A Comprehensive Study of Inclusive Childcare in North Dakota

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NDCPD Scholars

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"So, it's hard to say what her life would be like if she didn't start out and continually be in inclusive settings…. but I am so sure that being with her peers has helped her develop to where she is today! She belongs in her school and community and is proud of her accomplishments. Scary as it is, I know she can be independent someday—just like all her friends. That is what inclusion is to me."

Parent of a 10-year-old

"It was the best day when he got an invite to go to the hockey game. He was so happy!! And his mom cried when she heard. We were so excited when they began including him—just like all the other children we care for; he belongs…HE BELONGS!! I knew right then we were on the right path with these kiddos."

Childcare Provider

It's difficult sometimes; but it's fun to see them learning from one another. She teaches us every day, and we are better for it.

Head Start Teacher

Contents

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Executive Summary

The objective of the *Include North Dakota* Study was to develop a comprehensive picture of the current childcare landscape as well as to ascertain the existing facilitators and barriers to inclusive childcare for children with disabilities across the state. The purpose was to provide information that would assist the North Dakota State Council on Developmental Disabilities and other agencies to develop advocacy and action strategies to enhance and increase quality inclusive childcare for children with disabilities and their families. *Include North Dakota* was a mixed-methods study that used both quantitative and qualitative methodologies. Seven-hundred fifty childcare providers and 567 parents of children with disabilities completed the survey portion of the study that inquired about the current state of inclusive childcare in North Dakota as well as facilitators and barriers to its development. Thirty-seven providers and 32 parents took part in the virtual roundtable discussions that were held in groups from all regions of the state. Roundtable participants helped to clarify survey results and provided rich stories and experiences that deepened our understanding of inclusive childcare for children with disabilities in North Dakota.

Results of the study indicated that providers across the state are aware of inclusive childcare for children with disabilities and support its development. There is strong belief that children with disabilities ought to be included with their peers and experienced providers have seen the benefits for both children with and without disabilities; however, barriers do exist. Childcare directors worry about staffing and funding issues as well as appropriate access to and time for training. If they are going to provide inclusive childcare, providers want to do it right. The biggest concern was related to “any” new development during the pandemic. According to childcare directors, “our plates are full” just surviving the daily stresses of the current childcare landscape.

Parents are grateful to the childcare providers who support their children with disabilities. They understand this care can be difficult and know, without these providers, they would struggle financially and in other ways. Parents are also grateful for the experiences providers of inclusive childcare give their children. In these settings, their children are valued for their strengths and included throughout the day in all aspects of the programs. Because of this inclusiveness, their children blossom.

Childcare for those with disabilities is difficult to find in North Dakota, especially if a child’s disability is severe, there are special health care needs, or if the child is over the age of 12. It is nearly impossible for parents whose work is outside the typical workday or work week to find care. This is even more difficult for parents of children with disabilities. Very few childcare centers are open on weekends or overnight. Parents in rural areas struggle the most. Those whose children have a disability typically cannot find care outside of relatives or homecare. These parents worry that their childcare situations are “fragile” and could collapse at any moment.

Though there are several barriers to inclusive childcare for children with disabilities across North Dakota, there is a sense of hope. There are many facilitators already in place and creative possibilities to consider in developing more inclusive childcare opportunities. In this study, parents, guardians, and providers saw several of the same facilitators and barriers. There is a desire to collaborate, use existing resources and experience, and expand availability of inclusive childcare. This report gives you a glimpse of today’s childcare landscape in North Dakota and provides suggestions for further growth. Several recommendations directly follow this summary. As you read the entire report, take note of the short “key points” sections for a quick summary of provider and parent perceptions for each research question. Also note the quote boxes throughout the report which present important and informative conversation points from the roundtable discussions.

Recommendations

The following recommendations are based on the findings of this study.

- **Assist childcare providers through the stress and burnout of the pandemic.** Numerous research studies have documented the stress of providing childcare during the pandemic.[56,66,73,77,91] Though beginning to stabilize in North Dakota (Childcare Aware, 2022), childcare providers have dealt with health concerns, increased costs, decreased revenue, staff shortages, and increased workload due to COVID precautions for nearly three years.

    - ***Support the Resiliency of Childcare Providers.*** *There is currently a cohort of early childhood professionals taking part in resiliency leadership through the Resilient Early Childhood Learning Collaborative. Leverage these professionals to provide resiliency workshops to other providers across the state.*
    - ***Continue COVID – 19 Child Care Stabilization Grants.*** *These are grants dedicated to supporting the health and sustainability of North Dakota's childcare sector. It supports several costs including paid sick or family leave for providers, increased wages, staff bonuses, and mental health assistance for both providers and children*.

- **Enhance the Inclusion Support Program.** This program makes grant funding and technical assistance available to early childhood service providers in North Dakota who care for children with disabilities ages birth through age 12. It is designed to "help home and center-based providers create and maintain an inclusive environment and to support children with disabilities or developmental delays to learn, grow, play, and develop alongside their peers in a natural setting."[22]

    - ***Expand*** *the number of inclusion grants available and ease the burden of paperwork.*
    - ***Expand*** *the number of inclusion specialists to provide Tiers I, II, and III assistance to childcare providers across the state in a timely manner.*
    - ***Add*** *trained positive behavioral specialists to provide Tiers I, II, and III assistance to providers and parents.*
    - ***Add*** *nursing specialists to provide technical support and training in cases of special health care needs.*
    - ***Provide*** *additional funding for childcare centers willing to make playgrounds and centers more accessible.*
    - ***Enhance*** *training for childcare providers to make it more substantial, targeted, and contextualized.*

- **Provide Increased Access** for children with disabilities to quality inclusive childcare.

    - ***Provide*** *enhanced childcare funds for parents of children with disabilities to secure quality inclusive childcare and prevent financial strain.*
    - ***Leverage*** *existing resources to provide adequate transportation to and from special education and other therapeutic services for children with disabilities in childcare during the workday.*
    - ***Require*** *providers who receive state funding to guarantee spots to children with disabilities*
    - ***Provide*** *incentives for childcare providers in rural areas of the state to develop inclusive care for children with disabilities.*

- ***Provide*** *incentives for childcare providers who enroll children with disabilities over the age of 12 and for those who provide care to children with disabilities during "atypical" hours to provide more availability across the state.*

- **Establish a More Robust Training System for Childcare Providers.** Though there are required trainings made available through *Childcare Aware of North Dakota* they are not robust enough to assist providers in providing quality inclusive childcare to children with more severe disabilities or those with special health care needs. The training that is required to facilitate safe, quality care to these children needs to be robust, timely, and within the context of the child at hand.

    - ***Leverage*** *training opportunities that exist currently in North Dakota.*
    - ***Utilize*** *professionals from state higher-education institutions for training.*
    - ***Consider*** *development of inclusive childcare model sites across the state**.***
    - ***Consider*** *using childcare provider mentors that are experienced with inclusive care for children with disabilities. Train them for mentorship to more inexperienced providers.*

- **Establish a Coordinated System of Care.** In North Dakota numerous individuals and agencies provide care to children with disabilities. Increased collaboration between these entities would allow for more efficiency and create better opportunities for inclusive care.

    - ***Facilitate*** *increased collaboration with agencies at the state level as a bridge to more coordinated local services.* ***Develop*** *seamless coordinated care for children with disabilities from birth to age 21. The following agencies should be involved:*
        - *Childcare Programs*
        - *Early Intervention*
        - *Head Start*
        - *Special Education*
        - *Early Head Start*
        - *Tribal Education Entities*
        - *Department of Human Services*
        - *After-School Programs*
        - *YMCAs and Boys and Girls Clubs*
        - *Military Childcare*
        - *Department of Instruction*
        - *Public Schools (LEAs)*
    - ***Consider development of care coordinators.*** *Parents, childcare providers, teachers, and other professionals are busy and can become overwhelmed at the idea of coordinating care for children with disabilities between a variety of professionals.* ***Care Coordinators,*** *like those used at Head Start, could help to facilitate coordinated goal setting and care plans for children with disabilities making services more efficient and inclusive.*
    - ***Consider development of collaborative intervention/care plans.*** *Parents and providers across North Dakota report that childcare providers are often left out of care plans for children with disabilities. They have little idea of what services a child receives outside of the care setting or what goals exist. Facilitation of collaborative intervention and care plans puts* ***everyone*** *on the same page and makes services more efficient and inclusive. Collaborative services* ***could also*** *be leveraged to enhance training and support for childcare providers.*

- **Develop public/private partnerships** to enhance availability of inclusive childcare for children with disabilities, especially during "atypical" hours. Leverage these partnerships to enhance funding options for more inclusive childcare sites. **Develop** a *Parent, Family, Childcare Provider and*

Community Engagement Framework to increase public and legislative awareness of the benefits of inclusive childcare for children both with and without disabilities as well as to facilitate a more complete understanding of the markers of quality inclusive childcare among the community at large.

Introduction and Literature Review

Introduction

Childcare is a necessity for working families! Without it, parents cannot provide economic security for their families nor maintain a healthy balance between work and family.[100] Reliable, developmentally appropriate, inclusive childcare provides children with nurturing environments and allows parents to pursue employment and educational opportunities as well as improve their quality of life.[99] Finding quality childcare is difficult for all families and evidence suggests it is especially difficult for families of children with disabilities.[99,100]

The pandemic has only exacerbated the existing childcare crises, bringing with it significant new challenges for parents and providers alike.[99] Childcare is among the hardest-hit industries; many programs are at risk of closure as they struggle with increased expenses and decreased revenue.[100] This has clear implications for all families; more significantly, for families of children with disabilities, who traditionally have greater difficulty accessing quality childcare.[13]

The INCLUDE North Dakota study examines the state of inclusive childcare across North Dakota from the perspective of families of children with disabilities and childcare providers. It provides opportunities for reflection and advancement for families, providers, state agencies, and legislators.

Literature Review

The National Childcare Landscape

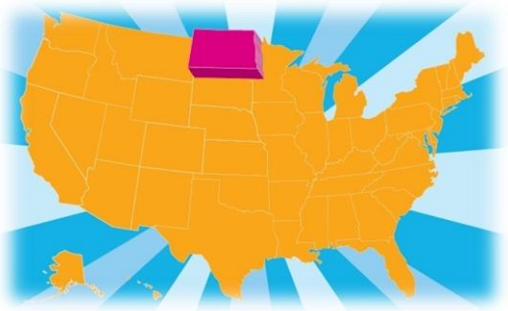
Childcare plays a critical role in ensuring parents can work; and has become even more important in recent years as maternal employment becomes more and more widespread.[13, 100] The ongoing pandemic has caused instability in the already fragile system of childcare in the United States.[76,94] Today childcare centers and before and after school programs are forced to operate with decreased enrollment, decreased staff, and increased costs.[73,91] This poses a significant threat to many programs that already operate on thin margins and lack the financial reserves to survive.[100]

Increased costs of providing childcare during the pandemic are too high for many providers to shoulder.[100] The cost of center-based childcare, that meets enhanced health and safety requirements is, on average, 47 % higher than the cost of meeting pre-pandemic requirements.[14,15] This is driven by a reduction in program capacity due to physical distancing requirements and by the need to purchase additional sanitation supplies.[56] Similarly, the cost of home-based family childcare is 70 % higher than it was before the pandemic .[99, 100]

Those who need childcare face prices that rival the cost of college tuition or exceed the cost of a mortgage or rent.[66] This is beyond what most families can afford. Even before the pandemic, working parents were struggling with the high cost of childcare.[78,86] While access to quality, affordable childcare is crucial to many families, it is particularly important for families of children with disabilities who often have lower family incomes and larger financial worries due to everyday challenges, health services, and specialized equipment.[1, 2,4,9, 29,71,78, 86] Studies show at least a third of children with disabilities live in poverty, making most childcare options impossible to afford.[13, 65,71]

The North Dakota Childcare Landscape

According to data published by Childcare Aware (2020), more than 70% of all children between the ages of birth to 13 have both parents in the workforce. Currently, North Dakota has 1,352 licensed childcare programs with 36,529 slots for children and 32 licensed school-age programs with capacity for 2533 children. Licensed school-aged programs exit in only five counties across the state: Burleigh, Cass, Ward, Grand Forks, and Richland.[47,48] For families who need childcare during non-traditional hours, even fewer options exist. Only 25% of licensed childcare facilities are open during the early morning hours, 4% are open during the evenings, and 3% are open during the weekends. At the same time there are 120,371 children, from birth through age 12, who may need childcare sometime during a calendar year (ndchildcare.org, 1/23/22). Average costs of care range from $6500.00 per year in rural areas to nearly $17,000.00 per year in portions of the Bakken.



North Dakotans from low-income families and some with children with disabilities have access to 14 Head Start Centers across the State. Head Start is a comprehensive child development programs serving children from birth to age five.[47,48] More than 90% of these programs offer full-day options. Since the beginning of the pandemic, Head Start Centers across North Dakota are facing both low enrollment and staffing issues. [29]

Despite the presence of 60 out-of-school-time programs, the North Dakota Afterschool Alliance reports that the unmet demand for afterschool and summer programs is high. For every child in an afterschool or summer program, two more are waiting to get in. In 2019, nearly 30,000 children would have enrolled in a summer program if one were available to them (Afterschool Alliance, 2022).

