emergencies by anticipating possible problems • Develop an emergency plan specific to each child’s chronic illness and needs • Participate in ongoing planning for the children (i.e., Individual Family Service Plan) • Train staff in special health care procedures, monitoring medications, recognizing symptoms of illness, and special concerns about environmental safety for CSHCN
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Reference	Key Findings
<p>Health & Safety Notes California Childcare Health Program (2003). Gastric Tubes in the Child Care Setting. <i>Children with Disabilities and Other Special Needs</i></p>	<ul style="list-style-type: none"> • The Americans with Disabilities Act (ADA) gives children with special health care needs the right to participate fully in childcare programs. • The law mandates that childcare programs make reasonable modifications in order to accommodate children with special health care needs so that they are fully included in the childcare setting. • Child care providers' need to understand the reasoning for the gastric tube because the child usually has a medical condition to accompany it. • Child care providers' need to develop a written daily plan for the special care of the child with a gastric tube. • Personnel who provide gastric tube care must follow specific written instructions from the child’s health care provider

Reference	Key Findings
<p>Center for Disease Control (2008). Summary Health Statistics for U.S. Children: National Health Interview Survey, 2008. <i>Vital and Health Statistics, Series 10, 224</i></p>	<ul style="list-style-type: none"> • Thirteen percent of children had ever been diagnosed with asthma. • An estimated 8% of children 3–17 years of age had a learning disability, and an estimated 8% of children had ADHD.

Appendix B

Survey Instrument

Children with Special Needs
2009 Licensed Child Care Provider Questionnaire

Children with special needs can be defined as children with physical, developmental, mental, emotional, behavioral, or medical needs that requires different levels of care than other children their age. (National Child Care Information and Technical Assistance Center, 2009)

This survey contains several different types of questions. We appreciate your careful responses. Please use a blue or black pen and fill in circles completely. Clearly print any fill in the blank answers. The survey will take approximately 5-10 minutes of your time. Thank you for participating.

1. What is the zip code of your child care program? _____
2. How many years of experience do you have as a licensed child care provider? _____
3. Do you accept Child Care Subsidy (Title XX)?
 - Yes
 - No
4. How many employees provide direct, hands on care of children in your child care program? _____
5. What are the age groups of the children you care for? (Please mark all that apply)
 - Infant
 - Toddler
 - Preschool
 - School age
6. That type of Nebraska Child Care License do you hold?
 - Family Child Care Home I
 - Family Child Care Home II
 - Child Care Center
 - Preschool

The following questions relate to caring for children with special needs.

7. Does your child care program enroll or care for children with special needs?
 - Yes
 - No
8. Do children in your care experience problems with any of the following? (Please mark all that apply)
 - Difficulty seeing even when wearing glasses or contact lenses
 - Use of hearing aids or difficulty hearing even when using hearing aids
 - Breathing or other respiratory problems
 - Swallowing, digesting food, or metabolism
 - Learning, understanding, paying attention, following directions
 - Behavior problems such as biting, temper tantrums, fighting, bullying or arguing (beyond what would be considered typical)
 - Problems at home (i.e. domestic violence, substance abuse)
 - Making and keeping friends
 - Taking medications on a regular basis
 - Other
9. To the best of your knowledge, have any of the children in your child care program currently or in the past had any of the following conditions? (Please mark all that apply)
 - Asthma
 - Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)
 - Autism or Autism Spectrum Disorder
 - Mental retardation (please specify) _____
 - Developmental delay (please specify) _____
 - Speech delay
 - Language delay
 - Hearing
 - Depression, anxiety, an eating disorder or other emotional problem
 - Diabetes
 - Heart problem, including congenital heart disease
 - Blood problem such as anemia or sickle cell disease (not including sickle cell trait)
 - Cystic fibrosis
 - Cerebral palsy
 - Muscular Dystrophy
 - Epilepsy or seizure disorder
 - Migraine or frequent headache
 - Arthritis or other joint problem
 - Allergies
 - Skin disorders
 - Other
 - None of the children in my care have a medical condition

10. What difficulties do you encounter in caring for children with special needs? (Please mark all that apply)

- Budget implications or issues with costs of special resources
- Budget implications or issues with adequate personnel
- Lack of equipment
- Inadequate training
- Increased insurance raters
- Liability issues
- Parental demands
- Transportation issues (i.e. unable to transport child to needed health care appointment)
- No experience working with children with special needs (even if trained)
- Inability to provide the needed care (i.e. feeding tubes, insulin injections, etc.)
- Fear of not being able to meet the child's needs
- Lack of staff
- Issues with your child care program's building, playground, and/or parking lot being accessible for children with special needs
- Worry about interactions between the child with special needs and other children
- Lack of ability to coordinate care (i.e. health care providers, occupational therapist, physical therapist)
- Unable to provide an interpreter
- Other _____
- No difficulties encountered

11. What barriers keep you from providing care for children with special needs? (Please mark all that apply)

- Budget implications or issues with costs of special resources
- Budget implications or issues with adequate personnel
- Lack of equipment
- Inadequate or lack of training
- Increased insurance rates
- Liability issues
- Parental demands
- Transportation issues (i.e. unable to transport child to needed health care appointment)
- No experience working with children with special needs (even if trained)
- Inability to provide the needed care (i.e. feeding tubes, insulin injections, etc.)
- Fear of not being able to meet the child's needs
- Lack of staff
- Issues with your child care program's building, playground, and/or parking lot being accessible for children with special needs
- Worry about integrating (i.e. behaviorally, socially and curriculum) the special needs child with the other children
- Lack of ability to coordinate care (i.e. health care providers, occupational therapist, physical therapist)
- Unable to provide an interpreter
- Not been approached or asked to care for a child with special need
- I had a difficult experience with caring for a special needs child in the past and am no longer willing to provide care for children with special needs
- Other _____
- No barriers

For the following questions please mark the rating by filling in the circle that is closest to how you feel about each of the following statements

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
12. I am aware of early intervention and/or special education services in my community that I can access for special needs children in my care.	<input type="radio"/>				
13. I know of resources in my community in which I can refer a parent with a child with special needs	<input type="radio"/>				
14. I am aware of the Nebraska Early Childhood Professional Development Partnership (these are the coordinators in my area who provide leadership in the provision of needed training)	<input type="radio"/>				
15. I need more support in order to consider caring for a special needs child and/or continue to care for children with special needs	<input type="radio"/>				
16. My training preferences are web-based or computer assisted	<input type="radio"/>				

17. Where do you go if you need information about caring for children with special needs?
(Please mark all that apply)

- Health care professional
 Other child care professional
 Parents
 Internet
 Public Library
 Licensing Specialist
 Early Childhood Media Center
 Child care consultant
 Local Health Department
 Early Development Network
 Public School/Educational Service Unit
 Other _____
 Do not care for children with special needs

The purpose of the following questions is for statistical purposes only and individual respondents will not be identified in any of the findings or reports

18. What is your gender?

- Female
 Male

19. What is your race/ethnicity?

- White
 White, non-Hispanic
 African-American
 Hispanic
 Asian-Pacific Islander
 Native American
 Other _____

20. What is your age? _____

21. Is English the primary language spoken within your child care program?

- Yes
 No

22. Do any of your staff speak a language besides English?

- Yes
 No

If yes, what language(s)? _____

23. Do you have any non-English speaking children in your care?

- Yes
 No

24. If you answered yes to # 23, what is the approximate percent of non-English speaking children in your care? _____

25. What is your educational preparation? (Please mark all that apply)

- High School/GED
 Child Development Associate Credential (CDA)
 Tech Prep
 Associate Degree in Early Childhood Education
 Associate Degree (other) please specify _____
 Bachelor's Degree in Child Development
 Bachelor's Degree with completion of a teaching education program
 Bachelor's Degree (other) please specify _____
 Master's Degree in Early Childhood Education
 Master's Degree (other) please specify _____
 Other graduate degree

26. Do you have any additional training in caring for children with special needs?

- Yes
 No

If yes, briefly describe? _____

27. Please describe any training/support you feel you need in order to accept children with special needs in your child care program or to continue to care for children with special needs.

Appendix C
Survey Results

Table 1*Total Sample Question Results*

Question	Total Sample	
	Number	%
Total # surveys sent	1971	
Total # surveys returned	684	35
Years of experience	13.4	
Accept Child Subsidy (Title XX) (Yes)	364	82
Age groups care for:		
Infant	490	72
Toddler	521	76
Preschool	628	92
School Age	504	74
# employees provide direct, hands on care	5.9	
Type of license held:		
Child Care License: Family Child Care Home I	263	39
Child Care License: Family Child Care Home II	96	14
Child Care License: Child Care Center	227	33
Child Care License: Preschool	114	17
Program take children with special needs (Yes)	486	72
Children experience any of the following:		
Difficulty seeing even when wearing glasses or contact lenses	89	13
Use of hearing aids or difficulty hearing even when using hearing aids	62	9
Breathing or other respiratory problems	201	29
Swallowing, digesting food, or metabolism	80	12
Learning, understanding, paying attention, following directions	389	57

Behavior problems such as biting, temper tantrums, fighting, bullying or arguing	309	45
Problems at home	170	25
Making and keeping friends	129	19
Taking medications on a regular basis	177	26
Other	76	11

Children had or currently have:

Asthma	385	56
ADD or ADHD	396	58
Autism or Autism Spectrum Disorder	254	37
Mental Retardation	85	12
Developmental delay	220	32
Speech delay	429	63
Language delay	292	43
Hearing	117	17
Depression, anxiety, an eating disorder or other emotional problem	89	13
Diabetes	71	10
Heart problem, including congenital heart disease	62	9
Blood problems such as anemia or sickle cell disease	17	2
Cystic fibrosis	32	5
Cerebral palsy	68	10
Muscular Dystrophy	15	2
Epilepsy or seizure disorder	97	14
Migraine or frequent headache	49	7
Arthritis or other joint problem	23	3
Allergies	392	57
Skin disorders	155	23
Other	63	9
None of the children in my care have a medical condition	79	12

Difficulties caring for children with special needs:

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Budget implications or issues with costs of special resources	128	19
Budget implications or issues with adequate personnel	162	24
Lack of equipment	111	16
Inadequate training	206	30
Increased insurance rates	26	4
Liability issues	99	15
Parental demands	159	23
Transportation issues	65	10
No experience working with children with special needs	82	12
Inability to provide the needed care	60	9
Fear of not being able to meet child's needs	195	29
Lack of staff	149	22
Issues with your child care program's building, playground, and/or parking lot being accessible for children with special needs	97	14
Worry about interactions between the child with special needs and other children	160	23
Lack of ability to coordinate care	37	5
Unable to provide an interpreter	46	7
Other	38	6
No difficulties encountered	241	35
Barriers:		
Barriers from providing care: Budget implications or issues with costs of special resources	130	19
Budget implications or issues with adequate personnel	15	2
Lack of equipment	115	17
Inadequate training or lack of training	157	23
Increased insurance rates	40	6
Liability issues	88	13
Parental demands	90	13

Transportation issues	75	11
No experience working with children with special needs	86	13
Inability to provide the needed care	88	13
Fear of not being able to meet child's needs	156	23
Lack of staff	140	21
Issues with your child care program's building, playground, and/or parking lot being accessible for children with special needs	108	16
Worry about integrating the special needs child and other children	87	13
Lack of ability to coordinate care	38	6
Unable to provide an interpreter	58	9
Not been approached or asked to care for a child with special needs	102	15
I had a difficult experience with caring for a special needs child in the past and am no longer willing to provide care for children with special needs	16	2
Other	37	5
No barriers	285	42
Early Interventions and Special Education		
Strongly agree [1]	222	33
Agree [2]	281	42
Disagree [3]	86	13
Strongly Disagree [4]	40	6
NA [Missing]	48	7
Resources in Community		
Strongly agree [1]	220	32
Agree [2]	281	42
Disagree [3]	95	14
Strongly Disagree [4]	47	7
NA [Missing]	34	5

Nebraska Early Childhood Professional

Strongly agree [1]	177	26
Agree [2]	261	39
Disagree [3]	144	21
Strongly Disagree [4]	61	9
NA [Missing]	33	5

Need more support

Strongly agree [1]	108	16
Agree [2]	227	34
Disagree [3]	160	24
Strongly Disagree [4]	47	7
NA [Missing]	132	20

Training Preferences web-based

Strongly agree [1]	52	8
Agree [2]	177	26
Disagree [3]	207	31
Strongly Disagree [4]	99	15
NA [Missing]	141	21

Where you go for information:

Health care professional	251	37
Other child care professional	203	30
Parents	423	62
Internet	292	43
Public Library	87	13
Licensing specialist	148	22
Early Childhood Media Center	131	19
Child care consultant	83	12
Local Health Department	116	17
Early Development Network	141	21
Public School/Education Service Unit	320	47
Other	41	6
Do not care for children with special needs	147	22

Gender:		
Male	8	1
Female	664	99
White Non Hispanic	642	96
African American	9	1
Hispanic	10	2
Asian-Pacific Islander	0	0
Native American	4	1
Other	1	0
Age	44	
English Primary Language (Yes)	668	99
Staff speak other language (Yes)	140	22
Non-English speaking children (Yes)	107	16
Percent of non-English Speaking		8
Educational Preparation:		
High school/GED	406	60
Child Development Associate Credential (CDA)	57	8
Tech Prep	19	3
Associate Degree in Early Childhood Education	85	12
Associate Degree (other)	58	9
Bachelor's Degree in Child Development	24	4
Bachelor's Degree with completion of a teaching education program	93	14
Bachelor's Degree (other)	95	14
Master's Degree in Early Childhood Education	18	3
Master's Degree (other)	24	4
Other graduate degree	26	4
Additional training with special needs (Yes)	224	34

***Some results will not add up to 100%, either because of missing data (not included in the tables) and/or the question asked the child care provider to “select all that apply”.**

Table 2*Comparisons Between License Type with Survey Questions*

Question	Child Care		Family Child		Total	
	Center & Other		Care Home I & II			
	Number	%	Number	%	Number	%
Total number of surveys returned	316		366		682	
Years of experience	20		11		31	
Accept Child Subsidy (Title XX) (Yes)	195	64	248	70	443	68
Age groups care for:						
Infant	140	44	350	96	490	81
Toddler	162	51	359	98	521	85
Preschool	273	86	355	97	458	94
School Age	185	59	319	87	504	79
# employees provide direct, hands on care	19		1		20	
Type of license held:						
Child Care License: Family Child Care Home I	0	0	263	72	263	52
Child Care License: Family Child Care Home II	1	0	95	26	96	19
Child Care License: Child Care Center	220	70	7	2	290	21
Child Care License: Preschool	111	35	3	1	114	11
Program take children with special needs (Yes)	270	86	216	60	486	68
Children experience any of the following:						
Difficulty seeing even when wearing glasses or contact lenses	64	20	25	7	89	11
Use of hearing aids or difficulty hearing even when using hearing aids	52	16	10	3	62	7
Breathing or other respiratory problems	131	41	70	19	201	25
Swallowing, digesting food, or metabolism	47	15	33	9	80	11
Learning, understanding, paying attention, following directions	245	78	144	39	389	50

Behavior problems such as biting, temper tantrums, fighting, bullying or arguing	188	59	121	33	309	41
Problems at home	131	41	39	11	170	19
Making and keeping friends	96	30	33	9	129	15
Taking medications on a regular basis	126	40	51	14	177	21
Other	42	13	34	9	76	10

Children had or currently have:

Asthma	243	77	142	190	385	50
ADD or ADHD	234	74	162	216	396	53
Autism or Autism Spectrum Disorder	174	55	80	107	254	31
Mental Retardation	53	17	32	43	85	11
Developmental delay	149	47	71	95	220	27
Speech delay	254	80	175	234	429	57
Language delay	191	60	101	135	292	37
Hearing	90	28	27	36	117	13
Depression, anxiety, an eating disorder or other emotional problem	55	17	34	45	89	12
Diabetes	48	15	23	31	71	9
Heart problem, including congenital heart disease	40	13	22	29	62	8
Blood problems such as anemia or sickle cell disease	15	5	2	3	17	2
Cystic fibrosis	24	8	8	11	32	4
Cerebral palsy	48	15	20	27	68	8
Muscular Dystrophy	11	3	4	5	15	2
Epilepsy or seizure disorder	71	22	26	35	97	11
Migraine or frequent headache	33	10	16	21	49	6
Arthritis or other joint problem	16	5	7	9	23	3
Allergies	236	75	156	208	392	52
Skin disorders	104	33	51	68	155	19
Other	30	9	33	44	63	9
None of the children in my care have a medical condition	8	3	71	95	79	15

Difficulties caring for children with special needs:

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Budget implications or issues with costs of special resources	94	30	34	45	128	15
Budget implications or issues with adequate personnel	138	44	24	32	162	17
Lack of equipment	70	22	41	55	111	14
Inadequate training	137	43	69	92	206	26
Increased insurance rates	10	3	16	21	26	4
Liability issues	59	19	40	53	99	13
Parental demands	95	30	64	86	159	21
Transportation issues	40	13	25	33	65	8
No experience working with children with special needs	50	16	32	43	82	11
Inability to provide the needed care	45	14	15	20	60	7
Fear of not being able to meet child's needs	113	36	82	110	195	26
Lack of staff	111	35	38	51	149	17
Issues with your child care program's building, playground, and/or parking lot being accessible for children with special needs	56	18	41	55	97	13
Worry about interactions between the child with special needs and other children	91	29	69	92	160	22
Lack of ability to coordinate care	26	8	11	15	37	4
Unable to provide an interpreter	31	10	15	20	46	6
Other	18	6	20	27	38	6
No difficulties encountered	59	19	182	243	241	41
Barriers:						
Barriers from providing care: Budget implications or issues with costs of special resources	89	28	41	11	130	16
Budget implications or issues with adequate personnel	100	32	27	7	127	14
Lack of equipment	65	21	50	14	115	16
Inadequate training or lack of training	93	29	64	17	157	21
Increased insurance rates	17	5	23	6	40	6
Liability issues	37	12	51	14	88	13
Parental demands	43	14	47	13	90	13

Transportation issues	36	11	39	11	75	11
No experience working with children with special needs	42	13	44	12	86	12
Inability to provide the needed care	54	17	34	9	88	11
Fear of not being able to meet child's needs	83	26	73	20	156	22
Lack of staff	91	29	49	13	140	18
Issues with your child care program's building, playground, and/or parking lot being accessible for children with special needs	53	17	55	15	108	16
Worry about integrating the special needs child and other children	55	17	32	9	87	11
Lack of ability to coordinate care	23	7	15	4	38	5
Unable to provide an interpreter	32	10	26	7	58	8
Not been approached or asked to care for a child with special needs	30	9	72	20	102	17
I had a difficult experience with caring for a special needs child in the past and am no longer willing to provide care for children with special needs	5	2	11	3	16	3
Other	14	4	23	6	37	6
No barriers	117	37	168	46	285	43
Early Interventions and Special Education						
Strongly agree [1]	141	45	81	22	222	29
Agree [2]	123	39	158	44	281	42
Disagree [3]	30	10	56	15	86	14
Strongly Disagree [4]	10	3	30	8	40	7
NA [Missing]	11	3	37	10	48	8
Resources in Community						
Strongly agree [1]	138	44	82	23	220	29
Agree [2]	131	42	150	41	281	41
Disagree [3]	29	9	66	18	95	16
Strongly Disagree [4]	11	3	36	10	47	8
NA [Missing]	6	2	28	8	34	6

Nebraska Early Childhood Professional

Strongly agree [1]	108	34	69	19	177	23
Agree [2]	107	34	154	43	261	40
Disagree [3]	69	22	75	21	144	21
Strongly Disagree [4]	22	7	39	11	61	10
NA [Missing]	8	3	25	7	33	6

Need more support

Strongly agree [1]	58	19	50	14	108	15
Agree [2]	113	36	114	32	227	33
Disagree [3]	64	20	96	27	160	25
Strongly Disagree [4]	24	8	23	6	47	7
NA [Missing]	54	17	78	22	132	20

Training Preferences web-based

Strongly agree [1]	24	8	28	37	52	8
Agree [2]	75	24	102	136	177	27
Disagree [3]	104	33	103	138	207	30
Strongly Disagree [4]	59	19	40	53	99	13
NA [Missing]	52	17	89	119	141	22

Where you go for information:

Health care professional	142	45	109	30	251	34
Other child care professional	103	33	100	27	203	29
Parents	210	66	213	58	423	61
Internet	144	46	148	40	292	42
Public Library	31	10	56	15	87	14
Licensing specialist	83	26	65	18	148	20
Early Childhood Media Center	68	22	63	17	131	18
Child care consultant	42	13	41	11	83	12
Local Health Department	62	20	54	15	116	16
Early Development Network	89	28	52	14	141	18
Public School/Education Service Unit	211	67	109	30	320	40
Other	26	8	15	4	41	5
Do not care for children with special needs	32	10	115	31	147	25

Gender:

Male	8	3	0	0	8	1
Female	303	97	361	100	664	99
White Non Hispanic	298	97	344	94	642	94
African American	5	2	4	1	9	1
Hispanic	4	1	6	2	10	2
Asian-Pacific Islander	0	0	0	0	0	0
Native American	1	0	3	1	4	1
Other	0	0	1	0	1	0

Age

70	34	52
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English Primary Language (Yes)	310	99	358	99	668	99
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Staff speak other language (Yes)	116	37	24	7	140	16
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Non-English speaking children (Yes)	94	30	13	4	107	11
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Percent of non-English Speaking	14	4
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Educational Preparation:

High school/GED	133	42	273	75	406	65
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Child Development Associate Credential (CDA)	34	11	23	6	57	8
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Tech Prep	5	2	14	4	19	3
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Associate Degree in Early Childhood Education	60	19	25	7	85	10
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Associate Degree (other)	33	10	25	7	58	8
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Bachelor's Degree in Child Development	21	7	3	1	24	2
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Bachelor's Degree with completion of a teaching education program	78	25	15	4	93	10
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Bachelor's Degree (other)	66	21	29	8	95	12
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Master's Degree in Early Childhood Education	18	6	0	0	18	2
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Master's Degree (other)	22	7	2	1	24	2
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Other graduate degree	11	3	15	4	26	4
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Additional training with special needs (Yes)	138	45	86	24	224	30
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***Some results will not add up to 100%, either because of missing data (not included in the tables) and/or the question asked the child care provider to "select all that apply".**

Table 3*Comparisons Rural versus Urban with Survey Questions*

Question	Rural		Urban		Total	
	Number	%	Number	%	Number	%
Total number of surveys returned	478		204		682	
Years of experience	19		8		27	
Accept Child Subsidy (Title XX) (Yes)	301	66	143	71	444	68
Age groups care for:						
Infant	346	72	145	71	491	72
Toddler	364	76	158	77	522	77
Preschool	455	95	174	85	629	90
School Age	353	74	152	75	505	74
# employees provide direct, hands on care	6		6		12	
Type of license held:						
Child Care License: Family Child Care Home I	199	42	64	31	263	36
Child Care License: Family Child Care Home II	80	17	16	8	96	12
Child Care License: Child Care Center	124	26	103	50	227	39
Child Care License: Preschool	93	19	21	10	114	15
Program take children with special needs (Yes)	334	71	153	76	487	73
Children experience any of the following:						
Difficulty seeing even when wearing glasses or contact lenses	64	13	25	43	89	13
Use of hearing aids or difficulty hearing even when using hearing aids	36	8	26	45	62	10
Breathing or other respiratory problems	126	26	75	130	201	32
Swallowing, digesting food, or metabolism	54	11	26	45	80	12
Learning, understanding, paying attention, following directions	265	55	125	216	390	58
Behavior problems such as biting, temper tantrums,	210	44	99	171	309	46

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fighting, bullying or arguing

Problems at home	115	24	55	95	170	26
Making and keeping friends	87	18	42	73	129	19
Taking medications on a regular basis	110	23	67	116	177	28
Other	57	12	19	33	76	11

Children had or currently have:

Asthma	248	52	138	239	386	60
ADD or ADHD	264	55	133	230	397	60
Autism or Autism Spectrum Disorder	156	33	98	170	254	41
Mental Retardation	61	13	24	42	85	12
Developmental delay	146	31	74	128	220	34
Speech delay	296	62	134	232	430	64
Language delay	199	42	93	161	292	44
Hearing	73	15	44	76	117	19
Depression, anxiety, an eating disorder or other emotional problem	54	11	35	61	89	14
Diabetes	41	9	30	52	71	12
Heart problem, including congenital heart disease	43	9	19	33	62	9
Blood problems such as anemia or sickle cell disease	12	3	5	9	17	2
Cystic fibrosis	20	4	12	21	32	5
Cerebral palsy	48	10	20	35	68	10
Muscular Dystrophy	11	2	4	7	15	2
Epilepsy or seizure disorder	65	14	32	55	97	15
Migraine or frequent headache	26	5	23	40	49	8
Arthritis or other joint problem	20	4	3	5	23	3
Allergies	262	55	131	227	393	60
Skin disorders	92	19	63	109	155	25
Other	44	9	19	33	63	9
None of the children in my care have a medical condition	62	13	17	29	79	11

Difficulties caring for children with special needs:

0

Budget implications or issues with costs of special resources	83	17	45	22	128	20
Budget implications or issues with adequate personnel	99	21	63	31	162	26
Lack of equipment	71	15	40	20	111	17
Inadequate training	126	26	80	39	206	33
Increased insurance rates	17	4	9	4	26	4
Liability issues	63	13	36	18	99	15
Parental demands	89	19	70	34	159	27
Transportation issues	46	10	19	9	65	9
No experience working with children with special needs	54	11	28	14	82	13
Inability to provide the needed care	32	7	28	14	60	10
Fear of not being able to meet child's needs	124	26	71	35	195	31
Lack of staff	102	21	47	23	149	22
Issues with your child care program's building, playground, and/or parking lot being accessible for children with special needs	64	13	33	16	97	15
Worry about interactions between the child with special needs and other children	110	23	50	25	160	24
Lack of ability to coordinate care	25	5	12	6	37	6
Unable to provide an interpreter	33	7	13	6	46	7
Other	22	5	16	8	38	6
No difficulties encountered	184	38	57	28	241	33
Barriers:						
Barriers from providing care: Budget implications or issues with costs of special resources	76	16	54	26	130	21
Budget implications or issues with adequate personnel	77	16	50	25	127	20
Lack of equipment	71	15	44	22	115	18
Inadequate training or lack of training	97	20	60	29	157	25
Increased insurance rates	24	5	16	8	40	6
Liability issues	60	13	28	14	88	13
Parental demands	53	11	37	18	90	15

Transportation issues	45	9	30	15	75	12
No experience working with children with special needs	51	11	35	17	86	14
Inability to provide the needed care	52	11	36	18	88	14
Fear of not being able to meet child's needs	97	20	59	29	156	25
Lack of staff	94	20	46	23	140	21
Issues with your child care program's building, playground, and/or parking lot being accessible for children with special needs	71	15	37	18	108	17
Worry about integrating the special needs child and other children	50	10	37	18	87	14
Lack of ability to coordinate care	25	5	13	6	38	6
Unable to provide an interpreter	37	8	21	10	58	9
Not been approached or asked to care for a child with special needs	76	16	26	13	102	14
I had a difficult experience with caring for a special needs child in the past and am no longer willing to provide care for children with special needs	11	2	5	2	16	2
Other	25	5	12	6	37	6
No barriers	217	45	68	33	285	39
Early Interventions and Special Education						
Strongly agree [1]	162	34	60	29	222	32
Agree [2]	198	41	83	41	281	41
Disagree [3]	54	11	32	16	86	14
Strongly Disagree [4]	25	5	15	7	40	6
NA [Missing]	35	7	13	6	48	7
Resources in Community						
Strongly agree [1]	156	33	64	31	220	32
Agree [2]	197	41	84	41	281	41
Disagree [3]	62	13	33	16	95	15
Strongly Disagree [4]	31	6	16	8	47	7
NA [Missing]	28	6	6	3	34	4

Nebraska Early Childhood Professional

Strongly agree [1]	132	28	45	22	177	25
Agree [2]	201	42	60	29	261	36
Disagree [3]	82	17	62	30	144	24
Strongly Disagree [4]	35	7	26	13	61	10
NA [Missing]	24	5	9	4	33	5

Need more support

Strongly agree [1]	72	15	36	18	108	16
Agree [2]	152	32	75	37	227	34
Disagree [3]	116	24	44	22	160	23
Strongly Disagree [4]	29	6	18	9	47	7
NA [Missing]	105	22	27	13	132	17

Training Preferences web-based

Strongly agree [1]	38	8	14	7	52	7
Agree [2]	127	27	50	25	177	26
Disagree [3]	137	29	70	34	207	32
Strongly Disagree [4]	61	13	38	19	99	16
NA [Missing]	110	23	31	15	141	19

Where you go for information:

Health care professional	177	37	74	36	251	37
Other child care professional	143	30	60	29	203	30
Parents	299	62	125	61	424	62
Internet	193	40	99	49	292	45
Public Library	62	13	25	12	87	13
Licensing specialist	104	22	44	22	148	22
Early Childhood Media Center	98	21	33	16	131	18
Child care consultant	54	11	29	14	83	13
Local Health Department	78	16	38	19	116	18
Early Development Network	111	23	30	15	141	19
Public School/Education Service Unit	224	47	96	47	320	47
Other	25	5	16	8	41	7
Do not care for children with special needs	109	23	38	19	147	21

Gender:

Male	2	0	6	3	8	2
Female	470	100	195	97	665	98
White Non Hispanic	455	98	188	94	643	96
African American	1	0	8	4	9	2
Hispanic	6	1	4	2	10	2
Asian-Pacific Islander	0	0	0	0	0	0
Native American	4	1	0	0	4	0
Other	1	0	0	0	1	0

Age

65	25	45
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English Primary Language (Yes)	469	99	200	99	669	99
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Staff speak other language (Yes)	82	18	58	30	140	24
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Non-English speaking children (Yes)	62	13	45	22	107	18
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Percent of non-English Speaking	15	3	0
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Educational Preparation:

High school/GED	292	61	115	56	407	59
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Child Development Associate Credential (CDA)	41	9	16	8	57	8
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Tech Prep	18	4	1	0	19	2
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Associate Degree in Early Childhood Education	64	13	21	10	85	12
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Associate Degree (other)	45	9	13	6	58	8
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Bachelor's Degree in Child Development	11	2	13	6	24	4
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Bachelor's Degree with completion of a teaching education program	58	12	35	17	93	15
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Bachelor's Degree (other)	58	12	37	18	95	15
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Master's Degree in Early Childhood Education	12	3	6	3	18	3
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Master's Degree (other)	10	2	14	7	24	5
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Other graduate degree	20	4	6	3	26	4
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Additional training with special needs (Yes)	166	36	58	29	224	33
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***Some results will not add up to 100%, either because of missing data (not included in the tables) and/or the question asked the child care provider to “select all that apply”.**

