

# CHILD CARE PLUS+ RESEARCH REPORT #4

## INCLUSIVE CHILD CARE IN MONTANA

### Child Care Providers' Strategies to Support Inclusion



#### Background

When Child Care plus+ asked 1,744 child care program owners and directors in Montana for their perspectives on caring for young children with disabilities, the survey included a number of questions about caregiving strategies associated with supporting a child with a disability in a child care setting. Survey participants (609) were further asked to:

- describe whether they had **ever used** the particular strategy (yes or no)
- rate their **perception of the difficulty** of implementing each strategy, from "very easy" to "very hard."

#### Overview of Results

Providers responded to a number of questions about strategies associated with their experience in supporting a child with a disability in a child care setting. They reported a) whether they had ever used the strategy and b) how difficult the strategy was to implement. After the surveys were completed, strategies were clustered in three categories:

- ▶ basic strategies typical in early childhood programs (encouraging social interactions, repeating directions)
- ▶ strategies to accommodate the unique needs of a child with disabilities (adapting toys and play materials)
- ▶ strategies representing highly specialized practices (suctioning a tracheotomy)

#### Programs are using typical early childhood strategies to include children with disabilities.

Eight of the eleven basic strategies most often associated with typical early childhood practice were used by at least half of the programs represented. "Focusing meticulous attention to health/safety practices including use of Universal Precautions" was used by only 37% of the programs. "Completing focused observation and documentation of behaviors" and "maintaining current developmental information for use in program planning" were used by less than half the programs as well. The strategies in this category are listed in the chart below and include encouraging social interactions, simplifying directions for a child, modifying the daily schedule, etc. These are the very strategies recommended for all children by the early childhood field.

None of the strategies were perceived as very hard to implement. "Completing focused observation and documentation of behaviors" and once again "focusing meticulous attention to health/safety practices, including use of Universal Precautions" were rated as slightly closer to "very hard" than to "very easy."

Strategy: Typical in early childhood programs (1 = very easy; 5 = very hard)	Frequency of Use	Difficulty
Encouraging social interactions	80%	2.18
Requesting help/suggestions from child's family	76%	2.05
Repeating or clarifying activity directions	76%	2.38
Simplifying directions to child	71%	1.84
Modifying group activities to allow participation	64%	2.25
Administered medication throughout the day	66%	2.07
Providing extra help to teach play skills	58%	2.66
Modifying the daily schedule	56%	2.20
Completing focused observation and documentation of behaviors	44%	3.03

<b>Strategy: Typical in early childhood programs</b> (1 = very easy; 5 = very hard)	<b>Frequency of Use</b>	<b>Difficulty</b>
Maintaining current developmental information for use in program planning	43%	2.71
Focusing meticulous attention to health/safety practices, including use of Universal Precautions	37%	2.9

**Programs reported a wide range of use of individualized strategies.**

From the list of 24 strategies associated more specifically with meeting the unique needs of a child with disabilities (listed in the chart below), there was a wide range of use reported. Sixty-nine percent had "accommodated a short attention span" and four other individualized strategies had been used by over 50%. However, eight of the specific strategies were used by less than 30% of the participants. Interestingly, the average level of perceived difficulty for all 24 strategies clustered around average and none were perceived as "very hard." The most difficult practices in the group were "providing additional supervision for problematic behavior" and "responding to a child who is having seizures," yet 45% and 24% of the providers had used these strategies respectively.

Other strategies, rated higher than average in difficulty, are associated with services likely to be required by a child's educational or therapy program, such as "responding appropriately to frequent or intense tantrums," "embedding IEP/IFSP goals and objectives in daily routines," "assisting in the development of the IEP/IFSP," "providing space for the use of adaptive mobility equipment," and "using adaptive positioning equipment."