North Dakota recently took part in a project funded by the Bipartisan Policy Center quantifying the supply of, need for, and gaps in day care across 35 states.[83] The study did not look specifically at the need for day care for children with disabilities; however, it did quantify a 21.4% gap in existing day care slots in North Dakota. Results also found the need is much greater in rural (30.6%) than urban (10.2%) areas within the state. Even still, the counties of Williams, Ward, and Morton have high need for additional day care slots with Burleigh County having the highest, needing between 1000 and 1600 additional slots. Childcare availability is difficult to find across North Dakota, and likely even more difficult for families of children with disabilities.[47,48]

Childcare for Children with Disabilities in the United States

People with disabilities often face barriers to full participation in society, including childcare. Estimates in the United States show about one in six children, aged three through 17 years, has one or more developmental disabilities.[82,83] One in three parents of children with disabilities report finding available slots in childcare is a primary concern. Data from 2018 show that in all but six states, no more than 2% of children who receive a childcare subsidy have a disability.[83,84]

These families face significant obstacles to finding appropriate childcare and the difficulty in rural areas is greater yet. [68] The same is true in North Dakota.[48,49] To fill the need and ensure care, these families often develop complicated arrangements involving formal and informal caregivers. This comes with significant consequences for careers, financial well-being, and family life.[14,78]

Inclusion

Inclusion is defined by Merriam-Webster as “the act of including: the state of being included. In its best sense, it represents values and practices that support the right of everyone, regardless of ability, to participate as full members of society. [28, 45] Inclusive practices assist children and youth of all abilities to

develop a sense of belonging, positive social relationships, and increased learning.[21] These practices also help reduce implicit bias towards people with disabilities.[86] Being meaningfully included is the first step toward equity, one of the most cherished ideals in the United States, and is supported by law.[1,20,21]

Inclusive Childcare

Inclusive day care is the practice of meaningfully including children with disabilities in a childcare setting with typically developing children of similar ages, with specialized support when needed. [20, 28, 63, 91] Enrollment is open to all children. The essence of inclusive care is that all children are together all the time, participating in daily routines and activities together. The focus is on the individual strengths of each child and professionals who work with the children are flexible and creative in assisting all to achieve to the best of their ability (ndchildcare.org, 1/23/22). When programs provide appropriate accommodations and supports to all children, everyone benefits.[18, 19, 27, 28]

Inclusive experiences provide a strong foundation for valuing the strengths and abilities of others, social interaction, problem-solving, communication skills, as well as better academic performance for all.[36,46,95] For children with disabilities, these experiences also provide the chance to practice social skills in real world situations, develop a wider array of friendships, engage in challenging activities, and to enhance self-esteem and expectations about possibilities. [36,44,98]

The Law

Not only is inclusive childcare beneficial to everyone, but it's also the law. The Americans with Disabilities Act (ADA) was signed into law in 1990 by President H.W. Bush.[1] Its story began when people with disabilities began to challenge societal barriers that excluded them from their communities, and when parents of children with disabilities began to fight against the exclusion and segregation of their children.[70] The ADA requires public and most privately-run childcare programs to provide children and parents with disabilities an equal opportunity to participate in their programs and services.[1]

In addition, Section 504 of the Rehabilitation Act of 1973 ensures that no one can be disqualified from a program that receives Federal financial assistance solely based on a disability. Finally, the Individuals with Disabilities Education Act (IDEA) mandates that children with disabilities are included with their peers to the greatest extent possible.

Inclusive Childcare Research Findings

Studies report parents perceive that inclusion has beneficial effects on child development and enhances peer acceptance and attitudes towards individuals with disabilities.[5,17,34,61] Providers have reported positive experiences with inclusion and perceive that it is beneficial to staff and children both with and without disabilities.[72, 73]

Barriers to inclusive childcare have been reported in the literature including access, provider qualifications, quality of care, staffing costs, medical concerns, attitudes toward disabilities, and required modifications. Inadequate opportunities for staff development and training, lack of knowledge, and lack of confidence have been found to be the most significant.[41, 52, 67. 99]

The lack of day care for children and youth with disabilities causes job disruptions for parents at twice the rate of those whose children do not have disabilities.[53,54,67,68]The most common challenges include: scheduling barriers, fewer hours for work, and refusing or quitting work.[95,96] Research also shows that parents of children with disabilities frequently work night shifts or off hours to be home with their child during the time they are awake and need the most care.[30] These parents often face not only scheduling barriers for night and off-hour childcare; but also, difficulty locating childcare services during those times.[66,67]

The consequences of not finding childcare extends beyond job disruption. In a recent study parents reported greater financial strain, health challenges, and increased stress as a result of limited day care options for their children with disabilities.[67,68]

Availability is not the only barrier for families of children with disabilities. Research supports that these children are 14.5 times more likely to face suspension or expulsion from childcare services than children without disabilities and the problem is worse for older children.[68]

Inclusion Specialists

North Dakota takes part in the Child Care Aware of America Program through the North Dakota Department of Human Services. A tenet of this program is that every family in the United States has access to a high-quality, affordable day care.[20,21] Childcare Aware in North Dakota has developed an inclusive childcare support program. Its goal is to assist providers to develop plans and maintain environments that enable children with disabilities to learn, grow, and play alongside others in a childcare setting (ndchildcare.org, 2022).

The Inclusion Support Program, provided for by statutory language in North Dakota Century Code makes grant funding and technical assistance available to licensed center-based and home providers who care for children with disabilities ages birth through 12 years.[20,21] This program may allow for funding of other childcare once the needs of licensed childcare programs are met. This statute was put into place by legislators to increase the number of staff and ability to care for children with disabilities and to aid in modifying and adapting early childhood service settings as needed to address the health and safety needs of these same children (50-11.1-18).

The program is designed to help home and center-based providers create and maintain an inclusive environment that supports children with disabilities to learn, grow, play, and develop alongside their peers in a natural setting.[20,21] It provides various levels of support, at no cost, from handouts and technical assistance to inclusion specialists for centers depending on the amount of assistance needed. Currently North Dakota has one inclusion specialist serving the state with plans for more through (UspireND.org2022).[22]

Definitions

Child: A child in this study is one who falls within the age range of zero through 17 years.

Childcare: The term childcare was used to mean *care for children and youth with disabilities at any time throughout a 24-hour period*. Besides traditional childcare, in this study it encompassed before and after school, weekend, and summer care including activities for children and youth designed as a “safe” place for them to spend time away from their parents/families.

CWD: Child with disabilities.

Descriptive Statistics: Descriptive statistics are used to describe a sample. These include frequency counts, percentages, means, and standard deviations. These statistics will be used to describe the sample, the state of, perceptions, barriers and facilitators of inclusive childcare.

Disability: The term "disability" applies to a diverse community of individuals representing a broad array of conditions and experiences. Specific disabilities were listed in the survey to cue parents and providers. For purposes of the study a child with disabilities was considered as one with a defined or perceived delay or disorder in one or more of the developmental domains (social, physical, emotional, cognitive, and communication) or as an established medical diagnosis that affected the child's ability to participate in life.

INCLUDE North Dakota: Shortened terminology for the Comprehensive Study of Inclusive Childcare in North Dakota

Inferential Statistics: Inferential statistics are used to make inferences about populations using data from a sample of that population.

Parent: Refers to parents and guardians

Pearson's chi-squared test: A chi-square test is used to determine whether there is a statistically significant difference between the expected frequencies and the observed frequencies in one or more categories of a contingency table.

Constant-Comparative Method of Qualitative Data Analysis: The Constant Comparative Method is a qualitative data analysis where a researcher sorts and organizes excerpts of raw data (words) into groups according to attributes in a structured way.

Study Goal and Research Questions

The goal of the INCLUDE North Dakota study was to provide a broad picture of the state of inclusive childcare across North Dakota with emphasis on availability, practices, gaps, facilitators and barriers that exist for both persons with disabilities and childcare providers. The intent was to support the development of viable and meaningful options for supporting children with disabilities and their parents as well as providers in childcare programs across North Dakota through policy and advocacy.

The research questions were as follows:

What is the state of inclusive childcare in North Dakota?

What are the attitudes and perceptions of inclusive childcare in North Dakota?

What childcare practices and program characteristics exist that facilitate inclusive childcare in North Dakota?

What are the existing barriers to inclusive childcare in North Dakota?

Ethical Approval

The study was approved by the Minot State Institutional Review Board to ensure ethical practices were used in the research project.

Study Design

The INCLUDE North Dakota study was a mixed methods study that used both qualitative and quantitative research methodologies It consisted of three parts.

In part one, a literature review was conducted to determine the research-based characteristics and benefits of meaningful inclusive childcare practices. These findings were used to develop the survey and roundtable questions. This information can be found in the Introduction section of this report.

In part two, surveys for parents of children with disabilities, ages birth through 17, and childcare providers were developed, pilot tested, revised, and disseminated. The surveys gathered information about inclusive childcare attitudes and practices in North Dakota. Descriptive and inferential statistics were used to analyze the data.

In Part three, virtual roundtable discussions were held with both parents of children with disabilities and childcare providers across the state to further a more in-depth understanding of inclusive childcare attitudes practices in North Dakota. Qualitative data were analyzed using the Constant Comparative Method.[33]

Methodology

Part One – Literature Review Methodology

The research team conducted a review of the inclusive childcare literature from the past thirty years using two methods. The first was an electronic search using Google, Google Scholar, and the ERIC, EBSCO, and PubMed databases. The electronic search continued until duplicate articles became commonplace.

The second method of literature search was a manual search of reference lists from each relevant study or research report. Each piece of literature was reviewed for pertinent information.

Information from the literature review was used to formulate the survey designs and roundtable discussion questions. For more information see the literature review in this report.

Part Two – The Survey Methodology

Part two of the study included the development and distribution of two surveys to collect quantitative data from both parents of children with disabilities and childcare providers. The two surveys were developed using information from the literature review as well as from the Director and Parent Questionnaire developed by the Canadian National Centre for Childhood Inclusion (2010) and another developed by the Texas Inclusive Childcare Study (2016).Qualtrics, an online survey software, was used to build and distribute the survey (qualtrics.com).

Once the survey developments were complete, both were reviewed, and pilot tested by a group of ten parents of children with disabilities and five childcare providers. These reviewers looked for clarity, ease and time of completion, relevancy, and offensive material. Adjustments were made according to the feedback.

Survey Sample—Providers

Following the pilot study, a survey was emailed to 1152 licensed and registered childcare programs, afterschool programs, YMCAs, Girls and Boys Clubs, Head Starts, preschools, recreational departments and camps in North Dakota who had a published email address via Qualtrics. Contact information for providers was made available by the North Dakota Departments of Human Services and Instruction and by the home offices of YMCA and Girls and Boys Clubs of America. Additional information was provided by the North Dakota Afterschool Network. Recreation department information was found online at North Dakota Parks and Recreation website (https://www.parkrec.nd.gov) and from individual city websites. Information for camps was obtained from the North Dakota Camp and Program Guide (https://www.camppage.com/summer-camps/north-dakota). The provider survey was emailed a second and third time to allow for the greatest number of provider participants as possible. The response rate was approximately 65% with 750 providers returning useable surveys. Forty-four surveys were incomplete; therefore, were eliminated from the study. Email addresses were disaggregated from the responses by Qualtrics prior to return to protect participant identity.

Survey Sample—Parents

At the same time, a survey was delivered to parents of children with disabilities. Using a snowball sampling technique where people, with known contacts of families with children with disabilities, were given a single survey QR code to pass on. The QR code was developed within Qualtrics to protect the anonymity of participants and was sent to each contact three times for distribution, to reach as many parents of children with disabilities in North Dakota as possible. In all 567 parents from across the state returned useable surveys. Thirty-two surveys were incomplete and eliminated from the study. Because of snowball sampling a return rate was impossible to calculate.

Once collected and organized, survey data were analyzed using descriptive statistics. Frequency counts and percentages were used to describe the characteristics of the survey respondents and to describe the state of inclusive childcare as well as perceptions and experiences of both parents and providers. All statistical tests were conducted using the IBM SPSS Statistics software. 28.0.1.

Part Three - Roundtable Methodology

Eight virtual roundtable discussions were held on the Zoom platform with parent and licensed/registered childcare providers separately from all the Human Services Center Zones across North Dakota (https://zoom.us). Roundtables one and two were held with parents and providers of the Northwest and North Central zones. Roundtables three and four were held with parents and providers of the Lake Region and Northeast zones. Roundtables five and six were held with parents and providers of the Southeast and South-Central zones. Roundtables seven and eight were held with parents and providers of the West Central and Badlands zones. Figure 1 shows the North Dakota Human Service Center Zones and roundtable groups by zone.

Roundtable Discussions—Providers

Childcare providers who provided contact information on the survey were invited to participate in the roundtable discussions based on their location. To get a clear picture of inclusive childcare from the provider perspective it was important to recruit participants from each human service center zone.
Providers were eligible to participate, if the spoke English, regardless of whether they had experience working with children with disabilities. Thirty-seven providers took part in the roundtable discussions. All participants were informed of their participatory rights according to IRB protocol and all filled out a demographic questionnaire. Interview scripts were used to guide the discussions at each roundtable.