Table 4

Comparisons Between Regions with Survey

Questions

Question	Central		Eastern		Northern		Southeast		Western		Total	
	Numbe		Numbe		Numbe		Numbe		Numbe		Numbe	
	r	%	r	%	r	%	r	%	r	%	r	%
Total number of surveys returned	120		125		130		161		146		682	
Years of experience	11		16		15		12		13		13	
										7		
Accept Child Subsidy (Title XX) (Yes)	92	80	75	63	84	66	78	51	114	9	443	67
Age groups care for:										6		
Infant	115	96	117	94	120	92	50	31	88	0	490	72
										6		
Toddler	116	97	122	98	124	95	60	37	99	8	521	76
										8		
Preschool	116	97	122	98	123	95	145	90	122	4	628	92
										7		
School Age	108	90	107	86	109	84	72	45	108	4	504	74
# employees provide direct, hands on care	2		1		1		8		16		6	
Type of license held:												
Child Care License: Family Child Care Home I	32	27	117	94	114	88	0	0	0	0	263	30
Child Care License: Family Child Care Home II	83	69	6	5	6	5	1	1	0	0	96	15
Child Care License: Child Care Center										8		
	7	6	0	0	4	3	87	54	129	8	227	42
Child Care License: Preschool										1		
	2	2	1	1	4	3	81	50	26	8	114	16

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Program take children with special needs (Yes)	73	62	72	60	80	62	130	81	131	0	486	75
Children experience any of the following:												
Difficulty seeing even when wearing glasses or contact lenses	11	9	9	7	6	5	33	20	30	1	89	14
Use of hearing aids or difficulty hearing even when using hearing aids	7	6	3	2	0	0	22	14	30	1	62	11
Breathing or other respiratory problems	27	23	19	15	28	22	54	34	73	0	201	33
Swallowing, digesting food, or metabolism	17	14	10	8	7	5	18	11	28	9	80	13
Learning, understanding, paying attention, following directions	49	41	43	34	60	46	124	77	113	7	389	61
Behavior problems such as biting, temper tantrums, fighting, bullying or arguing	42	35	36	29	50	38	84	52	97	6	309	49
Problems at home	19	16	12	10	13	10	60	37	66	5	170	28
Making and keeping friends	14	12	10	8	13	10	48	30	44	0	129	21
Taking medications on a regular basis	18	15	19	15	17	13	50	31	73	0	177	30
Other	13	11	12	10	10	8	19	12	22	5	76	12
Children had or currently have:												
Asthma	56	47	41	33	53	41	117	73	118	1	385	61
ADD or ADHD	59	49	44	35	66	51	109	68	118	1	396	63
Autism or Autism Spectrum Disorder	31	26	27	22	27	21	78	48	91	2	254	41

Mental Retardation											2		
	7	6	12	10	15	12	21	13	30	1	85	14	
Developmental delay											5		
	25	21	21	17	26	20	74	46	74	1	220	35	
Speech delay											7		
	60	50	64	51	57	44	134	83	114	8	429	65	
Language delay											6		
	37	31	28	22	39	30	98	61	90	2	292	46	
Hearing											3		
	9	8	10	8	8	6	43	27	47	2	117	19	
Depression, anxiety, an eating disorder or other emotional problem											1		
	14	12	10	8	11	8	27	17	27	8	89	14	
Diabetes											1		
	9	8	7	6	7	5	21	13	27	8	71	12	
Heart problem, including congenital heart disease											1		
	10	8	5	4	8	6	21	13	18	2	62	10	
Blood problems such as anemia or sickle cell disease													
	0	0	2	2	0	0	10	6	5	3	17	2	
Cystic fibrosis													
	2	2	3	2	3	2	11	7	13	9	32	5	
Cerebral palsy											1		
	3	3	10	8	7	5	21	13	27	8	68	11	
Muscular Dystrophy													
	1	1	3	2	0	0	5	3	6	4	15	2	
Epilepsy or seizure disorder											2		
	5	4	10	8	12	9	32	20	38	6	97	16	
Migraine or frequent headache											1		
	7	6	7	6	2	2	13	8	20	4	49	8	
Arthritis or other joint problem													
	4	3	2	2	1	1	8	5	8	5	23	4	
Allergies											7		
	51	43	49	39	64	49	113	70	115	9	392	61	
Skin disorders											4		
	14	12	17	14	21	16	41	25	62	2	155	26	
Other													
	5	4	17	14	11	8	11	7	19	1	63	9	

										3		
None of the children in my care have a												
medical condition	20	17	30	24	21	16	6	4	2	1	79	10
Difficulties caring for children with special												
needs:												0
Budget implications or issues with costs											3	
of special resources	15	13	11	9	12	9	45	28	45	1	128	21
Budget implications or issues with											4	
adequate personnel	14	12	7	6	8	6	66	41	67	6	162	27
Lack of equipment											2	
	13	11	18	14	12	9	35	22	33	3	111	17
Inadequate training											4	
	27	23	22	18	24	18	66	41	67	6	206	33
Increased insurance rates	3	3	9	7	4	3	6	4	4	3	26	3
Liability issues											2	
	12	10	17	14	15	12	25	16	30	1	99	15
Parental demands											3	
	24	20	26	21	18	14	42	26	49	4	159	25
Transportation issues											1	
	9	8	10	8	7	5	13	8	26	8	65	11
No experience working with children											1	
with special needs	16	13	8	6	11	8	24	15	23	6	82	13
Inability to provide the needed care											1	
	8	7	6	5	1	1	20	12	25	7	60	10
Fear of not being able to meet child's											4	
needs	30	25	28	22	27	21	52	32	58	0	195	30
Lack of staff											3	
	16	13	14	11	9	7	54	34	56	8	149	24
Issues with your child care program's												
building, playground, and/or parking lot												
being accessible for children with											1	
special needs	11	9	18	14	15	12	30	19	23	6	97	14

Worry about interactions between the child with special needs and other children										2		
	17	14	32	26	22	17	50	31	39	7	160	23
Lack of ability to coordinate care										1		
	5	4	3	2	4	3	11	7	14	0	37	6
Unable to provide an interpreter										1		
	5	4	8	6	4	3	14	9	15	0	16	7
Other	4	3	6	5	10	8	8	5	10	7	38	6
No difficulties encountered										1		
	58	48	59	47	66	51	37	23	21	4	241	32

Barriers:

Barriers from providing care: Budget implications or issues with costs of special resources										2		
	19	16	13	10	13	10	44	27	41	8	130	21
Budget implications or issues with adequate personnel										3		
	12	10	10	8	9	7	51	32	45	1	127	20
Lack of equipment										2		
	17	14	17	14	17	13	33	20	31	1	115	18
Inadequate training or lack of training										3		
	24	20	18	14	22	17	43	27	50	4	157	25
Increased insurance rates	6	5	12	10	5	4	10	6	7	5	40	5
Liability issues										1		
	16	13	20	16	17	13	13	8	22	5	88	13
Parental demands										1		
	14	12	19	15	16	12	19	12	22	5	90	13
Transportation issues										1		
	15	13	13	10	12	9	15	9	20	4	75	12
No experience working with children with special needs										1		
	17	14	16	13	12	9	19	12	22	5	86	13
Inability to provide the needed care										1		
	10	8	13	10	12	9	31	19	22	5	88	13
Fear of not being able to meet child's	22	18	26	21	27	21	40	25	41	2	156	24

needs											8		
Lack of staff											2		
	17	14	16	13	21	16	50	31	36	5	140	21	
Issues with your child care program's building, playground, and/or parking lot being accessible for children with special needs	14	12	24	19	19	15	28	17	23	6	108	15	
Worry about integrating the special needs child and other children	7	6	15	12	11	8	31	19	23	6	87	13	
Lack of ability to coordinate care	4	3	6	5	6	5	12	7	10	7	38	6	
Unable to provide an interpreter	12	10	9	7	7	5	16	10	14	0	58	9	
Not been approached or asked to care for a child with special needs	22	18	25	20	25	19	18	11	12	8	102	14	
I had a difficult experience with caring for a special needs child in the past and am no longer willing to provide care for children with special needs	3	3	4	3	4	3	2	1	3	2	16	2	
Other	11	9	7	6	5	4	8	5	6	4	37	5	
No barriers	51	43	57	46	62	48	59	37	56	8	285	41	
Early Interventions and Special Education													
Strongly agree [1]	35	29	25	20	25	20	72	45	65	5	222	35	
Agree [2]	51	43	47	38	64	50	66	41	53	7	281	41	
Disagree [3]	18	15	23	19	16	13	16	10	13	9	86	12	
Strongly Disagree [4]	7	6	12	10	11	9	1	1	9	6	40	6	
NA [Missing]	9	8	17	14	11	9	6	4	5	3	48	6	
Resources in Community													
Strongly agree [1]	33	28	25	20	27	21	70	43	65	4	220	35	

										5		
Agree [2]										3		
	51	43	49	40	54	43	70	43	57	9	281	41
Disagree [3]	20	17	23	19	25	20	16	10	11	8	95	13
Strongly Disagree [4]	8	7	15	12	13	10	3	2	8	6	47	7
NA [Missing]	8	7	12	10	8	6	2	1	4	3	34	5

Nebraska Early Childhood

Professional

Strongly agree [1]										3		
	31	26	19	15	21	17	55	34	51	5	177	28
Agree [2]										3		
	52	43	56	45	51	40	57	35	45	1	261	37
Disagree [3]										2		
	20	17	27	22	30	24	35	22	32	2	144	21
Strongly Disagree [4]	9	8	13	10	17	13	9	6	13	9	61	9
NA [Missing]	8	7	9	7	8	6	5	3	3	2	33	4

Need more support

Strongly agree [1]										2		
	22	18	13	10	19	15	26	16	28	0	108	17
Agree [2]										3		
	38	32	41	33	38	30	57	35	53	7	227	34
Disagree [3]										1		
	26	22	34	27	37	29	38	24	25	7	160	23
Strongly Disagree [4]										1		
	11	9	6	5	6	5	10	6	14	0	47	8
NA [Missing]										1		
	23	19	30	24	26	21	30	19	23	6	132	19