<b>Strategy: Individualized Category</b> (1 = very easy; 5 = very hard)	<b>Frequency of Use</b>	<b>Difficulty</b>
Accommodating short attention span	69%	2.80
Responding appropriately to frequent or intense tantrums	60%	3.28
Giving physical assistance to participate in all program routines and activities	50%	2.71
Being attentive to severe allergies	51%	2.63
Giving support for unusual fears	51%	2.59
Modifying responses for a speech difficulty or delay	46%	2.75
Assisting with the use of spoons/cups for children over the age of two	49%	2.27
Lifting and/or carrying the child (over 20 lbs)	49%	2.85
Making referrals for additional support or resources	45%	2.30
Implementing a specialized behavior plan	46%	2.79
<b>Providing additional supervision for problematic behavior</b>	<b>45%</b>	<b>3.58</b>
Rearranging the environment	48%	2.28
Meeting diapering needs beyond age 3	45%	2.93
Obtaining parent permission to share information with other specialists	40%	2.17
Adapting toys and play materials	35%	2.48
Incorporating therapists in the program's schedule and routines	32%	2.88
Adapted an existing piece of furniture or equipment to meet individual needs	29%	2.97
<b>Responding to a child who is having seizures</b>	<b>24%</b>	<b>3.53</b>
Accommodating for a hearing loss	23%	2.84

<b>Strategy: Individualized Category</b> (1 = very easy; 5 = very hard)	<b>Frequency of Use</b>	<b>Difficulty</b>
Embedding IEP/IFSP goals and objectives in daily routines	24%	3.12
Assisting in the development of the IEP/IFSP	23%	3.09
Accommodating visual limitations	22%	2.72
Providing space for the use of adaptive mobility equipment	18%	3.32
Using adaptive positioning equipment	18%	3.04

**Programs use highly specialized strategies less frequently.**

As might be expected, highly specialized strategies were used less frequently by participants, and as a group were considered much more difficult to implement in the child care setting (see chart below). The highest difficulty rating of any support strategy was given to "suctioning a tracheotomy tube." Other medical procedures ("use of a feeding tube" and "operating health monitors") also received relatively high difficulty ratings, as did "communication through sign language" and "using alternative communication methods."

<b>Strategy: Highly Specialized Category</b> (1 = very easy; 5 = very hard)	<b>Frequency of Use</b>	<b>Difficulty</b>
Supporting use of inhalers or other breathing equipment	56%	2.44
Implementing specific therapy routines	25%	3.15
Using planned approaches to prevent self-injurious behavior	31%	3.08
Communicating through sign language	26%	3.51
Using alternative communication methods	25%	3.31
Operating health monitors	13%	3.66
Using a feeding tube to provide for nutrition needs	7%	3.84
<b>Suctioning a tracheotomy tube</b>	<b>2%</b>	<b>4.27</b>

Programs with experience rated the difficulty of strategies slightly differently than programs without experience. When the difficulty ratings of caregiving strategies assigned by participants with experience with young children with disabilities were compared with those of participants without experience, participants with experience perceived most strategies as slightly easier than participants without experience. There were slight differences in the ratings for strategies rated harder than average (typically those strategies that might be necessary when serving young children with disabilities). However, participants without experience rated "suctioning a tracheotomy" and "lifting and/or carrying the child (over 20 lbs)" as slightly easier, 4.2 and 2.7 respectively. Whereas, participants with experience rated the difficulty of these two strategies as 4.3 and 2.9 respectively.

Caring for children with disabilities is an important but scary undertaking. I know parents of children don't have medical background and learn to provide care. When you add in the dynamic of 5 or 6 other children to care for, I get frightened. I sometimes forget to change a diaper— what if I forget to administer meds, or change a tube? The answer of course, is training and education. Another concern is financial. Is it fair to charge more \$ for a special needs child? If I lower my numbers, I would have to make up the money somewhere else.

Montana Family Child Care Provider

ACCESS TO QUALITY CHILD CARE IN MONTANA:  
EXPLORING PARENT AND PROVIDER PERSPECTIVES  
ON INCLUSION

For information about this research, other topics related  
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