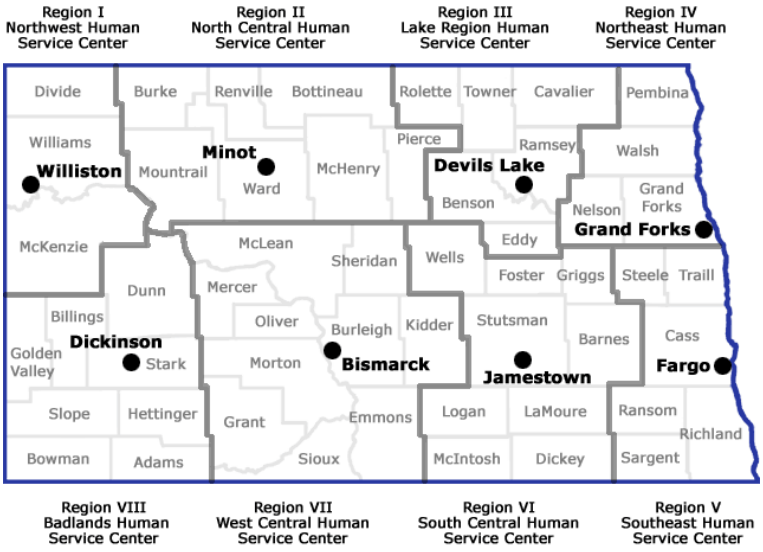
Roundtable Discussions—Parents

Parents were recruited for the roundtable discussions through various support groups, educational agencies, human service zone offices, via personal contact, and through other parents. They were contacted by phone and invited to participate. Parents were eligible to participate if they had at least one child with a disability aged zero to 17 years, spoke English, and had some experience accessing or attempting to access licensed or registered childcare programs in North Dakota.

Thirty-two parents of children with disabilities took part in the roundtable discussions. The parent sample represented all human service center zones across North Dakota as well as varying age groups of students and disability diagnoses. All participants were informed of their participatory rights according to IRB protocol and all filled out a demographic questionnaire. Interview scripts were used to guide the discussions at each roundtable.

The Zoom platform produced a verbatim script of each roundtable discussion which was used for data analysis. A team of researchers reviewed the digital transcriptions of the interviews and, through the constant comparative approach to analyzing qualitative data (Glaser & Strauss, 1967), identified words, phrases, sentences, or paragraphs that were commonly themed. These were labeled with descriptive codes and organized into themes within each focus group. Themes common to all groups were used as results.

Figure 1: North Dakota Human Service Centers and Roundtable Zones



Group 1: Roundtable 1 & 2 (Regions I, II)

Group 2: Roundtable 3 & 4 (Regions III, IV)

Group 3: Roundtable 5 & 6 (Regions V, VI)

Group 4: Roundtable 7 & 8 (Regions VII, VIII)

Results

Description of the Survey Participants

Provider Survey Demographics

Seven hundred fifty childcare providers returned useable surveys for a response rate of nearly 65%. The majority were teachers, providers, directors, or site managers (81%). Most worked in a childcare center, home-based center or family home (83%) and more than half were from the cities of Fargo, Bismarck, Grand Forks, or Minot (58%). Eighty-five percent of the providers were from Human Service Regions II, IV, V, and VII. Three percent were located on a military base and 6% were located within the boundaries of a reservation. Most did not have a relative with a disability (57%). Figure 1 presents the North Dakota Human Service Center Zones. Table 1, in Appendix A, describes the characteristics of the provider survey sample in more detail. See additional information about the provider survey participants in the study limitations section of this report.

Provider Roundtable Discussion Demographics

Thirty-seven childcare providers participated in the roundtable discussions. Groups 1, 3, and 4 were represented evenly with 27% of the participants each; group 2 contained 19% of the participants. As with the survey, most participants were teachers or providers (46%) and worked in either a childcare center (19%) or Head Start (16%) followed by the family home (14%). Preschool and YMCA both were represented by 11% of the participants. Nearly 19% of the participants worked in a childcare on a military base and 14% worked at a childcare within the boundaries of a reservation. The majority were currently serving children with disabilities (76%) and had worked in the field for more than 20 years (43%). Figure 1 presents information on the roundtable groups. Table 2, in Appendix A, describes the demographic characteristics of providers who took part in the roundtable discussions in more detail.

Parent Survey Demographics

Five hundred sixty-seven parents of children with disabilities responded to the survey. The majority were mothers or stepmothers (48%) whose children were between the ages of birth and twelve years of age (86%). Six percent of the respondents were active-duty military and 5% resided within the boundaries of a reservation. The majority had incomes between $40,000 and $80,000 (66%) and most were employed full time (74%). As with providers, most parents resided in human service regions II, IV, V, an VII (87%). Figure 1 presents the North Dakota Human Service Center Zones.

Parents were asked to provide the disabilities of their children. The most common, as reported by the parent sample, were speech-language impairment (57%) and ADD/ADHD (53%) followed by Autism (28%) other (21%), and asthma (20%). The least common child disabilities were social/emotional impairment (13%), psychological disorder (10%), and aggression (9%). In this section of the survey respondents were encouraged to choose as many disability types as represented their child(ren). Table 3, in Appendix A, describes the characteristics of the parent survey sample in more detail.

Parent Roundtable Demographics

Thirty-two parents participated in the roundtable discussions with the majority residing in Human Service Center Regions V, VI, VII, and VIII (63%). Most were from communities with populations between 501 to 5000 people (53%) with 19% from communities with a population larger than 50,001. The majority (69%) earned income between $40,000 and $80,000, were employed full time (66%) and had accessed childcare at some time (88%). Forty-one percent were parents of a child with a disability who was between the ages of 3 to 6 years of age and had multiple disabilities (63%). Table 4, in Appendix A, describes the demographic characteristics of the parent roundtable discussion participants

The remaining results are presented within the context of each research question.

Research Question 1
What is the state of inclusive childcare in North Dakota?

Providers

Key Messages from Providers

- Providers know about inclusive childcare, recognize the need for it, and are open to it.
- Inclusive childcare is available across the state, mostly from relatives, home-group care, or childcare centers.
- Very few children are expelled from childcare, though children are suspended for behavioral incidents.
- Most children with disabilities in inclusive care have milder forms of disability.
- The pandemic is playing a role in willingness of providers to start-up inclusive childcare programs.
- Changes resulting from the pandemic are causing stress and burnout among providers and children in childcare settings.
- There is an immediate need for additional behavioral and mental health training for childcare providers.

Education and Experience of Childcare Providers.

Most childcare providers across North Dakota held high school diplomas or GEDs (30%). Less reported an associate degree in early childhood (19%), a bachelor's degree (18%), or an associate degree outside the field of early childhood education (17%). The majority reported 6-10 years' experience in the field (91%). It was most common for providers to serve children between birth and age 12. Less than 10% of childcare providers in this study reported caring for children over the age of 12. Table 5 presents full provider education and experience results.

Table 5: Education and experience of providers (*n* =750)

Education and Experience	***f***	**%**
Education Level		
High School Diploma (GED)	226	30.13
Child Development Associate	142	18.93
Other Associate Degree	131	17.47
Bachelor's Degree	137	18.27
Master's Degree	42	05.60
Other	72	09.60
Years' Experience		
0-5	107	49.85
6-10	307	40.93
11-15	151	20.13
16-20	135	18.00
>20	50	06.67
Age of children in care (check all that apply)		
0 - 36 months	497	66.67
3- 6 years	518	69.07
7 – 12 years	546	72.80
13-17 years	31	04.13
>18 years	4	00.53

More than 80% of providers conveyed at least some familiarity with the idea of inclusive childcare. Over half reported experience caring for a child with disabilities; however, only 6% cared for a child with severe disabilities or significant health care needs. Of providers who cared for children with disabilities, more than a quarter (27%) reported more than 10 years' experience. Table 6 provides more information regarding provider knowledge and experience with children with disabilities.

Table 6: Provider knowledge and experience with CWD (*n = 750)*

Provider Knowledge and Experience	***f***	**%**
Familiar with Inclusive Care		
Quite a Bit	288	38.40
Somewhat	339	45.20
Not Much	123	16.40
Cared for a Child with Disabilities		
Yes	392	52.27
No	358	47.73
Familiar with strategies to facilitate inclusion		
Yes	379	50.53
No	371	49.46
# of Children with Disabilities Cared For (n=392)		
1-5 Children	208	53.06
6-10 Children	165	42.09
More than 10 Children	19	04.85
Cared for a child with Severe Disabilities (n=392)		
Yes	26	06.63
No	366	93.37
Years' Experience with children with disabilities (n=392)		
0-5	172	43.88
6-10	116	29.59
11-15	59	15.10
16-20	38	09.70
>20	7	01.79

*Difference in *n* due to number of providers with experience caring for a child with disabilities.

Providers who had cared for children with disabilities were asked about the types of disabilities for which they had experience. Expectedly the majority reported experience with speech-language impairments (89%) followed by learning disabilities (78%), ADD/ADHD (77%), and Autism (67%). Providers had least experience with the more severe disabilities including low vision/blindness (3%), seizures (4%), cerebral palsy (4%), feeding difficulties (6%), and limited mobility (7%). Table 7 in Appendix 1 provides more detail about the types of disabilities for which providers reported experience.

Suspensions and Withdrawals

Providers (93%) reported that behavior is increasing among children within their care, especially since the pandemic. More than a third had no behavioral training nor experience with positive behavior management (36%). When asked if they sent children home for behavioral reasons almost half indicated "yes" (51%). Children were most often sent home for repeated misbehavior (91%), physical contact (64%), bullying (60%) or for not settling down after repeated direction to do so (58%).

Providers were also asked if a child was ever expelled from their childcare setting. Surprisingly almost all (80%) had not asked a child to leave care permanently. When children were asked to leave it was most often for behavior that was harmful to others (92%) or because the child required more attention than could be provided (65%).

Most expulsions in this study were from afterschool programs of one kind or another (94%). Table 8 provides more information on suspensions and expulsions from childcare in North Dakota.

Table 8: Suspensions and withdrawals in North Dakota childcare (*n = 750)*

Childcare Suspensions and Withdrawals	***f***	***%***
Is behavior increasing or decreasing in children within your care?		
Increasing	701	93.47
Decreasing	49	06.53
Have you had adequate training in positive behavior management?		
Yes	483	64.40
No	267	35.60
Sent children home from childcare for a time		
Yes	386	51.47
No	364	48.53
Reason children sent home (n = 386)		
Repeated misbehavior	350	90.67
Repeated swearing	111	28.76
Bullying	212	59.92
Physical contact	248	64.25
Won't settle down	224	58.03
Won't listen	193	50.00
Other	165	42.75
Asked children to withdraw from care		
Yes	112	14.90
No	638	85.10
Reasons for withdrawal from childcare *(n* = 112)		
Behavior harmful to others	103	91.96
Required more attention than could be provided	73	65.18
Staff not adequately trained	21	18.75
Inadequate access to support services	62	56.12
Staff uncomfortable	6	05.36
Child not toilet trained	7	06.25
Physical environment not suitable	12	10.71
Lack of specialized equipment	4	03.57
Concerns about liability	72	64.29
Insurance Costs	3	02.68

*Differences in *n* due to number of providers who suspended or expelled a child

Though it was not the focus of the study, childcare providers in roundtable discussions across the state wanted to talk about COVID and its effects on both them and on children in their care, particularly children with disabilities.

Stress and Burnout

Childcare workers repeatedly expressed they were tired, overworked, and stressed. They were worried about their health due to COVID and the effects of the stressful situation in which they were working. They were also worried about the health of children in their care; especially those with more severe disabilities or health care needs. Caring for children is considered demanding work and the pandemic has only exacerbated it. Though burnout in childcare has always been an issue, staff shortages, sickness, increased sanitizing and the work of keeping children apart from one another has led to real burnout. Childcare workers were reported to be leaving the field at record numbers.

> *"It feels like an eternity. We are running around like chickens with our heads cut off. We need a break, but when?"*
>
> **Childcare Worker**

> *"I pulled up to work and just sat there. I was thinking… I can't go in there. I just can't do it anymore. It's so intense."*
>
> **Preschool Teacher**

> *"Lots of times each week, I go to the bathroom and cry. It feels like I can't do it. But then I tell myself—who will? It is so hard, so so hard! I just breathe and go out there again. I don't know how much longer I can take it."*
>
> **Childcare Worker**

Staff Shortages

Just as more workers were leaving childcare; hiring new employees was more difficult than pre-pandemic. Staff shortages occurred as employees left and childcare centers could not easily hire. A revolving door emerged. Workers came and left. Staff shortages caused reduced slots and closures, and this affected children with disabilities or other needs at a greater proportion than children without special needs.

> *"People are applying but not showing up to interviews, people are coming to interviews agreeing to take jobs, but not showing up. It is frustrating to all of us. Our faithful employees are being worked to the bone. We have to cut slots to keep our heads above water."*
>
> **Preschool Director**

> *"It's hard to compete with McDonald's paying 15-18 dollars an hour. We try but we're a non-profit. And I've been told by others that they still don't come, and they still walk out. We've had a lot of turnovers lately. It is kind of scary."*
>
> **Boys and Girls Club Director**

Reduced Slots

Although recent data from Childcare Aware (2022) reported that both staff shortages and reduced slots were stabilizing in North Dakota, from July 2019 through August 21, 2022, several childcare centers in North Dakota closed temporarily or permanently. Providers in the roundtable discussions felt "they" had not caught up with this data. They reported that people were still quitting and hiring continued to be troublesome. It was described by the participants as a "vicious cycle." Burnout and health concerns led employees to stay home for longer periods of time or quit. All of this led to decreased childcare slots, especially for children with disabilities or those requiring extra care. "The cycle goes on and on." Participants voiced strong opinions and concerns about the effects of burnout on childcare providers and its effects on childcare in North Dakota.