Training Preferences web-based

Strongly agree [1]	9	8	11	9	9	7	10	6	13	9	52	8
Agree [2]										2		
	36	30	34	27	35	28	40	25	32	2	177	26
Disagree [3]	41	34	27	22	36	28	48	30	55	3	207	33

										8		
Strongly Disagree [4]										1		
	9	8	16	13	17	13	33	21	24	7	99	15
NA [Missing]										1		
	25	21	36	29	30	24	29	18	21	4	141	19
Where you go for information:												
Health care professional										5		
	43	36	35	28	34	26	66	41	73	0	251	39
Other child care professional										3		
	36	30	33	26	33	25	56	35	45	1	203	30
Parents										7		
	71	59	75	60	71	55	98	61	108	4	423	64
Internet										4		
	57	48	47	38	47	36	73	45	68	7	292	44
Public Library										8	87	12
Licensing specialist										2		
	27	23	17	14	22	17	41	25	41	8	148	23
Early Childhood Media Center										2		
	23	19	20	16	20	15	33	20	35	4	131	20
Child care consultant										1		
	14	12	13	10	15	12	18	11	23	6	83	13
Local Health Department										2		
	28	23	16	13	10	8	30	19	32	2	116	18
Early Development Network										3		
	22	18	10	8	20	15	44	27	45	1	141	23
Public School/Education Service Unit										6		
	44	37	34	27	36	28	112	70	94	4	320	50
Other										9	14	7
Do not care for children with special needs										8	147	19
	31	26	41	33	43	33	21	13	11	8	147	19
Gender:												
Male	0	0	0	0	0	0	2	1	6	4	8	2

		10		10		10				9		
Female	116	0	125	0	129	0	156	99	138	6	664	98
Race/ethnicity:												
White Non Hispanic										8		
	99	87	112	90	117	91	134	85	124	7	586	88
African American	9	8	8	6	8	6	21	13	10	7	56	8
Hispanic	1	1	0	3	3	2	0	0	5	4	9	1
Asian-Pacific Islander	2	2	4	3	0	0	2	1	2	1	10	2
Native American	3	3	0	0	0	0	0	0	1	1	4	1
Other	0	0	1	1	0	0	0	0	0	0	1	0
Age	44		47		46		44		42		44	
						10		10		9		
English Primary Language (Yes)	148	99	69	98	153	0	141	0	274	9	785	99
										4		
Staff speak other language (Yes)	15	11	6	9	6	4	45	32	120	3	192	25
										3		
Non-English speaking children (Yes)	13	9	1	2	4	2	35	25	102	7	154	20
Percent of non-English Speaking		5		8		3		8		9		8
Educational Preparation:												
High school/GED										4		
	84	70	97	77	95	73	58	36	72	9	406	58
Child Development Associate										1		
Credential (CDA)	7	6	9	7	8	6	16	10	17	2	57	9
Tech Prep	3	3	3	3	8	6	2	1	3	2	19	3
Associate Degree in Early Childhood										2		
Education	7	6	9	7	9	7	28	17	32	2	85	14
Associate Degree (other)										1		
	6	5	10	8	11	8	17	11	14	0	58	9
Bachelor's Degree in Child										1		
Development	2	2	1	1	1	1	6	4	14	0	24	5
Bachelor's Degree with completion of a										2		
teaching education program	9	8	4	3	4	3	43	27	33	3	93	15

Bachelor's Degree (other)										2		
	12	10	8	7	11	8	33	20	31	1	95	15
Master's Degree in Early Childhood Education												
Education	0	0	0	0	0	0	13	8	5	4	18	3
Master's Degree (other)	2	2	0	0	2	1	13	8	7	5	24	4
Other graduate degree	6	5	4	3	5	4	7	4	4	3	26	4
Additional training with special needs (Yes)										4		
	33	29	26	21	29	23	73	47	63	5	224	34

***Some results will not add up to 100%, either because of missing data (not included in the tables) and/or the question asked the child care provider to “select all that apply”.**

Appendix D

Summary of Qualitative Data

**Summary of Qualitative Data
Children with Special Needs Grant**

Question #8

Do children in your care experience problems with any of the following?

- Other (63)
 - People that answered other said:**
 - Ability to engage in large group (15-30) active play of games or sport
 - Autistic Spectrum
 - Autistic
 - Club feet and Albinism
 - Cystic Fibrosis, Diabetes, and ADD
 - Don't have any such children in my care.
 - Meth babies and Fetal Alcohol babies
 - Parents very lax on potty training. We will wait until we initiate them and push them.
 - Peanut allergy and Osteogenesis Imperfecta (Brittle Bone Disease)
 - Physical, walks only with a walker.
 - Speech problems and language problems
 - Speech
- Autism (2)

Question #9a

To the best of your knowledge, have any of the children in your care program currently or in the past had any of the following conditions? (mental retardation)

- Down Syndrome.(32)
- Cerebral Palsy. (2)
- Down Syndrome and Tourette Syndrome.(1)
- Downs and Fetal Alcohol Syndrome.(1)
- Downs and Fragility.(1)
- Cerebral Palsy and moderately developmental delayed.(1)
- He was in high school and functioning at a 4th to 5th grade level with much support.
- I had three children in the past that just couldn't do anything for themselves.
- IEP specified.
- Mild - profound.
- Mild, moderate, severe, and profound mental retardation.
- Mother was a drug addict.
- 18 month old that was a Shaken Baby.
- A child in the past had brain damage at birth and Cerebral Palsy.
- Agenesis of the Corpus Callosum.

- Born to a man in his late 30s and mom did not know she was pregnant. Child was not expected to live but she did. She is close to a vegetable.
- OHI.
- One boy and one girl. A 3-year-old that doesn't talk and a 3-year-old that can't talk or can't use a spoon, etc.
- Shaken Baby.
- Slight retardation diagnosis.

Question #9b

To the best of your knowledge, have any of the children in your care program currently or in the past had any of the following conditions? (developmental delay)

- Speech (4)
- Physical (2)
- Large motor skills (2)
- Large motor skills (i.e., sitting up, walking or running).
- Large muscle delay five years but not enrolled in public school.
- Learning delays.
- Learning disability.
- Mild development.
- Mild to profound. Only serve profound at this time.
- Missing Chromosome Disorder.
- Mother was a drug addict.
- Motor, speech, and learning.
- Muscle tone delay in 14-month-old. Therapist comes and works with her from OPS.
- Social skills and gross motor skills.
- Social skills.
- Speech and language.
- Speech and motor.
- Speech and walking.
- Speech, behavior, motor.
- Speech, gross and fine motor skills.
- Speech, low birth weight, and growth.
- Premie, Pervasive Development Delay.
- Premies, all kinds.
- Premies, foster children (abused and traumatic stress).
- Premies.
- Premature baby.
- Premature by four months.
- Premature children, multiples.
- Recovery from kidney transplant, delayed potty training.

- Several through the years.
- She is three and is more on a two-year old level.
- Slow to walk, talk, and grow.
- Small Head Syndrome.
- Not maturing physically and socially at typical rate.
- Not sure what the terminology was for that child. He had some Autism /behavior problems.
- Not walking.
- One boy and one girl. A 3-year-old that doesn't talk and a 3-year-old that can't talk or can't use a spoon, etc.
- One year behind the norm.
- Overall delays.
- Physical coordination.
- Physical, mental, emotional, and behavioral development.
- Talking and walking.
- Trisomic.
- Turner's Syndrome.
- Undiagnosed developmental delay.
- Unspecified delays.
- Very late in crawling, sitting, walking, etc.
- Walking and gross motor skills.
- Walking, crawling, and talking.
- Walking, talking, socially.
- Was a preemie.
- Williams Syndrome.
- 14-year old is like a six month old.
- A child in the past had brain damage at birth and Cerebral Palsy.
- Age associated delay, six months to a year.
- All areas of learning.
- All kinds of delays: speech, language, motor, physical therapy, and occupational therapy.
- Angelman Syndrome.
- Autism.
- Behavior problems and motor delays.
- Behavior typical of a much younger child; slow to develop.
- Behind in all areas where other aged children are.
- Behind in school, held back.
- Behind in talking.
- Behind other children in doing physical acts.
- Born to a man in his late 30s and mom did not know she was pregnant. Child was not expected to live but she did. She is close to a vegetable.

- Brain tumor.
- Cerebral Palsy.
- Child is three and acts as if he/she is 20 months old.
- Cognitive Delay.
- Cognitive, speech, language, and motor.
- Crawling and walking.
- Delayed speech.
- Downs Syndrome.
- Drug and alcohol abuse in the womb.
- Due to alcohol abuse.
- Due to prematurity.
- Eating and swallowing.
- ESU helps with this child. He is being raised with a mother that is deaf.
- Failure to thrive.
- Failure to thrive.
- Feeding tube to stomach.
- Fine motor delay.
- Have qualified for services under DD.
- He was in high school and functioning at a 4th to 5th grade level with much support.
- I have one with a sensory issue.
- IEP specified.
- Language and Cognition.
- Language and physical motor.
- Language and physical.
- Language.

Question #9

To the best of your knowledge, have any of the children in your care program currently or in the past had any of the following conditions? (other)

- Spina Bifida (6)
- Bipolar (3)
- Blind (2)
- Celiac (2)
- Alcohol/Drug Syndrome.
- Angelman's Syndrome and Hemophiliac.
- Blindness and Hemophilia.
- Blindness; three years ago they moved out of town.
- Born without thyroid.
- Brittle Bone.
- Child born without appendages.

