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BEHAVIOR ISSUES IN EARLY CHILDHOOD PROGRAMS IN MONROE COUNTY

Prepared for:
Monroe County, Rochester's Child,
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In Collaboration With:
Early Childhood Intervention Council of Monroe County and
Early Childhood Development Initiative

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SUMMARY

Leaders and policy-makers in the Monroe County child care community have in recent years suggested, heretofore through largely anecdotal observations, that child care providers and early childhood education programs are increasingly being asked to provide their services to children with a wide variety of severe behavioral problems, and with a variety of developmental delays and disabilities, often without adequate resources to fully meet the needs and special problems presented by these children.

But to this point, there has been no attempt to formally document or quantify the extent or impact of these issues. This study for the first time attempts to go beyond the isolated anecdotal information: to quantify and document how pervasive these perceived problems are, and to determine the implications of these issues for future policies, provision of support services, and allocation of resources. The study findings are based on extensive surveys conducted by CGR of Monroe County's licensed child care centers, registered and licensed family day care providers, and primary providers of support services directed to child care centers. The study also included analysis of selected data from early childhood education programs operated by the Rochester City School District. The body of this report contains important assumptions and definitions used in the study.

In addition to quantifying the numbers of children with developmental delays and perceived significant behavioral problems who are currently in the child care/early childhood system, and to determining the numbers of different providers who are affected, the study also attempted to put the number of

perceived "behavioral problems" in context. In many cases a child's behavior may indeed cause disruption or interfere with program activities, but the child may not always be the problem, or at least not the only problem. In some cases the "problem" may be as much a function of, or even precipitated by, issues within the child care environment itself, including inadequate resources, insufficient staff training and insufficient understanding among some providers of "normal' child development stages and the ranges of behavior appropriate to those stages.

The study concludes that an estimated total of almost 4,000 separate children (unduplicated count) with some combination of developmental delays and/or behavior problems judged by providers to be significant enough to interfere with regular program activities are served each day in the county's formal registered and licensed child care/early childhood education system. This represents about 16% of all the children enrolled at any time in that system.

If we isolate only those children with significant behavioral problems, more than 3,450 of these 4,000 children were identified by providers as having specific serious behavioral problems considered to be disruptive to program activities, even after excluding from the 4,000 total those children who were perceived to have developmental delays not related to specific serious behavioral problems.

Such children are not simply isolated within a small handful of providers. Indeed, almost 90% of the child care centers at any given time report that they have one or more children enrolled with a developmental delay and/or serious behavioral problem perceived to be significant enough to interfere with program activities. In addition, more than two-thirds of the family day care providers, even with their smaller potential enrollments, report having at least one such child enrolled on any given day. Most of these providers report having to deal with disruptions due to perceived significant aggressive, defiant and/or hyperactive behavior problems, and most report not having the support services needed to address the problems. This underscores the reality that the supports are often needed as much or more to

address systems and child care provider problems and issues as they are needed to address the child's "problem."

On any given day, about one-fifth of all the children enrolled in city-based child care providers have been identified by their provider as having a developmental delay or disability and/or significant behavioral problem considered by providers to be disruptive to program activities, compared with about one in ten children enrolled with suburban-based providers. This represents more than 2,800 children in city-based providers, and roughly 1,200 in suburban locations.

Overall, at least 2,500 of the roughly 4,000 children with developmental delays and/or perceived significant behavioral problems do not receive all of the support services their providers say they need (in addition to unknown numbers of the almost 350 City School District children with social-emotional problems for whom not all needed support services are provided).

The majority of providers report that they and the children they care for do not receive enough of the support services they say they need to create an environment in which they can function and effectively support the needs of all children. This is especially true when the children have behavioral problems but are not classified with a disability, and therefore are not typically eligible for support services they and their providers may need. Furthermore, within the past year, more than half of the centers and 29% of the family day care providers had enrolled but subsequently had to dismiss one or more "behavior problem" children because of the insufficiency of needed services (almost 800 such children systemwide). Clearly large proportions of providers of all types are making concerted efforts to be inclusive in enrolling children with significant behavior problems, but they need more support services to help them serve the children directly and to provide their staff with the training and resources they need to create a positive environment, both for the children perceived as causing problems and for the other children in the child care setting.

The issue is not just one of significant numbers of children with behavioral problems and/or developmental delays in the child care system, or of insufficient support services to address the needs

those children bring into the system. Throughout the study, many of those interviewed also emphasized that the "child care environment itself" is in some cases part of the problem. Despite the many strengths of the child care system and the providers working in it, in too many cases the child care providers are not sufficiently nurturing of children, do not always communicate or interact well with the children or their parents, often do not have sufficient understanding of the developmental stages and needs of children, and often do not manage the environment well enough to build on a child's strengths and meet the child's developmental needs.

The solutions to the behavioral problems child care providers must address cannot be dealt with by the child care and early childhood education communities alone. The problems are ones which must also be addressed by the larger community, by the families of the children, and by marshaling resources available in other systems such as health and mental health providers and the funders of such services. Much can and should be done within the child care and early childhood education systems, but others must also be part of the solutions.

Based on the study findings, conclusions and implications, more than 25 recommendations and suggestions are offered in the report for consideration by funders, planners, providers, and policymakers concerned about early childhood issues. The recommendations include:

- The Early Childhood Development Initiative should convene a broad community-based process to develop a comprehensive action plan in response to the issues raised in the report.

- Additional resources should be invested in child care staff training and development around a number of specific issues.

- A clearinghouse for best practice information should be established, to help local providers learn about and incorporate best practices and models in place locally and nationally.