> *"We are turning away parents. The situation feels almost desperate. It is sad but we just don't have the staff anymore; this affects children with disabilities more than others because they take more time; time that we don't have."*
>
> **After School Program Personnel**

> *"When someone leaves, I can't fill the position—then I have parents that don't have a place for their children---that is difficult… I know how much this hurts children with disabilities and how much it affects their parents when I tell them I can no longer serve their child in the way they deserve."*
>
> **Childcare Director**

No Room on their Plates

Providers understood the need for children with disabilities to have accessibility to childcare and reported an openness to providing inclusive childcare; however, childcare providers across the state empathically expressed that this was not the time to start one up. The perception was that children with disabilities take up a lot of time and time is in short supply. Though they recognized the need, and wanted to support these children and parents, they could not add another item to an already full plate. It was too daunting right now!

> *"This is something I've always wanted to do. Inclusion is important and children with disabilities are part of that. We would need training to include these children properly. I can't add that to my people's plates right now."*
>
> **Home Group**

> *"I've had lots of kiddos with disabilities, and it is rewarding work. I see a difference in all children when we include these kiddos. Right now, though, I can't do it. There is no more room on our plates."*
>
> **Childcare Director**

Increasing Behavioral and Mental Health Issues

Providers at the roundtable discussions confirmed survey results that behavior was increasing in children. Childcare providers with many years of experience reported that children act out, swear, don't listen, have temper tantrums, and bully more than in previous times. Behavior appeared to participants as worse in COVID, even in children with disabilities. Providers wondered if behavioral increases might be due to what they termed as "chaos" created by the pandemic. Behavior is all about structure and providers reported the difficulty in maintaining similar structure from day

> *"Kids seem to be dealing with a lot more these days. Tempers are shorter sometimes and I see a lot more emotion than I used to. There are more skirmishes than I've seen before. I can deal with temper tantrums but worry that I don't know enough about helping them through the pandemic."*
>
> **Head Start Teacher**

to day because of the disruptions of COVID. More fear and more moodiness were reported among children and staff. More behavioral and mental health training were reported as an immediate need to help everyone learn to cope and develop resiliency.

> *"Everyone is moodier than I have seen before… and I am seeing more bullying…and it is more overt than it used to be. I can see our young staff struggle to deal with all of this and sometimes they get right in the middle of it… making it worse, not better.*
>
> **After School Program Director**

Parents of Children with Disabilities

Key Messages from Parents

- **Parents want their children to be happy, safe, and included in all care situations.**
- **Parents of children with disabilities value the care they receive outside the home. They know it is critical. When they can't find childcare, they take time off from work or don't work at all causing financial and sometimes marital stress.**
- **Childcare for children with disabilities is fragile. If a primary care provider is lost "all heck breaks loose."**
- **Families of children with less severe disabilities can find childcare.**
- **Children with disabilities in inclusive care tend to be more included in the community.**
- **Childcare for children with disabilities over the age of 12 and those with severe disabilities or special health care needs is nearly impossible to find; other than from relatives or home-care situations.**
- **Finding childcare is difficult afterschool or on weekends. The most difficult type of care to find is outside the typical workday between the hours of 6 p.m. to 7 a.m.**
- **In some rural portions of the state, no childcare is available to children with disabilities outside of a relative.**
- **Expense of childcare is a problem for some families who have children with disabilities.**

Primary Childcare Settings

Parents of children with disabilities in this sample used a relative for primary childcare (27%) most often, followed by childcare centers (22%), and home-based group care (19%). After school, the primary care setting was home-based group care (32%), a relative (30%), or an afterschool program (16%). Sixty-five percent of parents used of a mixture of primary care and after school care.

When children with disabilities needed care outside the typical workday (55%), relatives (65%) and siblings (34%) were the primary caregivers. Eighty percent of parents reported using a mixture of care outside of typical work hours. When children needed care on weekends (62%), relatives (60%) and siblings (32%) provided most of it along with high school or college students (29%).

Three quarters (75%) of parents required care for their children with disabilities in the summer or during school vacations. In these times, care was again provided most often by a relative (77%), high school or college student (74%), or a sibling (46%). Like in other cases where "atypical" care was required 96% reported using a mixture of care for summer and school vacations. Sadly, 61% of parents needed to take time off to care for their child during at least a portion of this time. Table 9, in Appendix 1, provides more information on the need for and types of care available to children with disabilities in North Dakota.

Difficulty Finding Care

Fifty-nine percent of parents of children with disabilities reported difficulty finding care. Two categories of difficulty were presented to respondents in the survey. The first included difficulties external to the parents (i.e., childcare expectations) The need to be toilet trained (60%) was the main external reason for an inability to find care. The inability of a program to support the child's needs (41%) was another external difficulty for parents in finding care. Interestingly, 18% of parents reported no available care for children with disabilities within their area. This was a problem encountered more often in the rural areas of the state.

The second category included difficulties finding childcare that were internal to the parents. Finding care with hours that matched their need was a difficulty reported by two thirds of study respondents. Care outside the typical workday was extremely difficult for parents of children with disabilities to locate. Expense and a sense of unease with the choices were also noted as prominent internal difficulties experienced by the parents (43%). Table 10 in Appendix 1 reports additional information on the difficulty of parents of children with disabilities to enroll their children in childcare.

> *I had to call and call and call to providers to find care for my son. I was a bother but sometimes you gotta be that way. My son needed care so we could work so I bothered people until someone said "yes."*

Children with Disabilities and Discipline

To gauge where North Dakota stood in terms of suspensions and expulsions of children with disabilities from childcare settings, parents were asked if their child had ever been sent home for behavioral or disciplinary reasons. Seventy-six percent of parents in this sample had not had a child sent home (suspended) from childcare. In addition, 90% reported never being asked to withdraw their child from care. If children were dismissed (expelled), it was for repeated misbehavior (81%) or because behavioral needs were too excessive (46%) for the childcare personnel to handle. Suspension and dismissal were more common in after-school settings than typical day-to-day childcare. Table 11 provides additional information regarding children with disabilities and disciplinary actions in childcare.

Table 11 Disciplinary action among CWD in North Dakota (*n=567)*

Disciplinary Action in Childcare	***f***	***%***
Child sent home for disciplinary reasons		
Yes	137	24.16
No	430	75.84
Child dismissed from childcare program		
Yes	59	10.41
No	508	89.59
Why was child dismissed? (n=59)		
Repeated Misbehavior	48	81.36
Excessive Absenteeism	5	08.47
Behavioral Needs too Excessive	27	45.76
Violence	2	03.39
Swearing	2	03.39
Bullying	12	20.34
Other	1	01.69

*Differences in *n* result from number of providers who dismissed a child from childcare for disciplinary reasons.

Parents Value Childcare

Parents across North Dakota expressed appreciation for caregivers. They realized the value of this care and its effects on their children and on their ability to work. Children who were in inclusive childcare settings were reported to be more engaged with their peers and generally more accepted and confident in their abilities than those who were more isolated or less included. When included, socialization often extended to time outside of childcare for children with disabilities. Other families tended to include them in birthday parties, outings, and other social events. As a result, their children were more accepted within the larger community. Though some parents of children with disabilities consistently rely on relatives for primary care, there is always a need for care outside of the home. Without both types of care parents reported that at least one or both would not be able to work even part-time, let alone full time.

> *"We love our caregiver. She is a Godsend. Without her we don't know what we would do. She loves our child too. It's a great situation and I wouldn't change a thing!"*
>
> ***Mother & Father***

> *"…from that moment we knew we need to get him included. He deserves to go to games, to parties, to the mall. He deserves to be included. We tenaciously looked to find a childcare that would include him, really include him. Today he is a regular part of our community, just a regular boy."*
>
> **Mother and Father**

Fragility

Parent of children with disabilities generally felt that care was accessible during the typical week, especially in the larger cities in North Dakota and for children with less severe disabilities. If; however, they lost their primary care for some reason during the week (i.e., COVID closure, vacations, etc.), care was much more difficult to find. Those in rural areas found it very difficult to find outside care and often used relatives as caregivers, opened their own homes for childcare, or did not work.

Not surprisingly, care for children with disabilities outside of the work week was much more difficult to find. When this care was not available, parents either had to stay home from work or place their child in care they felt was precarious. Parents from rural areas in North Dakota struggled "fiercely" with finding care during atypical hours. When their primary childcare was not available, they were forced to choose among a plethora of undesirable choices including staying home from work, finding another job, quitting work altogether, or leaving their child with someone who was unqualified. This caused worry, stress, and fragile work situations. The unpredictable care also had effects on children with disabilities who were often uncomfortable and more stressed in these unfamiliar situations.

> *"I would call my arrangement fragile. My husband's grandma watches all our children. She is old and getting slower and tired. If something happens, we will be struggling."*
>
> **Parent from Rural ND**

> *"I don't know if I am going to be able to keep my job and I am scared. I need to work. I am a single mom. But when I don't come in because I can't find a sitter, I get in trouble. My boss told me I am hanging on to my job by the skin of my teeth."*
>
> **Parent**

Research Question 2
What are the perceptions of inclusive childcare in North Dakota?

Provider Perceptions

Key Messages from Providers

- There is a widespread support that children with disabilities deserve meaningful inclusive care.
- Providers support inclusive care and feel as though they could provide it. But… they might not be ready.
- Most providers understand the basics of inclusive childcare and want more information.
- There are many different "ways" of inclusion. Providers need some common definitions.
- Providers feel good about caring for children with mild disabilities or those with whom they've had experience. There is less confidence in caring for children who have more significant disabilities.
- Time is an issue. Time for training is a concern as is perceived time it takes to care for children with disabilities.

Willingness of Providers

Providers indicated a widespread belief that inclusive childcare was important and that children with disabilities deserved opportunities to be in this type of care. When asked about their perceptions of inclusion, most providers believed their programs supported the concept of inclusion (78%) and believed they were able to provide inclusive services within their care setting (71%), especially to children with milder disabilities. See Table 2 in Appendix 1 for additional information regarding willingness of childcare providers to enroll children with disabilities.

Provider Identification of the Markers of Inclusion

Providers were asked about their understanding of inclusive childcare. Overall, there was strong identification with the markers of quality inclusion. At least 99% agreed that, in inclusive care, everyone should feel a sense of equal belonging, develop meaningful relationships, and be accepting of differences. There was also strong identification (90% or greater) that everyone should contribute and that accommodations, modifications, and supports should be regularly applied. Finally, there was widespread understanding that everyone should be safe, that everyone can learn appropriate social skills, and that everyone should be able to succeed using their individual strengths. A theme that emerged in the roundtable discussions was that there are many types of inclusion in the "real world", and everyone is not on the same page when it comes to understanding and implementing truly inclusive childcare. Table 12 presents additional information related to provider identification of inclusion and inclusive childcare markers.

Table 12: Provider Identification of the markers of inclusion (n = 750)

Inclusion is… (check all that apply)	*f*	%
A child's needs are met	701	93.46
Everyone is safe	689	91.87
Everyone feels a sense of equal belonging	746	99.47
Everyone is treated with respect	725	96.66
Everyone is learning good social skills	687	91.60
Everyone is being challenged	639	85.20
Everyone's opinions are valued	743	99.07
Accommodations, modifications, and supports are regularly applied	698	93.07
Collaboration with other professionals to meet children's needs	519	69.20
Accepting of differences	743	99.07
Everyone participates all the time	522	69.60
Every child contributes	705	94.00
Everyone's contribution is valued	742	98.93
Meaningful relationships are built with staff	744	99.20
Meaningful relationships are built with peers	681	90.80
Everyone well trained and know what to do and how to help	624	83.20
Belief that everyone can succeed	689	91.87
High expectations for all	606	80.80
Speak about everyone's strengths and accomplishments	585	78.00
Everyone is happy	370	36.00
Everyone benefits from having CWD in a program	416	55.50

Provider Attitudes and Confidence Levels

Provider attitudes and confidence in providing care to children with disabilities was explored. The responses were interesting. There was evident incongruence between what providers thought should and could be done and their confidence levels in doing it. The first series of questions explored whether programs should and could provide care to children with various types of disabilities. Providers generally rated the milder disabilities as something they should and could accommodate within their care settings. There was less agreement in serving children with more severe disabilities. For most all disabilities, confidence levels were in the "somewhat comfortable" range. Table 13 in Appendix 1 provides additional information about attitudes and confidence in work with children with varying disabilities.

Not Quite Ready

Providers in the roundtable discussions affirmed the importance and necessity of providing an inclusive childcare environment to as many children with disabilities as possible. They were, however, less likely to feel confident serving children with disabilities. Additional training and experience would be necessary to do so safely. There was consensus across all discussions that childcare providers in North Dakota are not ready to provide high quality services to children with moderate to severe disabilities. More training is required.

> *"Inclusion is important I get it. Kids with disabilities deserve care and we can give it to them—but how do we make the time for all that comes with it?"*
>
> **Childcare Manager**

Widely Available, Timely Training

Providers expressed need for additional training on markers of high-quality inclusion. The thought was that training would help to eliminate confusion about the varying ideas about inclusion so that "everyone could get on the same page." Widely available and timely education was a priority for the roundtable participants.

> *"I don't think we're ready, as a profession. The idea of inclusive care is great and there is a lot to learn. We don't want to get off on the wrong foot with lack of preparation and lack of training."*
>
> **Childcare Provider**

Childcare providers that had experience with inclusion specialists felt more prepared to work with children with disabilities. The work that these specialists do in the state was seen as critical. It was noted that inclusion specialists were "few and far between" in the state. Additional inclusion specialists were a priority for providers.