- Chromosome Deletion.
- Cleft Palate and Cleft Lip.
- Cleft Pallet.
- Club feet and a new infant born with Albinism that is three months old.
- Club Feet.
- Cystinosis.
- Dermatomyositis.
- Digestive issues.
- Down Syndrome and Blind.
- Down Syndrome and Sensory Impaired.
- Down Syndrome with no medical conditions.
- Down Syndrome.
- Eczema and Reactive Airway.
- Eczema.
- Feeding tube and corrective schools.
- Feeding tube.
- Fetal Alcohol Syndrome.
- I am currently giving care to a special needs child.
- IFA.
- Kidney disease, premature, thus breathing treatments.
- Latex intolerance.
- Missing limbs.
- None specified.
- One five-year-old had a trach.
- One still being diagnosed with a muscle disorder, Down Syndrome.
- Peanut allergy and Osteogenesis Imperfecta.
- PHPV (Persistent Hyperplastic Vitreous/Microphthalmia with left eye and Sclera Shell and bi-focal glasses.)
- Physical.
- Quadriplegic.
- Scoliosis, frequent nose bleeds.
- Scoliosis.
- Seeing very few ear infections, but tons of asthma and upper respiratory.
- Sensitive skin.
- Sexual appropriateness.
- Shunt.
- Spina Bifida and Hypotonia.
- Stomach reflux and bladder reflux.
- Stroke while in vitro.
- Tight ligaments. The physical therapist came here every week.

- Transplant.
- Turner's Syndrome and Aspergers.
- Vision and child with a catheter.
- Vision.

Question #10

What difficulties do you encounter in caring for children with special needs? (other)

- Don't have any special needs children in my daycare (11)
- All would apply if I had children with disabilities in my care.
- Fear of something happening to the child in my care.
- I don't think I could handle some of it.
- Lack of additional funding to reduce teacher/child ratio.
- Lack of communication between the school and the daycare.
- Lack of communication from the parents; denial of the situation.
- Lack of financial funds to hire staff for one-on-one when necessary.
- Lack of team involvement (i.e., teachers, therapist, parent, and daycare provider).
- Mood savings; the highs and lows.
- New experiences.
- No applicants.
- Not being viewed as a professional or as having the skills to work with children with special needs.
- Not staffed or trained for one-on-one care.
- Not that many inquiries for care of children with special needs.
- Parent denial.
- Parents concerned about children with special needs impacting (hurting their children/level of care).
- Parents in denial that their child has special needs.
- Parents refusing to include me in the IEP.
- Plan recreation activities to accommodate wide variances in physical, social, and cognitive ability.
- Problems getting an adequate health provider of special needs children.
- Size of our room is too small.
- Space for special equipment or quiet space for intervention.
- Takes time away from other children.
- They offer sign language through school.
- Time constraints; a child with special needs takes more individual time which takes away from time spent with other children in my daycare.

Question #11

What barriers keep you from providing care for children with special needs? (other)

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- According to the law, I have to charge all parents the same rate and I can watch more children if they don't have special needs, so I make more money watching more children.
- As long as I feel we can provide a good education for that child, we will serve them.
- Don't care to care for these special needs. There's no time with all the other kids.
- Fear of not being able to take care of the other children and give them the time/attention they deserve.
- Full enrollment at time of request.
- Have not had to deal with this issue yet.
- I am at my limit of children, so I decline when approached.
- I currently do not have any such children in my care.
- I had a difficult experience with caring for a child with special needs in the past and now decide on a case-by-case basis whether or not to do it again.
- I have had no experience with severely handicapped children. I feel I would need special training to be confident in that kind of care.
- I have had some medical problems so I do not do special needs.
- I think I would have a difficult time caring for an older child that I had to lift.
- I worry that I could not give the special needs child the care they need and still care for other children.
- I would need to renew my Medical Aid License.
- I would not be able to provide adequate care with other children present.
- If the child had several needs, I would need more help (i.e., feeding tubes, etc.).
- If we feel we cannot adequately meet the needs of the child, we will recommend another facility that is more capable or equipped to care for that child.
- It depends on the child's special needs if I take them or not. Some children need more attention than others.
- Lack of time since I work alone.
- Mainly staffing and paying one-on-one staff.
- Need to limit enrollment due to numbers of special needs in the program already.
- No openings available.
- None have been encountered yet. Not to say they won't.
- Not sure.
- Now that I'm in my 60's, everything takes more time.
- Parent denial/commitment.
- Parents that don't want their child in daycare with special needs children.
- Safety.
- Sometimes public schools do not provide a Para for IEP children with IEPs.
- Staffing and paying for one-on-one ratio for staffing.
- The special needs child I have has four other siblings in my daycare; that is the only reason I considered taking her.
- Time requirements. There are too many other children that need my attention.
- We have a Head Start a block away.

- We only enroll so many special needs. The number dictates how staff can care for them and all other children.
- We provide care no matter what and make it work.
- We serve all children regardless of special needs.
- When behavior necessitates little care separate from the large group, active activities.

Question #17

Where do you go if you need information about caring for children with special needs? (other)

- Head Start (6)
- Anyone who can help provide information or insight.
- Ask the child's teacher or school principal.
- Autism Team.
- Behaven Daycare.
- Central Nebraska Community Services.
- Colleagues who specialize in that field.
- College child care classes.
- Develop independent education plan with educators.
- Education department provided by company.
- ESU in Wakefield, NE.
- Faith Regional Health Services Library in Norfolk.
- Goldenrod Hills Head Start.
- Health & Safety Council Extension.
- I did not know where to go to get help or I did not know who to call.
- I have not sought information.
- I know a lady that works with ESU special needs.
- I'm the parent of a fragile child. I have 35 years experience with a handicap child.
- Mental Health Consultant.
- Occupational Therapy and Physical Therapy would come to my house and show me ways to work with the children I had cared for.
- Old co-workers from Better Living Counseling Services.
- Organizations who can help (i.e., Red Cross, Goodwill, and Lions).
- Professor at University, Dr. Swain.
- Speech Therapist.
- Supervisor.
- Videos and three times a year conferences in Grand Island, Norfolk, and Omaha.

Question #19

What is your race/ethnicity? (other)

- One person checked "other" but did not provide further information.

Question #22**Do any of your staff speak a language besides English? (other)**

- Spanish (80)
- None specified. (9)
- Some Spanish. (5)
- Both Arabic and Spanish. (3)
- Sign language. (2)
- French and Spanish. (2)
- German. (2)
- Creole (Haiti).
- EESL and ASL.
- French and some Spanish at high school levels.
- German and Spanish.
- Hispanic.
- Minimal Spanish.
- NA.
- Native American and some Spanish.
- Nuer.
- Pakistani.
- Sign language and Spanish.
- Spanish (sub teacher).
- Spanish and Filipino.
- Spanish and German.
- Spanish and Indian.
- Spanish and Nuer.
- Spanish and sign language.
- Spanish and sign language.
- Spanish and some Chinese.
- Spanish, basic words.
- Spanish, French, and several African languages.
- Spanish, French, Arabic, Polish, Bosnian, and Korean.
- Spanish, Polish, and Dutch.
- Understand Spanish.
- Very little Spanish.
- Vietnamese and Spanish.

Question #25a**What is your educational preparation? (Associate Degree (other) please specify)**

- None specified. (5)

- Business. (4)
- Human Services.(4)
- Elementary Education. (3)
- Nursing.(3)
- Science.(2)
- AA.
- AAS specialty in youth, Human Services.
- Administrative Assistant.
- App Science.
- Arts.
- Business Administration.
- Business Administration/Legal Specialist.
- Business College degree.
- Business Machines.
- Cardiovascular Sonography.
- Child Care Administration.
- Child Development.
- Computer Programming.
- Computer Programming.
- Cosmetology.
- Criminal Justice (one and a half years).
- Early Childhood Development.
- Education.
- General.
- Home Economics.
- Legal Office Administration.
- Legal.
- Merchandising.
- National Accreditation (NAFCC).
- Nursing (working towards).
- Pre-Social work.
- Pro Accounting in 1978.
- Radiologic Technology.
- Science of Nursing (RN).
- Speech Pathology.
- Teaching. In 1965, you could teach with 60 hours.

Question #25b

What is your educational preparation? (Bachelors Degree (other) please specify)

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- Psychology (4)
- Early Childhood (3)
- Elementary Education.(2)
- Business Administration (2)
- Education.(2)
- Family Science (2)
- Human Development (2)
- Human Relations.(2)
- Human Services.(2)
- Journalism.(2)
- Social work.(2)
- Sociology and Family Studies (2)
- Sociology (2)
- 15 hours Early Childhood-Grad level
- Agriculture Science.
- Art and Computers.
- BA and BS.
- BA in Elementary Education.
- Bachelors of Science, Counseling.
- Biology.
- BS in Animal Science.
- BS in Business Administration.
- BS in Family & Consumer Science.
- BS in Home Economics.
- BSBA.
- BSN.
- Business Administration – Management. 12 credit hours towards Masters in Higher Education and Organizational Development.
- Business Administration & Economics.
- Business Administration, Management/Economics.
- Business Administration, MIS, Management.
- Business Management
- Business
- CJ.
- Communication Studies and Bachelor of Liberal Arts.
- Communication Studies, HR.
- Communications.
- Community Health Education.
- Criminal Justice and a minor in Family Science.
- Criminal Justice for a major and Sociology for a minor.

- Criminal Justice/Corrections.
- Early Childhood Education, Special Education & Elementary Education.
- Elementary Education and Early Education
- Elementary Education/Math/EC Coursework
- Family Life Ministries
- Family Service
- Healthcare Management.
- History.
- Home Economics.
- Human Development & Family, Elementary Education, and 30 grad hours.
- Human Development and the family.
- Human Resources Management
- Human Service CSC with emphasis in Early Childhood.
- Human Services Counseling.
- Human Services/Counseling
- In process.
- Journalism/Mass Communications
- K-12 Special Education. 12 hours towards Master in Early Childhood.
- Liberal Arts.
- Management/Accounting.
- Marketing Management.
- Math.
- Math/Statistics.
- Music Education.
- Political Science and Public Policy Administration
- Psych Spanish.
- Psychology and Sociology (double major).
- Recreation/Guidance & Counseling
- RN.
- Social Services & Counseling.
- Sociology/Business Administration.
- Special Education.
- Speech Communication.
- Technology, Sociology, and Criminal Justice.

Question #25C

What is your educational preparation? (Master's Degree (other) please specify)

- Elementary Education (6)
- ABH
- Administration

- Curriculum & Instruction
- Curriculum & Instruction; Educational Leadership
- Curriculum and Instruction - ME
- ECSE
- Ed Admin
- EDAD/Specialist in EDAD
- Education Administration
- Elementary Education/Special Education
- FACS
- Home Economics, Emphasis on Early Child Development
- Human Development & Family
- MBA
- Non-Profit Administration
- Speech Pathology

Question #25

What is your educational preparation? ((other graduate degree) please specify))

- CNA
- Cosmetology
- Doctorate
- Early Childhood Care & Education Management & Training Program
- Ed Specialist in School Psychology
- In the past I had Respite Care
- Personal experience

Question #26

Do you have any additional training in caring for children with special needs? If yes, briefly describe.