Managing Time

While every provider group indicated the desire to expand care to children with disabilities, concern about time was a theme. Providers are busy and with the pandemic it is busier yet. The belief expressed was, children with disabilities take more time, especially one-to-one time, which is time away from others. There is concern about how to manage all the needs of everyone without neglecting the child with disabilities.

> *"The training available to us only scratches the surface. We need training that is more in depth—parents can help us, but we are all busy. Training from people who can come to our centers and give us 'just in time' training would be great."*
>
> **Preschool Teacher**

The idea that training takes away valuable family time or time away from the care center was also common across groups. Training for childcare providers should be delivered in the most time efficient manner. Webinars and personal visits by an inclusion specialist were cited as the best way to facilitate training.

Parent Perceptions

Key Messages from Parents

- **Parents are generally satisfied with the childcare their children with disabilities receive. They express sincere gratitude for providers who will serve their children.**
- **There is often a big difference between the way providers see inclusion and the way parents do. There is no one standard idea of inclusion, which may cause confusion, and possibly contention, among parents and providers.**
- **Parents perceive the need for more provider training on disabilities and on inclusive care practices.**
- **There is not much collaboration between professionals and childcare providers. Collaborative meetings are few and far between.**

Parent Perceptions of Current Care

Most parents felt their child's care was somewhat inclusive (36%) or inclusive much of the time (37%) and most feel their child is safe (95%) and happy (95%) in their current childcare situation. More than 60% reported satisfaction with their current primary childcare situation. In the roundtable discussions parents felt that there was "some inclusive" care around the state but that only a very few settings were fully inclusive as described in the literature. Table 15 in Appendix 1 provides additional information on parent perceptions of their child's care.

Markers of Inclusion in Current Childcare Situations

Parents were asked about their perceptions their child's current childcare situation related to the markers of inclusive childcare. Four markers were rate at 80% or better: meaningful relationships with staff (99%), everyone is safe (97%), everyone is happy (88%), everyone is treated with respect (84%). Among the lowest markers were collaboration with other professionals (37%) and training (40%).
Interestingly, many of these perceptions vary greatly from the perceptions of childcare providers. Table 16 provides additional information on parent's perceptions of inclusion in their child's current childcare situation.

Table 16 Parent perceptions of the markers of inclusion present in their child's current care (*n = 567)*

Parent Perceptions of inclusion in current care	*f*	*%*
Markers of Inclusion (Check all that apply)		
My child's needs are met	345	60.85
Everyone is safe	549	96.83
Everyone feels a sense of equal belonging	422	74.43
Everyone is treated with respect	478	84.30
Everyone is learning good social skills	438	77.25
Everyone is being challenged	377	66.49
Everyone's opinions are valued	352	62.08
Accommodations, modifications, and supports are regularly applied	331	58.38
Collaboration with other professionals to meet children's needs	210	37.04
Accepting of differences	366	64.55
Everyone participates all the time	275	48.50
Every child contributes	302	53.26
Everyone's contribution is valued	268	47.27
Meaningful relationships are built with staff	561	98.94
Meaningful relationships are built with peers	473	83.42
Everyone well trained and know what to do and how to help	224	39.51
Belief that everyone can succeed	298	52.56
High expectations for all	256	45.15
Speak about everyone's strengths and accomplishments	438	77.25
Everyone is happy	499	88.01
Everyone benefits from having CWD in a program	314	55.38
Services are provided from other professionals at center	210	37.04

General Satisfaction with Childcare

A theme of general satisfaction emerged. Parents are generally satisfied with the care of their children with disabilities and feel their children are safe and happy in their childcare settings. They also feel that providers try, to the best of their ability, to accommodate the children with disabilities but don't always know how to do it well. "The network is large" and parents know which providers do the best with inclusive care.

> *"I am happy with my childcare situation. My daughter loves being there even though I sometimes think she is not included enough. She has friends who include her though even if the adults don't think of it."*
>
> **Mother**

Some parents have the perception that childcare providers don't welcome parent input until something goes wrong but over time it gets better. Their idea was to "stay with willing providers and they will learn."

> *"At first, I was scared to leave my child at the center. I didn't know what to expect and I hoped he liked it. There is a lot to the care of him. We prepared and staff got trained. There have been a few rocky times, but things have worked out."*
>
> **Parent**

> *"I really love my provider. She has had a lot of my foster children over the years. She knows to ask me questions when things go wrong and sometimes even before they go wrong. She has a heart of gold. She goes out of her way to make my child feel included and fosters friendships between the children. I don't think my child has ever felt left out."*
>
> **Foster Mother**

It was also parent perception that the pandemic hurt inclusive childcare. It became more difficult for providers as they were affected by illness, absences, and general "chaos" and, as a result, parents became more concerned about the safety of their children.

Different Ideas of Inclusion

Parents believe that "every provider has their own definition of inclusion and that is why it looks so different every place you go." When asked parents also felt the individual ideas of inclusion likely accounted for the differences in perceptions between providers and parents that emerged in the survey.

> *"Yes, there are markers of inclusion but how they are interpreted by us as parents and daycare providers is probably different. I could think they are doing a great job and you could think differently."*
>
> **Parent**

Research Question 3
What attitudes, practices, and program characteristics currently exist in childcare that facilitate inclusion?

Facilitators to Inclusive Childcare – Provider Perspectives

Key Messages from Providers

- **Providers were highly engaged in this research and want a seat at the table when building inclusionary childcare systems across the state.**
- **They are aware of inclusion specialists in North Dakota and believe their support enhances their ability to provide quality care to children with disabilities. They see a need for more inclusion specialists across the State.**
- **Many providers have experience with children with disabilities; some with 10 years or more. These providers know the benefits of inclusive childcare for all children, not just children with disabilities. Some providers might serve as mentors to other less experienced childcare providers.**
- **Childcare providers are willing to take part in additional training to enhance their skills in caring for children with disabilities. They want training to be flexible, widely accessible, and "just in time." Model sites were a suggestion.**
- **Providers want collaborative relationships to assist children with disabilities. It emerged that Head Start had a good model for collaboration that could possibly be expanded to childcare.**

High Survey Response Rate

The 65% survey return rate indicated that providers across the state of North Dakota were interested in inclusive childcare and want a voice at the table. More than half of survey respondents had experience with children with disabilities and more than a quarter had more than ten years of experience with these children. Table 1 in the appendix 1 provides more information on provider characteristics.

Support for Inclusive Childcare

Providers in this study saw the need for inclusive childcare and felt strongly that children with disabilities deserve quality childcare services with their peers. Providers (80%) were familiar with many markers of inclusive childcare and more than two thirds expressed support for inclusion (78%). They had willingness to learn more (86%) and felt encouraged about their ability to provide inclusive services (71%).
The majority voiced the need for additional training and were willing to take part in it to effectively serve children with greater needs. There was strong desire for "in house" training that was individualized for the specific needs of the specific child. For additional information on childcare provider support for inclusive childcare see Tables 6, 7, and 12 in this report.

Collaboration with families and with other professionals is known to facilitate inclusiveness.[94] Most providers (69%) understood that collaboration was one of the key markers of inclusion and were willing to engage in it. Encouragingly, more than 40% of providers reported that they already allowed speech-language pathologists, early interventionists, occupational therapists, physical therapists, nurses, and others to provide services on site (although this was not expressed by parents). There was agreement that everyone could work together more efficiently.

More than half of the childcare providers in this study indicated some knowledge of strategies and accommodations or modifications that help children with disabilities to participate more often but would like additional training to better understand and use strategies, supports, modifications, and accommodations for these children. For more information on provider knowledge and attitudes toward inclusive childcare, see Tables 6 and 7 in this report.

Providers and Inclusion Specialists

Most childcare providers in this sample had heard of inclusion specialists (65%) and a little more than half desired assistance from them (59%). Providers who had experience with inclusion specialists reported a difference in their abilities to meet the needs of children with disabilities in their care. Eighty percent of respondents reported a desire for more information about inclusion specialists and the work they do. Providers wanted this information in webinar format and through conferences. Few providers felt that literature was a good way to provide information (18%) and less yet wanted training to be mandatory (13%). Table 17 provides additional information regarding providers, inclusion specialists, and other professionals.

> *"We are happy there are inclusion specialists in the state but there aren't enough! You can talk to them but I myself need help in the trenches. I need to know about the kid that is with me right now. It's hard if you have to wait."*
>
> ***Childcare Provider***

Table 17: Providers, inclusion specialists & other professionals

Providers, Inclusion Specialists and Other Professionals (n=750)	*f*	%
Aware of Inclusion Specialists		
Yes	485	64.67
No	265	35.33
Had assistance from inclusion specialist or other professional		
Yes	251	33.46
No	499	66.53
Desire assistance from an inclusion specialist		
Yes	445	59.33
No	59	07.87
Don't Know	48	06.40
Desire more information about inclusion specialists		
Yes	603	80.40
No	147	19.60
Collaboration important with other professionals		
Yes	448	59.73
No	302	40.26
Best way to provide training		
Conference	152	20.27
Webinar	243	32.40
Literature	134	17.87
15-Minute Training	125	16.67
Required Education	96	12.80
Allow SLP, EI, OT, PT, Nurse, Therapist on site		
Yes	306	40.80
No	444	59.20
Collaboration important to enhance services		
Yes	416	55.46
No	334	44.53
Familiar with supports for CWD		
Yes	383	51.06
No	367	48.93

Just In Time Training.

Providers felt all childcare providers should have some training in working with children with disabilities, but that generalized training was not enough. They prefer "just in time" training that is contextualized within their settings rather than required generic training. Webinars and timely visits from inclusion specialists were suggested by providers as facilitators of inclusive childcare in North Dakota.

> *"I know that everyone is busy, and I know the new people in charge of training are doing the best they can…it would be so helpful if we could get the training, we need at the time we need it. Our kiddos deserve the best care possible and to do it we need to be sure we know what we are doing."*
>
> **Childcare Provider**

Collaborative Relationships

Providers felt that collaborative relationships should be fostered among various professionals and childcare providers in order to serve children with disabilities in the best possible manner. The Head Start model was suggested. "Head Start uses one person who coordinates all outside special services and makes sure children are connected to the services necessary for them to succeed." Providers felt it would be too overwhelming for them to arrange outside care and they were often unaware of who and what specialists were needed, available, or involved. "It takes a village to raise a child with disabilities" and access to information from professionals with the necessary knowledge was seen as critical.

> *"I've worked with a team from the school, and it has been wonderful. We are all on the same page, I know what the focus of development is, and they've helped me learn some strategies to engage and include these children. This has been a game changer!"*
>
> **Childcare Provider**

> "It can be overwhelming to secure services for a child with disabilities, we need someone in the state to help us coordinate all of this. We need that village but are unaware of how to get it."
>
> **Provider**

> *"We should have this training in school—I never once had to work with a child with severe disabilities—nor behavior problems. Now I do and I need help. We should have classes with special ed—that would have helped me."*
>
> **After School Worker**

Facilitators to Inclusive Care— Parent Perspective

Key Messages from Parents

- **Parents believe that providers who enroll their children do the best they can in providing care.**
- **Training is the key; what's available is good, more is needed.**
- **Financial incentives for programs accepting children with disabilities helps to jump-start inclusive childcare. Parents want expanded inclusion grants.**
- **Providers that have experience with children with disabilities are more comfortable. Comfort and confidence are facilitators! Required experience with children with disabilities while in training should be instituted. Use experience childcare providers as mentors.**
- **There are some childcare providers who collaborate with others but not as many as parents would like. The use of model sites, facilitators, and incentives to foster more collaboration is important. Person-centered care plans might bring everyone together and keep everyone on the same page.**
- **In programs where behavioral support exists children are generally succeeding or at least not being suspended. Increased behavioral support would enhance access and keep more children in care.**
- **Some care and educational programs, such as Head Start, have guaranteed spots for children with disabilities. Guaranteed spots for children with disabilities in childcare programs receiving funding from the state would increase access for our children.**

General Perceptions of Parents

There were large differences in perceptions between what childcare providers and parents thought about inclusive childcare. Parents felt that some but not all markers of inclusive childcare were being provided by most providers who included children with disabilities in their programs. There were "hubs" of true inclusive childcare across the state. These could be used as model programs.

When asked about what would enhance inclusive childcare in North Dakota, there was strong belief that training created more inclusive opportunities for children with disabilities. Parents believed that the existing training was "good" yet more was needed. Additional training of and accessibility to inclusion specialists was seen as important by nearly all parents across the state as were training requirements for providers. Additional information can be found in Tables 12 and 16 in this report.

There are some behavioral specialists working with childcare providers in the state. Parents reported that when providers worked with these specialists more children with disabilities stayed enrolled in care. Ninety-eight percent of survey respondents felt more training on behavioral supports would facilitate inclusive childcare and would be especially important for after-school programs where children are often sent home for behavioral outbursts. Parents believed that a greater understanding of behavior and its motives kept more children in programs and learning. Behavioral support also kept these children more included with their peers. See Tables 15 and 16 in this report

More interaction with children with disabilities was considered a facilitator (97%) by parents. They perceived those childcare providers who were experienced with children with disabilities felt more comfortable and

confident in their abilities. This was especially true when it came to children with significant disabilities or health care needs. Parents felt that using these providers as mentors would be a facilitator. There are programs in North Dakota who meet with others and problem-solve or complete professional development together. These meetings could be a vehicle that would bring experienced and less experienced professionals together.

Financial incentives for programs that accept children with disabilities (96%) were also seen as important. Many programs in the state have limited slots and often excluded children with more severe disabilities. Finally, more training on supports (95%) and more awareness of the capabilities of children with disabilities were seen as important in facilitating inclusive childcare in North Dakota. Table 19 in Appendix 1 provides additional information on parent suggestions for facilitation of inclusive childcare.

Parents Value Care

Parents of children with disabilities valued the care their children received and felt their children were generally safe and happy in their care settings. They felt most providers did what they could and wanted to provide the best possible care. They wanted to include children but didn't always know what to do. Communication between parents and their childcare providers was generally adequate and parents often did all the education of providers on their child's disabilities.

> *"I love my provider. She is incredible. We work together as a team, and I never worry about my daughter."*
>
> **Mother**

Person-Centered Care Plans

Although not asked in the survey, parents in the roundtable discussions across North Dakota believed the use of person-centered care plans for children with disabilities in childcare would facilitate collaboration and, as a result, better care for their children. Head Start plans and those used in programs for children with intellectual deficits in transition programs might assist in improving childcare for children with disabilities. When these plans are developed and used together, everyone knows the strengths, challenges, goals, and desires of the families and the children.

> *"Things changed for our child at school when they started using person-centered planning. Our school was a leader in trying this out. It worked for us! It got everyone helping each other and we saw a lot of growth. PCP would be a great tool for collaboration in afterschool program and for childcare centers too."*
>
> ***Mother and Father***

> *"Person centered planning is powerful. I think it would help if childcare providers, schoolteachers, and parents knew more about it. IEPs and IFSPs don't do enough. I'm sad to say because I know everyone is busy, but we need this in all our programs."*
>
> **Mother & Teacher**

Training for Providers

Parents of children with disabilities whose providers had more education were perceived to provide better quality care to all children. Expanded education and training would likely increase the quality of care all children receive. College or technical education was seen as important, but parents felt this would decrease the number of seats available for children with disabilities across the state. Many people are not interested in attending college and for others, it would place an undue burden on them financially. Parents believe there are other types of training that can work as well or better than a college education.

> *We've talked a lot about training. I know that research shows that when you spend time with people with disabilities, you get more comfortable around them. That's even true of us as parents.*
>
> ***Father***

Other training that worked was consultation with Inclusion Specialists, behavioral specialists, nurses, and other professionals. "Mentor programs are known to work in many fields are worth a try in the childcare setting." Lab schools, like those in technical schools or model schools have also been known to enhance

people's skills. There are some good inclusive childcare settings in North Dakota that should be used as models to others considering inclusive care.

Parents believed also in cross training parents and providers might be an interesting idea. When training is offered it should be both general training about disabilities, expectations, and specific strategies for specific needs. Parents could facilitate some of these trainings; especially those with prior experience or with children of their own who have disabilities.

More Money & Guaranteed Spots

"No one wants to hear about additional funding" yet parents indicated that additional funds helped after-school agencies and schools to provide more inclusive settings for children with disabilities. Discussion in all roundtable groups centered around more funding for childcare; especially for those willing to serve children with disabilities in inclusive settings. Parents felt this funding would spur development and increase access across North Dakota. Also, parents believed that programs should model after Head Start programs, making childcare programs that receive funding reserve spots for children with disabilities.

> *"It is just so hard to get care especially in rural areas. The state doesn't like to just throw money out there and I understand but in this case they should; then childcare programs should respond with seats for children with disabilities."*
>
> **Parent**

Behavioral & Mental Health Training & Support

The belief emerged that providers (and parents) need behavioral training and support and, when available, it was a facilitator to more inclusion. Most children who were sent home or dismissed from childcare were those with more significant behavioral concerns. "When children are acting out they need immediate assistance within the childcare or home environment." This was seen as critical. "Collaboration between professionals, makes everyone more likely to respond to behavior in a similar fashion which eventually helps children to gain more control over their behavior." Behavior is difficult to handle unless you have some training and experience. Parents emphasized the importance of behavioral specialists as a facilitator to inclusion.

> *"I know my child is difficult to handle sometimes when he gets out of control. What we do at home works for us, but there is no real time to meet about it. Everything is busy when I drop off and pick up my child. What I can relay is not enough. Behavioral supports would keep him from being sent home all the time."*
>
> **Guardian**

Similarly, parents felt mental health training and assistance from mental health professionals was necessary to keep not only children with disabilities but all children in childcare safe and happy in their environments. The idea of trauma and its relationship with behavior was discussed at roundtables across the state.

Research Question 4
What are the existing barriers to inclusive childcare in North Dakota?

Barriers to Inclusion—Provider Perspectives

Key Messages from Providers

- **Lack of adequate funding in the inclusion support program is a barrier for widespread inclusive childcare. Unseen training costs (staff time) are a barrier. It is expensive to provide training time.**
- **Providers have experience with milder disabilities but lack experience with more severe disabilities or special health care needs.**
- **Playground and facility accessibility is a barrier.**
- **Lack of personnel is a current barrier.**
- **1:1 Assistance, while needed for some children, can single children out as "different" from their peers. Providers see this as a potential barrier.**

Provider Perceptions

Most childcare providers in this sample believed in inclusion. Interestingly over half of the childcare directors in this study received requests to enroll children with more significant disabilities and 59% of them did not enroll these children. Reasons for denied enrollment included the unavailability of seats, the need for additional staff and training, and the need for direct support from an inclusion specialist. Providers saw inclusion specialists in short in supply and would use them if available. Some childcare providers, primarily from homecare settings, did not want any services from an inclusion specialist and saw this as invasive. Table 20 in Appendix 1 provides additional information regarding provider perceptions of barriers to inclusive childcare

Lack of Funds

Childcare directors were concerned with expenses associated with serving children with disabilities. Costs such as increased personnel, necessary equipment and resources, and the reduction of slots to serve these children were seen as barriers. The inclusion support program is available but doesn't offer enough funding to bring inclusive childcare across the state. The cost of additional training, some of which are unseen to the public, was another barrier. Centers typically must close, hire subs, or pay overtime to provide staff training.

> *"Sometimes there is funding available but the processes for obtaining this funding are hard and they are time consuming. This becomes a barrier especially today when we are stretched very thin for time."*
>
> **Provider**

Costs were a real concern and took up a lot of discussion time at the roundtables, especially those associated with children who have more severe disabilities. This idea was consistent across the state from rural to the more urban areas. Childcare centers run on fixed budgets with little room for additional costs. They can't afford to take care of children with more severe disabilities. Funding processes were also of concern, with the belief that they were cumbersome and difficult to manage in an already busy day.

Discomfort and Uncertainty with Severe Disabilities

While a bit more than a half of providers had experience caring for a child with disabilities, only six percent reported experience with children with severe disabilities. Those that did were mostly from home-based childcare centers, likely their own. Uncertainty stemmed from this lack of experience, especially in caring for children with feeding, behavioral, mental health, and significant cognitive impairments as well as those who were blind, deaf, and those with significant physical impairments. Table 1 in Appendix 1 and Table 13 in this report provide additional information about provider experience and comfort levels with various disabilities.

> *"I want to work with kids with disabilities. We've had these kids in our center. I need training. I'm afraid I will do something wrong and hurt the child because I'm not familiar with children with disabilities and untrained."*
>
> **New Childcare Worker**

> *"I know a provider who had a child who needed an ambulance a few times. Everyone was stressed out. Finally, they asked the mom to take the child out of care for a while until they could get some extra training. I wouldn't want that stress."*
>
> **Home-Group Provider**

Additional Personnel

The idea that additional personnel would be required to serve children with disabilities was evident in providers, especially for children with more severe disabilities or those with behavioral problems. Providers were willing to hire but were concerned there was no one out there to hire. The hiring crisis across the United States was felt here in North Dakota.

> *"We just turned away a child that needed tube feeding. We aren't trained to feed in this way. The parent was helpful in suggesting nursing services. We need specific help to this child. Sometimes nurses come to help us – but to feel really confident and comfortable we need more support and training."*
>
> **Center Provider**

Providers felt that the job of caring for someone with a disability or special health care need was "more demanding than the already demanding job of caring for children all day long" making it more difficult to hire. There was also some concern that untrained providers or those stressed from the pandemic would quit if tasked with caring for a child with more significant needs. Without adequate time for training confidence and care levels would be low.

1:1 Assistance

> "When a provider is by themselves with several children, and she has one needing 1:1 care because of considerable needs, it becomes impossible. Without help it cannot be done. The child can't be accepted."
>
> **Home-Based Provider**

Interestingly, another theme that repeatedly emerged from providers who were experienced with children with disabilities was the use of 1:1 personnel. Providers felt that, while at times a 1:1 person was necessary, often the presence of this adult took away from inclusiveness. It separated children from each other, accentuated differences, and left children dependent rather than motivated to complete challenging tasks. Providers are grateful for 1:1 personnel for feeding, transfer, and other health issues, but would encourage more independence.

Accessibility

Providers showed considerable concern with building and playground accessibility. If children with disabilities were enrolled in their centers, they deserved accessible spaces. These repairs were out of reach financially for most providers. Additionally, many providers use their homes to provide childcare and don't want to remodel. A suggestion offered by providers was the designation of some childcare centers as ones that receive extra funding and have accessibility, personnel, and seats for children with more severe disabilities.

> *"My house is not accessible, and we couldn't afford to remodel. We like our home the way it is. I think I would shut down before I would do it."*
>
> **Small Childcare Provider**

Lack of Training

Once again, roundtable discussions confirmed that training was the largest barrier next to accessibility. "There is good training out there" but it is difficult to access. Training should be detailed, flexible, widely available, contextualized, and ongoing in order to meet the needs of childcare providers and children with disabilities.

> *"Training is critical. We need it when we need it. If we have to go long periods of time without direct assistance, we are not going to admit that child. We have kids with minor disabilities; we won't take ones with severe disabilities without that support."*
>
> **Provider**

Barriers to Inclusive Care—Parent Perspectives

Key Messages from Parents

- **Transportation is a barrier.**
- **There is a need for enhanced training both for parents and professionals. Co-training might be helpful. Providers need training on children with special health care needs.**
- **Providers need more general experience with children with disabilities. Preservice training should include required experiences with children with all levels of disability.**
- **Lack of collaboration between childcare settings and other professionals is a barrier. There is a need for "a person" to coordinate this care. Head Start has a model that might work in childcare.**
- **Differing views of inclusive care is a barrier. Facilitation of a common understanding of inclusive care, its markers, and its benefits would make "inclusive care" more comparable.**

Lack of Collaboration is a Barrier

Parents indicated the need for increased collaboration across special services and between childcare and educational services in order to facilitate common goals and to assist in transition into school. This would enhance services for not only children with disabilities but for all children. Increased collaboration would ease fears of childcare providers and all children could benefit from their assistance if they provided their services in an inclusive manner. "No one has the time to mastermind this collaboration." Head Start has a model for collaboration that could be implemented in the childcare setting with some creativity. Parents and providers are busy. A professional who could facilitate collaboration and coordination would be helpful.

> *"There has never been a meeting with my child's school providers and my caregiver. I ask for it, but she is never formally invited. I guess I'm empowered now to just bring her and demand some collaborative goals. We'll see how that goes."*
>
> ***Mother and Teacher***

Transportation is Needed

Transportation to and from special services was cited by parents as barrier that was difficult to overcome depending on where childcare was located. Those in rural areas found it one of the hardest barriers to overcome. Transportation between care settings during the day (i.e., school and childcare) was also a barrier. Parents often had to leave work to transport their children to afterschool care; at times risking their job to do so.

> *"I have to choose between going to work or my child getting special services. There is no transportation available from where she goes to daycare and where she gets services. I am frustrated. Luckily my boss is understanding."*
>
> ***Mother***

Enhanced Training

There was widespread agreement by parents that all levels of providers needed ongoing training with refreshers on specifics each year, or more often if necessary. Children with and without disabilities would be safer with well trained staff, volunteers, and administration. Training should provide specific information, case studies, and group work to help with people's skill and comfort levels. Head Start participants across discussions felt their center personnel were well trained and highly successful in including children with disabilities. They suggested the used of their national model of training.

> "There is so much to train on. It needs to be ongoing. Head Start has a good method of training. I don't know if it would work in the childcare world…it might be worth exploring."
>
> **Mother & HS Teacher**

Training in special health care needs is almost totally lacking for providers. There is minimal introductory information, but parents want providers to have more specific information on the children they serve. Using an approach like inclusion specialists with nurses would help providers gain confidence in serving this population and parents confidence in leaving their child in care.

There are different definitions of inclusion everywhere. It is different in every setting. More training on the markers of inclusive childcare would help standardize the definition for childcare providers. Research is clear on what facilitates inclusion of children with disabilities in care settings. More specific information and examples of each marker would be helpful both for providers and parents. Co-training of could spur more collaboration between the families and providers.

Parents expressed a desire for "parent training" on how to support caregivers in caring for their children and on strategies, accommodations, and modifications that can be used at home, in school, and in childcare settings.

More Experience = Greater Comfort

Parents suggested that lack of experience equaled uncertainty and fear in providers and this was a barrier. They agreed that caring for a child with disabilities was "scary" at times. More experience with people with disabilities would make providers more comfortable and would provide a good natural modelling experience for childcare providers. Discussion centered on integrated preservice experience with children with disabilities. Parents also suggested that social experiences with families and children with disabilities would be another good way to gain experience and comfort.