- Diabetes (3)
- Hands-on experience.(3)
- CNA and OHD (2)
- Coursework.(2)
- 15+ years, graduate level classes and in-services
- 40 hours beyond Masters. Was an Early Development Services Coordinator
- 45 hours of Early Childhood and Education Management training
- 460 credit hours
- A couple in-service hours through our daycare association
- A couple of workshops and some experience
- A little with Autism
- A lot of training
- A lot of workshop hours.

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- A small amount learned in Early Childhood Care and Education Management Program.
- A variety of training
- AA in Developmental Disabilities
- Agency trainings
- Annual workshops, conferences
- Any trainings available through Head Start
- Asthma, EpiPen allergies, First Aid, CPR, and ADD
- Auditory, verbal, sign, respite, Autism, etc
- Autism conference and other conferences
- Autism overview
- Autism, Braille, Sign, Cochlear Implant info
- Autism
- Autism/Behavioral
- Behavioral, Autistic Spectrum, and severer allergies
- Behavioral
- Brain development and training for behavior challenges
- Brother has Cerebral Palsy
- CE workshops
- Certified Medical Aid
- Children's Hospital in Omaha
- Class work and endorsement in special education
- Classes I have taken locally
- Classes I have taken through the 26 years of child care experience
- Classes on behavioral through South Central Counseling
- CNA and experience
- CNA respite training
- CNA, CSM, EMT
- CNA/MA
- College classes, workshops, etc.
- College classes
- College education courses
- College
- Conferences three times a year in Grand Island, Norfolk, and Omaha
- Conferences, literature, and professionals
- Continuing Education every year (15 hours)
- During my Bachelor's Degree schooling and with family members
- Experience in schools
- Experience/ESU training
- Family support
- Feeding children with special needs

- Feeding tube, speech and language delay
- Former EMT-AD
- Four years in college for Elementary and Special Education degree
- From workshops and parents
- Goldenrod Hills Head Start
- Just experience.
- Just in-service workshops. Also, a day long workshop on caring for a diabetic with an insulin pump.
- Just in-services.
- Just training for my license.
- Life experience.
- Life experience. I have a 21-year-old son with severe asthma and ADHD. I have an 18-year-old son with Asperger's Autism.
- Life training. I have a daughter with special needs.
- LPN.(2)
- Many classes picked up over time.
- Many in-service hours and I worked ten years with troubled adolescents.
- Mark Hald, Chery Svoboda, Autism Spectrum, and Language Acquisition.
- Mental Retardation and some ADHD.
- Much Autism training.
- My daughter has diabetes.
- My degree was in Elementary Education and Special Ed.
- My own child.
- My own children and grandchildren have medical needs. I've worked with diabetes, gastro, feeding tubes, shots, insulin, etc.
- NDHHS Child Protection experience and trainings.
- Need to cath a child.
- None specified.(9)
- Not much, but some on Autism.
- Numerous workshops, seminars, and classes. I have 45 years experience in the Rec. field.
- Nursing degree and a foster parent.
- Nursing.
- Nursing. I worked for Children's Home Health Care Private Duty.
- Occasional conferences on speech and language, Autism, physical disabilities, etc.
- Ongoing classes in Early Childhood Development.
- Ongoing trainings with Head Start and ESU Unit.
- Only through workshops.
- On-the-job training.

- Over 23 years ago I worked at the Martin Luther Home in Mitchell, NE. Training and workshops were taken.
- Para in specialized classes.
- Parental direction, DVD, and reading.
- Parenting classes, love & logic.
- Parents of child.
- Personal family.
- Public school and ESU people.
- RAD training and ADHD training.
- RAD.
- Received minimal training in Autism when I was employed with Head Start.
- Resource teacher for 20+ years and my son.
- Respite care training, classes on diabetes care, care for ADHD, and sign language course.
- Respite care.
- RN.
- Seminars and research papers.
- Several CEUs in specific areas of need.
- Shared trainings with ESU #16 and Head Start trainings.
- Sign language.
- Six years experience, some college and extra workshops.
- Some at conferences and parental training.
- Some graduate level Special Education coursework.
- Some hands-on experience.
- Some through the years working with enrolled kids.
- Some training.
- Special care of individual needs as they arise.
- Special Care Trainer and Special Quest graduate.
- Special Ed degree in 1993.
- Special Ed endorsement.
- Special Ed, teachers aide for seven years in a behavior room.
- Special Education classes for Masters Degree.
- Special Education courses for Masters.
- Special Education degree.
- Special needs son.
- Special needs training, ECTC.
- Special programs.
- SPED course work.
- State training.

- Taught K-4 Special Education for five years. Autism, Down Syndrome, Fetal Alcohol Syndrome, Tourette's Syndrome, development and dental delays, speech problems, hearing problems, and BD students.
- The hands-on training I learned from the Occupational Therapist and the Physical Therapist that came to my home every week.
- Therapeutic foster care.
- Three graduate SPED courses as well as a convention in SPED with my BS.
- Trach and G-Tube.
- Trained to use feeding tubes EpiPen injections, and nebulizer treatments.
- Training by public school and workers connected with child in care.
- Training in physical and occupational therapy to assist children.
- Training that is offered. Offer Douglas County training programs.
- Training. I've taken classes.
- Trainings given at staff meetings from Head Start.
- Trainings.
- Two and a half years of nursing school.
- Two years nursing.
- Various SPED classes.
- What the Columbus Area Childcare Association offers.
- With my nieces and child from previous day care.
- Worked and trained as SPED paraprofessional in school system for five years.
- Worked at ESU school.
- Worked at Head Start, trainings there.
- Worked at Region 4 in Wayne.
- Worked for Head Start and took off of their training on special needs plus some extra.
- Worked with a boy with Autism for two and a half years.
- Workshops and college classes.
- Workshops and ESU.
- Workshops.(3).

Question #27

Please describe any training/support you feel you need in order to accept children with special needs in your child care program or to continue to care for children with special needs.

- A bonus for us is that the public schools have to provide paraprofessionals to be with our disability children and they do have training and experience.
- Additional staff trained to care for child.
- Adequate financial support. The biggest problem we've had is parents who do not inform us of the needs their children have.
- All staff needs to understand and be able to actively care for the child. Usually detailed training from parents, nurses, etc.

- An understanding of their situation.
- Any and all that I can get.
- Any sort of training. Education and training is important.
- Anything!
- Anything. Information and research is always changing. We need to stay up-to-date.
- As needs for children arise, knowing we're to go for training.
- At this point in my life, I would not take a special needs child. The child that I have with special needs is 12 years old. I've had this child since birth and he has hardly any handicaps, other than can't talk. Medical is hardly anything.
- At this time, the children we have with special needs have a great support group and include us.
- Autism training, ADD, ADHD, learning disabilities, and delays.
- Aware of the IFSP and the IEP.
- Behavioral training for staff working with Autistic kids.
- Being able to pay for extra staff.
- Case-by-case basis and funding for extra employees.
- City-wide training for any child care staff, especially before summer programming.
- Classes on Cystic Fibrosis.
- Communication and appropriate website.
- Continued classes on children with special needs and professional teams working together to coordinate care plans.
- Continued training and support from the child's parents. The school system has been helpful.
- Depending on need, financial support may be necessary to fund additional staff. Training on specific needs we encounter would be helpful.
- Depending on the needs of the child.
- Each child is unique and so individual feedback from specialists as well as general is important.
- Each individual child is different. We need better "specific" training/instruction for the child.
- Each special needs child that we have had over the years has had their own special needs that we have worked with a doctor, speech pathologist, teacher, or parents individually.
- Easily accessible resources or training options online.
- Facility check, regular visits by a professional. Training and ideas to have successful interactions with all involved.
- Financial support so I may have staff on hand to care for their needs.
- Financial support to help pay to have quality help at the preschool. The school and ESU helped with one child, but others didn't qualify, or so I was told.
- Free evening in-services in the Fremont area regarding caring for children with special needs.
- Funding to hire extra staff to work one-on-one with a special needs child.

- Funding to provide adequate staff to care for children with special needs. Any ideas where to find? Grants, etc.?
- Funding to support extra staff often needed to give children with special needs the quality of care they need.
- General diagnostics, screening tools, and referrals.
- Generally I seek the training I need for each individual child's needs.
- Get lots of help online, parents input the most, speech therapists, and conferences.
- Getting kids diagnosed and into programs. HELP!
- Getting the word out about services and how to have other parents understand about special needs.
- Grants or money for making house and play area safe and easy to get to. Any training is helpful.
- Handouts on Muscular Dystrophy, Seizure Disorder, ADD/ADHD, and Cystic Fibrosis would be nice.
- Having the community understand the Autism child along with ADHD.
- Help with children that have speech or language delays. Help with behaviors.
- How to better communicate with a child who doesn't talk or seem to understand you.
- How to better deal with behavioral issues, understanding triggers, and how to help the children learn alternative ways.
- How to get financial resources; can't train on our budget.
- How to tell parents there may be a concern with their child without saying something wrong.
- I am able to assess the child's needs and refer the parent as needed.
- I am unable to provide one-on-one staff for children with special needs due to budget.
- I am unsure how all potential special needs could be covered adequately in training in order to be prepared and confident to care for any child who enrolled in my child care.
- I believe in some cases experience is the best teacher after you receive basic training like we do.
- I believe that training in diabetic care, Celiac Disease, and some of the other very manageable diseases should be offered.
- I do not look for any specific training unless I take a child with special needs. I then determine where and when to get the needed training for that specific child.
- I do not plan to take children with special needs unless it is mild and no training is necessary.
- I don't feel I have enough training to care for children with many kids of special needs, and when would I find the time.
- I don't have any.
- I don't need any. I am retiring within the next year or so.
- I feel I could provide adequate care to a child with special needs.
- I feel like there isn't much information out there about special needs children that is easy to access.