> *"I was always afraid, so to speak, until I had some experience. Now I love working with children with disabilities. It is the most rewarding work. It's neat to see them interact with their peers and do the things others are doing. I am surprised by their abilities and will forever be an advocate. But that wasn't how I felt at first!"*
>
> **Preschool Teacher**

"I love her. She's the best preschool teacher! I heard she was good but now I know it myself. I'm so glad she had my daughter. We all learn a lot that first year. When you work together and help each other, everyone learns and adapts. She is a gem!"

Mother of Child in the above Teacher's Room

Study Limitations/Considerations for Interpretation of Results

Response Bias

Survey response rate and representativeness is important when conducting a research study. This study had a 65% response rate from childcare providers which is high. High response rates may not represent the population if the individuals who did not respond were fundamentally different than the respondents. In this sample 58% of respondents were from either the Fargo, Grand Forks, Bismarck, or Minot area compared to 42% from other areas of the state. Statistics from 2019 indicate the population of the Fargo, Grand Forks, Bismarck, and Minot areas make up 39% of the population of North Dakota while the population of the more rural areas make up 61%. As a result, the more urban areas of the state likely had more representation in this sample than other areas.

Response rate from the parent sample could not be calculated due to the snowball sampling technique. With this technique it is impossible to know how many people received the survey. Representativeness was also difficult to ascertain as the survey asked for zip codes but, in many cases, these were not provided.

Statistical analysis was completed on the types of disabilities reported by parents. The proportion of disability types represented in the sample was compared to the reported proportion of these disabilities within the state of North Dakota using the Pearson's Chi-Square test. Results indicated that the sample distribution in the study was not significantly different than the distribution within the state (p = 0.12).

Social Desirability Bias

This type of response bias results from participants answering with socially desirable, rather than truthful answers. This is common in survey research that looks at more sensitive topics. In this study, social desirability bias may have affected provider responses; especially when asked about markers of inclusion that were in place in their settings.

Snowball Sampling

Snowball sampling can create bias in other ways besides those discussed earlier. When you ask people to pass along a survey it is reasonable to assume that they may be likely to send it to others with similar beliefs or experiences. This bias could have affected the parent survey results. The reader should keep these biases in mind when considering the results of this study.

When interpreting the survey data, it is important to consider that the results may not be generalizable to all programs within the state.

Roundtable Discussions

A limitation of the study that affects the qualitative data was the smaller number of participants both in the provider and parent groups. Originally it was planned to have roundtable discussions in all human services regions across the state with at least 10 participants each. Despite multiple attempts and a variety of means to encourage participation, fewer providers and parents responded to the invitations to participate. This may have affected the depth and richness of the information gathered. Still, roundtable discussion data assisted with interpretation of the overall data.

The complementary use of both quantitative and qualitative as well as the different types of data sources (parents, guardians, childcare providers, afterschool providers, etc.) provided a higher level of confidence in the validity of the survey data and interpretation of the results.

Discussion

This study explored the state of inclusive childcare for children from birth through age 17 in North Dakota. It also investigated facilitators and barriers to inclusive childcare from both a provider and parent perspective. As you have seen, throughout the study, similar findings emerged within each question and often parents and providers agreed upon important issues and concerns as well as on ways to fix problems and fill gaps.

Results of the study suggest that childcare providers across North Dakota have positive attitudes toward the inclusion of children with disabilities in their programs, have knowledge of inclusive childcare, and are open to it. Consistent with other studies, [55,60,62] attitudes are increasingly positive when providers have experience caring for children with disabilities; especially those with milder disabilities. Providers also recognize the need for expansion of inclusive settings across the state. These findings are consistent with other studies that suggest childcare providers support the concept of inclusion; especially when they have prior experience caring for children with disabilities. [3,24,35,44]

Parents in North Dakota want their children with disabilities to be meaningfully included, safe, and happy. They value the caregivers who take care of their children and appreciate what they do. Like in other studies, parents notice positive changes in their children when they spend quality time interacting with their peers. Parents also recognize, without these providers, they would not be able to hold jobs or provide for their families. A recent study[66] confirmed that parents of children with disabilities are three times more likely than others to make a career sacrifice due to childcare. The availability of childcare, especially inclusive care, for children with disabilities is critical.

Positive provider attitudes are helpful in the quest to increase access to inclusive care.[11,12,75,80] Positive beliefs will facilitate inclusion and should be an integral part of the training.[62] In this study, and others, there is evidence that positive attitudes are not enough.[3,41,80,84] Even with favorable attitudes, no relationship was discovered between positive attitudes toward inclusion and the actual inclusion of children with disabilities in programs. Less than half of the programs in this study enrolled children with disabilities and fewer yet enrolled children with severe disabilities or special health care needs.

As other studies have shown, barriers continue to exist for widespread inclusive childcare. This is also true in North Dakota. Parents confirmed that childcare for children with disabilities was difficult to find especially if the child was over 12 years of age, lived in a rural area, or had a severe disability or special health care need. [47,48,83] The most difficult type of childcare to access was care outside of the typical workday. Very few childcare settings in North Dakota are open before 7 a.m. or after 6 p.m. This leaves families struggling to put together a “patchwork of care which is fragile at best.”

When approached to enroll children with disabilities, programs across North Dakota refused to provide slots to these children. In this study refusals were often due to zero capacity. Other reasons for exclusion involved inadequate staffing, lack of trained staff, and inaccessible physical environments. Earlier studies found similar results.[51,94] The pandemic was another reason cited in this study for refusal to enroll children with disabilities

in childcare. Providers described an ever-changing "chaotic" environment, stressed personnel, staff shortages, and dwindling funds as barriers to quality inclusive childcare.[73]

Providers across the United States cite the need for education and training when it comes to serving children with disabilities. The literature suggests that training is an important component of quality inclusive childcare programs for children with disabilities.[16,19,76] This study found similar results. Parents and providers both articulated the need for additional education and training. Studies show that children with disabilities whose providers had more education were better more advanced in their skills. These providers were thought to provide higher quality care to all children.[3,9,17] Parents in this study agreed that expanded education and training would increase the quality of care their children receive. While college or technical education was seen as important, parents felt this would decrease the number of childcare slots available for children with disabilities across the North Dakota as many people are reluctant to spend the money or time for a college degree.

According to both parents and providers in this study, the training that the state provides is beneficial. There is just not enough access to it, and it isn't necessarily in the right format. Providers wanted training that was flexible, timely, easy to access, and meaningful preferably in webinar or conference format. Some suggested the development of model programs, available in other states, across North Dakota with experienced and well-trained providers acting as mentors.[8,92]

Suggestions from this study indicate that training for providers should be twofold. First, general professional development that gives them an overall understanding of disability, information about what inclusive childcare involves, knowledge of the necessity for positive and high expectations, and universal support strategies that work for all children. The second step should be ongoing and contextualized training specific to children with disabilities in their care. Providers felt this should be offered by inclusion specialists. While most childcare providers in this study felt comfortable caring for children with mild disabilities they were only "somewhat confident" to provide care to children with disabilities or special health care needs. Several studies noted that consultation produces positive results in attitudes and behaviors.[11,65,69,98] Childcare staff across North Dakota who had worked with existing inclusion specialists felt this type of training helped them to feel more prepared, less stressed, and more confident to work with children with disabilities. They also felt inclusion specialists were necessary to create more inclusive settings, ones that truly met the needs of all children. Currently in North Dakota, the availability of inclusion specialists is limited. Both providers and parents want more awareness and availability of inclusion specialists. This was seen as critical in the development of meaningful inclusive childcare across the state.

Inclusion specialists who train childcare providers to work with specific children in specific ways could eliminate or reduce the need for 1:1 support that is expensive and often used with children who have severe disabilities or special health care needs. While providers in this study understood that this type of support was necessary at times, those with experience and training felt 1:1 support was a barrier to inclusion. When children were offered this 1:1 support, they were often singled out as being different, less motivated, less confident, and less included. This finding is like those of other studies.[16,19,27,40,43]

Behavioral and mental health training were also seen as essential for childcare providers in North Dakota. Behavioral incidents are increasing in all children; even those with disabilities. While statistics in this state are better than most, children with disabilities do get suspended and expelled from childcare. Most suspensions and expulsions are for behavioral outbursts that are harmful to other children. Providers have little training in how to positively intervene with before an outburst occurs, nor do they have knowledge of how to de-escalate behavioral situations. Providers and parents want positive behavioral specialists, like inclusion specialists, that can provide specific training that is contextualized to the children in their care.

Not only has the pandemic caused increased behavioral incidents, but it has also increased mental health issues in both children and adults. Over the past two and a half years, people have been through a lot of change both personally and professionally. This is true in childcare as well. Providers in this study report they are tired, stressed, and burned out due to the increased workload demand caused by staff shortages, increased cleaning requirements, and mask and distance constraints. Many providers struggle to go to work each day. Many are quitting the profession. They need training on how to remain resilient during these stressful times. North Dakota needs a strong, resilient childcare workforce to provide quality inclusive childcare to all children of the state. Current resiliency training that is being offered across the state by the Resilient Early Childhood Leadership Collaborative (RELC) should be expanded.[56,73,78,89]

Time is an issue. Childcare directors in this study warned that now is not the time to begin new inclusive childcare initiatives. At this time, "plates are full" with all the "chaos" caused by the pandemic. Everyone is "crazy" busy, short staffed, and overloaded. Directors believe in and want to provide childcare for children with disabilities but don't have the time available to get their staff trained to provide high quality services to these children. They ask that any initiative start slowly and with providers who show an interest.

As providers begin to consider inclusive childcare, there is a need for resources and tools to assist them in decision-making and development. Childcare providers, in this study, believe that caring for a child with disabilities is expensive in both time and money. There are extra costs associated with caring for some children with disabilities. There may be need for equipment, extra staffing, or a remodel of physical space. Time for training is also a cost for providers. Since childcare sites typically operate with tight budgets, there is no money to cover these costs. The state provides some funding for these sites, but providers are reluctant to apply for additional funding because the paperwork is cumbersome. To remove these barriers the state should consider an inventory of the time it takes to apply for extra funding to serve children with disabilities as well as additional promotion of existing funds such as the inclusion grant. Parents of children with disabilities also suggested the establishment of additional sources of funding such as financial incentives for childcare sites that regularly enrolled children with disabilities and provided inclusive care. Along with those incentives would be the requirement of guaranteed slots for children with disabilities.[98]

Another “tool” for establishing inclusive childcare is collaboration between centers, families, and other professionals. Children with disabilities often have multiple providers assisting in their growth and development. While some childcare providers in this study reported collaboration with outside professionals, it is an uncommon practice in North Dakota. Children with disabilities, their parents, and their providers mutually benefit when everyone works together toward the same goal. As collaborators pass along their specialized knowledge and skill, children with disabilities are better served in all settings. There was concern over who would take responsibility for coordinating this collaboration. Childcare providers are often asked to take on this role but don’t have the time to do it well.[29,94] The same holds true for parents. The suggestion was to hire care coordinators, like those at Head Start, to lead collaborative efforts for all children with disabilities in care across North Dakota. These personnel could be housed in any number of places from Childcare Aware to Regional Health Districts.

Along with increased collaboration, parents reported a desire for a centralized meeting of personnel once per year or more often if necessary. At this meeting “person-centered plans” could be developed that would guide the care, growth, and development of children with disabilities. Person-centered planning is a discovery process that helps a team find a balance between what is important to the child and family and what is important for the child and family. Currently parents could be functioning under several different plans with a multitude of goals for their child depending on the personnel and agencies involved. A single person-centered plan would make for more focused and effective care for their children and more efficient use of resources.[23]

Parents in this study reported difficulty with daytime transportation of their children to special education and various other services. This was particularly true of parents in rural North Dakota where childcare and work were far apart. Most parents take time away from work to transport their child to various places throughout the week. For some parents it affected their job performance or ability to work at all. Collaborative services could reduce or eliminate this barrier by cross training partners to provide some services and by centralizing other services.[97]

Finally, accessibility was a barrier. Most providers indicated that at least a portion of their care setting was inaccessible to children with disabilities. Playgrounds were the most inaccessible. While the ADA requires programs to be as accessible as possible, this is an expensive and sometimes impossible endeavor. Providers do not have the financial ability to remodel their centers or playgrounds and home providers often do not want their homes remodeled. Children with disabilities are entitled to accessible childcare. Funding is needed to make this happen.

This study established an understanding of the current inclusive childcare landscape across North Dakota. It demonstrated the facilitators and barriers that exist in supporting the needs of children with disabilities in childcare settings across the state. There are programs that are successfully including children with disabilities in meaningful ways. These programs are the leaders. There are others that want to provide inclusive childcare but lack the knowledge, funding, or support to do so. There is cause for celebration of

what is working well and of what can be with a bit of attention, intention, and hard work. North Dakota has the capacity to establish inclusive childcare as the “norm.” It has the people and the resources to do so. It will take time, patience, and persistence but the groundwork is present and ready when the time is right to move forward.

Appendix A

This section contains selected data tables that are referenced in the report.