- I feel more comfortable with the physically challenged. Behaviorally challenged are harder to justify or help in our program to other parents.
- I feel that we have good resources from which to learn and go to should we have any questions or would like to have hands-on training.
- I feel there should be more classes on Autism and ADHD.
- I feel very comfortable with working with all children.
- I feel very confident in my ability to assist my special needs girl. I would eagerly accept additional training and refresh myself in this field.
- I feel very well-trained and have already referred children last year.
- I have a full-time employee who is also a nurse, so I need all kinds of help, but she takes CE hours for nursing also.
- I have had experience with ADD, ADHD, and Autism. I wish I had more knowledge on how to care for and work with a child's parents and what professionals to refer them to.
- I have had special needs children in my care over the years. All my info came from the parents. I currently have none in my daycare. My plea would be for no more meetings that I would be required to attend.
- I have no training for wheelchair, muscular difficulties, sight, hearing, etc. I've dealt with allergies, asthma, breathing machines, feeding tubes in the stomach, eyeglasses, ADD, ADHD, etc.
- I have not recently been asked to care for a special needs child. I would not mind learning more about apnea monitoring, feeding tubes, oxygen, etc. I am currently operating alone in a FCC Home II, also as infant only.
- I haven't had any for a very long time and when I did, it was Cystic Fibrosis with extra medicine and breathing treatments.
- I just need the parents to be honest with me about their child's needs, so I'll know before I accept them if I can care for them properly.
- I know nothing about caring for children with special needs or if there is even a need in my area.
- I need and want training in all areas.
- I need more training for children in foster care and/or past abusive homes.
- I need to learn how I can help my child with Autism.
- I probably will not care for any special needs children in the future. I like to keep fairly low numbers to make sure all the children in my care have enough time and attention.
- I read a lot on special needs children. I go to seminars, watch tapes, look up resources, and get help from professionals, if needed.
- I really don't receive many calls for special needs.
- I suppose if I needed and wanted to care for special needs, I would go and get the education I need.
- I think it is a case-by-case basis. Every child is so different.
- I think it would depend on the special needs of the child you are providing care for. Collaboration with public schools provides great training.

- I think the biggest issue is the lack of public resources.
- I usually read info or call for help. The problem I have is the one-on-one with a disabled child and trying to pay them for one child when I need them as a whole.
- I will need specialized training to deal with partially deaf/sexual abused girl in my daycare.
- I work alone with a dozen preschoolers. I couldn't care for a special needs child without another staff member, which I can't afford.
- I would definitely need training and extensive support to work with special needs children. However, at this time, I do not want to take on any children in my daycare with special needs.
- I would get information from the parents and go from there. The most special needs children I've cared for have been with food allergies. I have had a couple children I've referred for behavioral counseling and for speech assessment.
- I would like a paid sub so I can attend trainings.
- I would like more info/help with children that have behavioral problems. Basically from the mom doing drugs while pregnant.
- I would like to be made more aware of what trainings and support is available in or around my community.
- I would like to consult with other providers that take care of special needs children to learn what responsibilities it takes.
- I would like to get a Masters in Early Childhood Education.
- I would like to have information on Albinism.
- I would like to have training/support for children with special needs.
- I would like to know how to properly lift a handicapped child while taking her out of her wheelchair and putting her back into her chair.
- I would love to qualify to do special needs. It's just never come up and I've never had anyone with the need for it.
- I would need a lot of training for the behavior of children who get violent on a dime.
- I would need a Para to aid with the care. I would need training in the areas necessary to assist the child.
- I would need to make some major modifications to my home.
- I would prefer training on a case-by-case basis specific to the needs of the child.
- I wouldn't mind caring for children with special needs. I just feel my hands are full with my other children in my daycare. I wouldn't turn away a child with special needs.
- I'm not interested in taking in special needs children.
- I'm willing to go to any trainings or seminars to better serve children with special needs.
- If approached to watch a child with special needs, I would obtain specific and detailed training to help benefit myself as well as the child.
- If I were to have a special needs child or children, I would need to hire another person for my daughter. At this time, I am not interested in doing so.

- If the opportunity came up again and I was not full, I would get help/training from anywhere I could.
- Information on feeding a child with a 900 calorie diet.
- Information on individual students that sign up for our program.
- Information on programs for parents.
- In-service training hours for staff and knowledge of resources available.
- In-service trainings; a person to come directly to the center to assist in care.
- It depends on each child's needs.
- It depends on the child and his/her needs, but hopefully there is support out there if/when I need it for my program.
- It depends on the need and the severity of the disability.
- It depends on what kinds of special needs the child has.
- It just depends on what the child needs, if it's physical or mental.
- It should be provided to child care staff on a case-by-case basis, as the need arises. Not every provider has the need. If a provider is approached to work with a special needs child, individual training could be supplied at that time.
- It varies depending on the type of disability.
- It would be great to be able to pay extra staff to help with children who are too old to receive support from Early Childhood Program (five-years old). Help paying extra staff and costs of training would be awesome.
- It would be too expensive for me to care for children with special needs. I would have to charge \$20 per hour or more to do this.
- It would depend on the child's special needs. A support group with monthly meetings would help with continued care.
- Lack of staff and funding is the biggest bummer.
- Learning to speak Spanish, wheel chair accessibility and equipment.
- Mainly Autism and ADD.
- Mainly financial help to send people to training and have extra staff for them.
- Medical training.
- Money and the ability to pay for extra stuff, if needed, is our largest challenge. Also, space issues if large areas for equipment is needed.
- More hands-on training with specific children and problems.
- More hands-on training with specific children and problems.
- More help from LPS or Early Childhood Specialist in the area of need.
- More information about the child's disabilities and ways to improve their environment.
- More networking and support between professionals and myself.
- More special education training. Different room location, more time on the speech therapists schedule and special education schedule.
- More specialized workshops or places to call with questions.
- More staff.
- More training; training with a licensed specialist.

- My home is not wheelchair accessible.
- My home would not be able to care for special needs children because of how I am set up.
- My involvement with special needs children is not in demand for my day care. I have watched kids with Down Syndrome and the parents were very helpful to let me know what was needed.
- My own daughter is special needs. I don't want to take on more responsibility.
- Nebraska ratios. It is very difficult to keep in ratio and budget to meet special need children. Most children require small groups or additional aids.
- Need to be able to have someone come in and show different activities we can do to help the child.
- No training/support needed in Northeast Nebraska.
- None at present. (7)
- None for me. I train my staff.
- None needed. We need schools to understand our level of expertise.
- None that I can think of right now.
- None. If I were to care for a child with special needs, his parents and I would consider what additional training I would need according to the child's condition.
- Not possible. I would need grants to change my home, ramp, etc.
- Nothing right now. Most of the special needs are within my own family. Two are daycare kids. We are comfortable for now.
- Orientation to the child's needs for myself and my staff.
- Our biggest hurdle is staffing. Nobody can or wants to afford one-on-one for a child. It seems like the system is financially very tight.
- Our medical staff (doctors) and our public school system are always there if I have a child enrolled that needs help. I don't have any special needs children this year. This is my last year as I am retiring.
- Para assistance is needed and is not always available for behavioral children.
- Para's with time and training to meet individual needs. We are a laboratory with lots of college students; however, they are untrained.
- Parental involvement!
- Possibly training in the areas of speech and language delays.
- Refresher courses.
- Sign language would be good.
- Some classes Lincoln staff can attend.
- Special training opportunities through the ESU.
- Specialized training for the specific child's needs.
- Specific care is needed for each new child that comes to our facility. The overall training of 22 staff is hard.
- Specific training related to the special need. Grants to help accommodate those children and resources to let us know what is available to us.

- Staff struggle with challenging behaviors.
- Strategies that work for working with children with behavior problems.
- Support in building ramps, etc. for handicapped children.
- The biggest struggle is time for coordination of services. There are a lot of meetings with parents, staff, resource people, etc.
- The in-service at our meetings help with questions we have.
- The one girl I have has wonderful parents who have helped me. I guess it would be on a case-by-case situation as to what I would need.
- There is nothing out here that has ever been offered to me in the way of help. I feel like an island at times.
- There is only one of me and I feel that I would be totally unable to adequately care for a special needs child plus all my others.
- There needs to be more training available for parents. Many of them don't realize developmental issues their child may be facing.
- This report included only information of the last six years.
- This training/support needed depends upon the special needs of the child.
- Title XX need to help more!
- Training for Shaken Baby Syndrome, Severe Allergies, and Epilepsy. Support for supplies and staffing.
- Training in Autism and ADHD techniques that would help them be successful in group situations.
- Training on Autism and feeding tubes would be great, but along with that comes budget issues.
- Training relevant to individual needs of currently enrolled students, individualized instruction, and mainstreaming special needs students.
- Training specific to whatever special cares would be required to properly care for the child.
- Training that could be provided through my daycare association meetings.
- Understand where the parents are coming from and needs for the child and see if you can support their needs. Then go to research what you can provide.
- We would need help with the cost to pay additional staff to meet the needs. Right now 12:1 (4 & 5), 10:1 (3 year), 6:1 (Toddlers). Since we serve 75% low income families, our funds are very tight.
- We accept all children if income eligible.
- We accept children with special needs.
- We are a pre-school program that has 135 employees. We have educated people in each area to assist with our special needs children. This is not run by one person.
- We are a very small community that has very few special needs children. The schools provide them service and those parents stay home.
- We are fortunate to have a Mental Health/Disability Specialist on staff.
- We are limited regarding the extent of problems we can accept due to lack of funding.

- We are not handicap accessible. Our building is very old. We have never had a parent come to us with a child with special needs. If a parent approached us, we may be able to take the child depending on the severity of the child's needs.
- We cannot diagnose children, but it would be great to have a list of referrals for various area resources to give to parents and urge them to have their children properly diagnosed and trained.
- We do accept children.
- We go to in-services on a regular basis.
- We need more staff training and have enough training to feel comfortable with dealing with each individual's case.
- We would need more training as well as my staff. We would need equipment to be able to care for them properly and safely.
- We would need training for staff and funds to hire additional caregivers for certain disabilities. We also would need support from our local school system, which we have gotten in the past.
- Welfare and Early Development Network.
- Whatever need would come along, I would have the parents help me find any training I would need. They usually are the best source since they have to get it also.
- With me being the only care provider, I could use another person to help. It's difficult to care for up to eight children, especially if one or two have disabilities.
- Workshops or classes. More financial help from the state as I would have to hire extra help.
- Would need info about the condition the child is experiencing.
- You can always learn more but I feel working and helping with my grandson, I have first-hand training.
- You can never have too much information. We'd do any training.