Table 1: Descriptive characteristics of provider survey participants (*n* = 750)

Descriptive Characteristics	***f***	**%**
Position		
Provider/Teacher	310	41.33
Director/Site Manager	300	40.00
Assistant/Support Personnel	15	00.02
Child Development Specialist	30	00.04
Other	95	12.66
Setting		
Childcare Center	207	27.60
Home-Based Center	284	37.87
Religious-Based Center/Preschool	50	06.67
Public/Private Preschool	39	05.20
Family Home	131	17.47
Head Start Center/Early Head Start	15	02.00
After-School Program	10	01.33
YMCA	6	00.80
Boys & Girls Club	3	00.40
Recreation Department	7	00.90
Camp	0	00.00
Other	5	00.67
Located on Military Base		
Yes	23	03.07
No	727	96.93
Located on Reservation		
Yes	46	06.13
No	704	93.87
Located in		
Fargo Area	187	24.93
Bismarck	97	12.93
Grand Forks	82	10.93
Minot	72	09.60
Region of Residence		
1	12	01.60
2	117	15.60
3	29	03.87
4	139	18.53
5	194	25.87
6	57	07.60
7	188	25.07
8	14	01.87
Have Relative w/Disability		
Yes	321	42.80
No	429	57.20

Table 2: Provider roundtable discussion demographic characteristics (*n* = 37)

Demographic Characteristics	***f***	**%**
Group		
1	10	27.03
2	7	18.92
3	10	27.03
4	10	27.03
Role		
Teacher/Provider	17	45.95
Director/Site Manager	9	24.32
Assistant/Aide/Program Support Personnel	5	13.51
Child/Youth Development Specialist	6	16.22
Other	0	00.00
Setting		
Childcare Center	7	18.92
Homebased Childcare	3	08.11
Religious-Based Childcare	3	08.11
Family Home	5	13.51
Preschool	4	10.81
Head Start	6	16.22
Afterschool Program	3	08.11
YMCA	4	10.81
Boys & Girls Club	1	02.70
Recreation Department	1	02.70
Camp	0	00.00
Other	0	00.00
On a Military Base		
Yes	7	18.92
No	30	81.08
On a Reservation		
Yes	5	13.51
No	32	86.49
Experience with CWD		
Yes	29	78.39
No	8	21.62
Received Training on Disabilities		
Yes	21	56.76
No	16	43.24
Currently Serving CWD		
Yes	28	75.68
No	9	24.32
Years of Experience in Childcare		
0-5 years	5	13.51
6-10 years	4	10.81
11-15 years	7	18.92
16-20 years	2	05.41
> 20 years	16	43.24

Table 3: Descriptive characteristics of parent survey participants (*n* = 567)

Descriptive Characteristics	*f*	%
Relationship to CWD*		
Father/Stepfather	93	16.04
Foster Father	15	02.65
Mother/Stepmother	359	47.87
Foster Mother	22	03.88
Grandparent	71	12.52
Other	7	01.23
Employment		
Full-time	422	74.43
Part-Time	116	20.46
Casual	28	04.94
None	1	00.17
Family Income		
0 – 24,999	99	17.46
25,000-39,000	74	13.05
40,000-64,999	189	33.33
65,000-80,000	183	32.28
>80,000	22	03.88
Age of CWD		
0 – 36 months	206	36.33
3- 6 years	148	26.10
7 – 12 years	133	23.45
13-17 years	76	13.40
>18 years	4	00.18
Nature of Disability (check all that apply)		
Developmental Delay	88	15.52
Learning Disability	103	18.17
Cognitive Impairment	35	06.17
Physical Impairment	49	08.64
Autism	157	27.69
Limited Mobility	31	05.47
Speech-Language Impairment	322	56.79
Feeding Difficulties	26	04.59
Asthma	114	20.11
Emotional/Psychological Disorder	54	09.52
Aggression	50	08.81
Social Emotional Difficulties	72	12.70
Cerebral Palsy	31	05.67
Down Syndrome	61	10.76
ADD/ADHD	298	52.56
Heart Disorder	7	01.23
Seizures	17	03.00
Hearing Loss/Deafness	13	02.29
Multiple Disabilities	63	11.11
Low Vision/Blindness	5	00.88
Fetal Alcohol Syndrome	39	06.88
Opiate Affected	5	00.88
Other	121	21.34
Located within Boundaries of Reservation		
Yes		
No	27	04.76
	540	95.24
Located on a military base		
Yes	32	05.64
No	535	94.36

Table 4: Parent roundtable discussion demographic characteristics (*n* = 32)

Demographic Characteristics	*f*	%
Group		
1	7	21.87
2	5	15.62
3	10	31.25
4	10	31.25
Community Size		
Population < 500	2	06.25
Population 501-1000	9	28.13
Population 1001-5000	8	25.00
Population 5001-10,000	3	09.38
Population 10,001 – 50,000	4	12.50
Population > 50,001	6	18.75
Accessed Childcare		
Yes	28	87.50
No	4	12.50
Employment		
Full-time	21	65.63
Part-Time	8	25.00
Casual	3	09.38
None	0	00.00
Family Income		
0 – 24,999	2	06.25
25,000-39,000	5	15.63
40,000-64,999	12	37.50
65,000-80,000	10	31.25
>80,000	3	09.38
Age of CWD		
0 – 35 months	9	28.13
3- 6 years	13	40.63
7 – 12 years	6	18.75
13-17 years	2	06.25
>18 years	2	06.25
Nature of Disability		
Developmental Delay	3	09.38
Learning Disability	7	21.88
Cognitive Impairment	10	31.25
Physical Impairment	6	18.75
Autism	12	37.50
Limited Mobility	2	06.25
Speech-Language Impairment	16	50.00
Feeding Difficulties	0	00.00
Asthma	5	15.63
Emotional/Psychological Disorder	2	06.25
Aggression	1	03.13
Social Emotional Difficulties	1	03.13
Cerebral Palsy	3	09.38
Down Syndrome	5	15.63
ADD/ADHD	7	21.88
Heart Disorder	1	03.13
Seizures	1	03.13
Hearing Loss/Deafness	1	03.13
Multiple Disabilities	20	62.50
Low Vision/Blindness	0	00.00
Fetal Alcohol Syndrome	0	00.00
Opiate Affected	1	03.13
Other	2	06.25

Table 7: Types of disabilities cared for by providers (*n* = 392)

Types of Disabilities Cared for by Providers	*f*	*%*
Developmental Delay	122	31.12
Learning Disability	306	78.06
Cognitive Impairment	118	30.70
Physical Impairment	66	16.83
Autism	264	67.35
Limited Mobility	26	06.63
Speech-Language Impairment	349	89.03
Feeding Difficulties	23	05.87
Asthma	201	51.28
Psychological Disorder	183	46.68
Aggression	139	35.56
Social Emotional Difficulties	175	44.64
Cerebral Palsy	15	03.83
Down Syndrome	110	28.06
ADD/ADHD	302	77.04
Heart Disorder	17	04.33
Seizures	14	03.57
Hearing Loss/Deafness	35	08.93
Low Vision/Blindness	10	02.55
Fetal Alcohol Syndrome	149	38.01
Opiate Affected	66	16.84

**n* = number of providers who reported experience caring for children with disabilities.

Table 9: Need for and types of care for children with disabilities

Needs and Types of Care	*f*	*%*
Primary type of care used during the regular workday (n = 269)		
Childcare Center	60	22.30
Home-Based Group Center	51	18.96
Religious Childcare Center	9	03.35
Head Start	17	06.32
Special Ed Preschool Services	22	08.18
Preschool	12	04.46
Relative	73	27.14
Friend	25	09.29
Require after-school care (n = 298)		
Yes	204	68.46
No	94	31.54
Primary type after-school care (n = 298)		
After-school Program	47	15.77
Boys & Girls Club	12	04.03
YMCA	19	06.38
Recreational Department Programs	13	04.36
Home-Based Childcare Center	96	32.21
Childcare Center	12	04.03
Relative	88	29.53
Friend	11	03.70
Mixture of Care	174	64.68
Require care outside of regular work hours (n = 567) ***(5:30 pm to 7:30 am)***		
Yes	312	55.03
No	255	44.97
Type of care used outside of regular work hours (n = 312) ***(Check all that apply)***		
Childcare Center	17	05.45
Home-Based Group Center	23	07.37
Friend	12	03.85
Relative	204	65.38
High School/College Student	98	31.51
Sibling	106	33.97
Mixture of Care	249	79.81
Require care on the weekend (n = 567)		
Yes	352	62.08
No	215	37.92
Type of care used on the weekend (n = 352) ***(Check all that apply)***		
Childcare Center	11	03.13
Home-Based Group Center	19	05.40
Friend	47	13.35
Relative	211	59.94
High School/College Student	101	28.69
Sibling	112	31.82
Mixture of Care	336	95.45
Care required during summer/school vacations (n = 567)		
Yes	425	74.96
No	142	25.04
Type of care used for summer/school vacations (n = 425) ***(Check all that apply)***		
Take time off	259	60.94
Childcare Center	111	26.12
Home-Based Group Center	222	52.24
Friend	113	26.59
Relative	326	76.71
High School/College Student	315	74.12
Sibling	196	46.12
Mixture of Care	407	95.76

*The *n* varies due to respondents not being required to answer all questions depending on an earlier response.

Table 10: Difficulty of parents with CWD enrolling in childcare (n = 336)

Difficulty Enrolling Children	*f*	*%*
Personal difficulty enrolling child into childcare		
Yes	336	59.26
No	231	40.74
Reason for difficulty (external)		
(Check all that apply)		
Program unable to support my child's general needs	139	41.37
Unable to provide for feeding needs	72	21.43
Unable to handle my child's health care needs	39	11.61
Childcare was full	115	34.23
Children need to be toilet trained	203	60.42
Staff not trained	113	33.63
Reason for difficulty (internal)		
Hours did not match need	251	74.70
Building/playground not accessible	31	09.23
Uncomfortable with choices	143	42.56
No care for CWD where I live	59	17.56
Too expensive	144	42.86

Table 13: Attitudes towards provision of care to children with varying disabilities. (*n = 750)*

Attitudes towards providing care to a …	**Programs should provide services to these children** *f (%)*	**My program could provide services to these children** *f (%)*	**Confidence level in serving these children 1 not confident 3 somewhat confident 5 very confident** *m*
Child who uses a walker	668 (89.00)	532 (71.00)	3.12
Child who uses a wheelchair	631 (84.13)	266 (35.50)	2.96
Child who is hyperactive	617 (82.36)	554 (73.87)	3.37
Child with inappropriate behavior	396 (52.88)	322 (43.00)	2.44
Child who is noticeably withdrawn	740 (98.67)	731 (97.67)	4.68
Child who is aggressive	383 (51.11)	212 (28.26)	1.53
Child with a visual impairment	724 (96.53)	604 (80.53)	3.01
Child who is legally blind	468 (62.34)	217 (28.93)	1.14
Child with a hearing impairment	625 (83.45)	548 (73.00)	2.87
Child who is deaf	506 (67.55)	407 (54.38)	2.35
Child with a mild cognitive impairment	729 (97.20)	699 (93.20)	3.89
Child with a significant cognitive impairment	319 (42.63)	295 (39.41)	1.11
Child with bowel control difficulties	457 (61.00)	442 (58.99)	4.78
Child who needs assistance with feeding	403 (53.78)	384 (51.20)	2.79
Child who uses a device to talk with	285 (38.00)	264 (35.20)	4.03
Child who needs 1:1 attention	443 (59.07)	313 (41.73)	1.12
Child with significant health issues	466 (62.13)	397 (52.93)	2.14

Table 15: Parent perceptions of inclusion in current care situations (*n* = 567)

Parent Perceptions of Current Care	*f*	*%*
Feel childcare program is inclusive		
Not at all	81	14.29
Somewhat	203	35.80
Much of the time	208	36.68
All the time	75	13.22
Feel child is safe in current care situation		
Yes	539	94.70
No	28	04.94
Feel child is happy in current care situation		
Yes	541	95.41
No	26	04.59
Satisfied with current childcare situation		
Very satisfied	167	29.45
Satisfied	193	34.04
Somewhat Satisfied	137	24.16
Not Satisfied	70	12.35

Table 19: Parent suggestions to facilitate inclusive childcare (n = 567)

Suggestions to Facilitate Inclusion	*f*	*%*
Training on supports & strategies	539	95.11
Required Training	559	98.59
Regional Inclusion Specialists	561	98.94
Behavioral Consultants	508	89.59
Additional training on behavior basics	559	98.59
Additional training on behavioral supports	556	98.06
Extra funding	547	96.47
Experience with people with disabilities	550	97.03
More collaboration with other professionals	502	88.54
Phone consultations with specialists	328	57.85
Inhouse consultation with specialists	543	95.77
Model programs	506	89.24
Inclusion coordinators	495	87.30
Experienced mentors	511	90.12
More collaboration	510	89.95

Table 20: Provider attitudes and perceptions of inclusive care (*n = 300)*
(Choose as many as fit your program)

Provider Perceptions of inclusive care	*f*	*%*
Provider perceptions of their programs		
Support concept of inclusion	234	78.13
Able to provide inclusive services	213	71.11
Equipment is too expensive	275	91.73
Center and/or playground not accessible	269	89.60
Program does not have the necessary resources	256	85.44
Program not set up to serve CWD	258	86.00
Not enough training for staff	297	98.93
Need additional staff to serve CWD	291	98.00
Need direct support from an inclusion specialist	257	85.73
Don't know how to access services	116	38.79
Would have to serve less children	282	94.33
Cost of additional training	234	78.13
Concerned about liability	160	53.28
Concerned about other families' attitudes	92	30.67
Received request to enroll CWD		
Yes	159	53.00
No	141	47.00
Enrolled the child		
Yes	66	41.51
No	93	58.67

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