- Existing support service resources available to young children and to child care providers need to be used more extensively to address systems change issues, and these services need to be more effectively coordinated and allocated according to priority needs.

- The existing network of support services should be expanded to reach more children with severe behavioral problems, their families, and their child care providers.

- Such services should be strategically targeted to meet the needs of more child care providers and the children they serve, with particular emphasis on heretofore-underserved family day care providers. City-based providers should receive primary attention, and resources should also be devoted to helping child care providers work more effectively with parents of children with serious behavioral problems.

- Additional sources of funding are recommended to help expand the supply of support services to help providers meet the needs of children with behavioral problems. Expansion of such support services is viewed as a cost-effective investment which will help prevent and reduce the incidence of costly problems among our young children, and in improving the infrastructure of those who serve them at young ages.

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Staff Team

This project was directed by Donald Pryor, CGR's Director of Human Services Analysis. Sarah Boyce conducted the statistical analysis of the survey data, and authored sections of the final report.

I. BACKGROUND AND INTRODUCTION

Leaders and policy-makers in the Monroe County child care/early childhood community have in recent years been suggesting that child care providers and early childhood education programs are increasingly being asked to provide their services to more and more children with a wide variety of developmental delays and disabilities, and to more and more children with significant behavioral problems—often, they suggest, without adequate resources to fully meet the needs and special problems presented by these children. Up to this point, such observations have been largely anecdotal and not quantified.

Part of the reported increased focus on serving such children within a broad array of early childhood providers is a reflection of the movement in our society toward greater inclusion of children with a variety of developmental delays, disabilities, and emotional and behavioral problems in conventional, non-special-education child care and educational settings. Child care providers and policymakers offer bits and pieces of evidence suggesting that growing numbers of such children are entering—or seeking to enter, not always successfully—the formal early childhood/child care system.

The children of primary interest in this study are those with behavioral (social-emotional) problems perceived, whether accurately or not, by child care/early childhood providers as being serious enough to interfere with activities in the child care or early childhood setting. In addition, as discussed further below, the study also focuses on children classified with developmental delays and disabilities who are being served by those same child care providers.[1]

Many of the children who are *formally classified* as having developmental delays or disabilities have access, by virtue of being classified, to various support services, many of which can often be integrated into the child care setting. However, even these resources can be insufficient—and are often available for only a

[1] See Definitions section later in this chapter.

fraction of the time that the child is in the child care/early childhood setting. Moreover, some of those support services tend to be primarily child-specific, and do not always focus as much as they could on offering broader training or support services for the child care provider staff.

This becomes a particularly significant issue in light of the fact that those children who providers say have various social-emotional and behavioral problems—but who are not officially classified as having developmental delays or disabilities—are by definition and eligibility requirements typically not eligible for formal support services available to classified children, such as those available through either the Early Intervention Program (birth through 2) or Preschool Special Education programs (three to five). Moreover, although other support services are gradually becoming more available to some child care providers to help them work more effectively with non-classified children who they perceive as having significant behavioral problems, most child care providers serving such children reportedly have insufficient access to such support services.

But to this point, there has been no attempt to formally document or quantify the extent or impact of these issues. This study, for the first time, attempts to go beyond the isolated anecdotal information: to quantify and document how pervasive these perceived problems are, and to determine the implications of these issues for future policies, provision of support services, and allocation of resources.

The project funders, in collaboration with the Early Childhood Intervention Council of Monroe County (ECICMC) and the Early Childhood Development Initiative (ECDI), requested CGR (The Center for Governmental Research) to collect and analyze such information as the numbers of early childhood/child care providers who have been and are likely to be directly affected by the above issues; the numbers of children served by child care providers who have developmental delays and disabilities and/or who providers say have various significant behavioral problems; the characteristics and classification/non-classification status of children who may need support services in a child care/early childhood education setting; the extent to which various support

services currently exist and are known about by child care providers; and the relationship between the extent of identified needs for support services and the extent to which such resources exist and can be accessed by those needing them.

The primary focus of this study was on quantifying the numbers of children in the child care/early childhood system with developmental delays and perceived significant behavioral problems, and on determining how many providers are working with and affected in various ways by such children. But it is important for the readers of this report to understand that the focus on children with various perceived "problems" does not necessarily mean that the child is always the problem. The issues raised in this report are complex and ultimately influenced by a variety of factors, including:

- the child's actual behavior and the genetic and environmental factors which help shape that behavior;
- the resources available to each child care/early childhood provider, and the physical structure, design, curriculum and program activities of each; and
- the level of education and training, motivation, skills, patience, and understanding of child development issues among the individual providers of early childhood services.

The report primarily focuses in the next several chapters on presenting basic numbers describing what exists. Its primary intent was not to describe in detail the reasons and factors which help explain the numbers. Nonetheless, we will return in the final chapter of the report to a discussion of these underlying systemic issues—and of how the child care system can be changed to more effectively understand and care for the children in it who are identified for whatever reasons as "problematic."

Assumptions

Before proceeding, it is important to state some assumptions underlying the study, and what it did and did not attempt to do:

- As just suggested, it is important to emphasize up front, first and foremost, that when the report refers to children perceived to be behavioral problems, we are not passing

judgment as to the source of or reason for the problem. Clearly in many cases the child's behavior is a problem which may cause disruption in a child care setting, but in some cases the "problem" may be as much a function of, or even precipitated by, problems in the child care environment itself, including inadequate resources, insufficient staff training and insufficient understanding among some providers of "normal" child development stages and the ranges of behavior appropriate to those stages. The survey itself simply attempted to identify the extent to which behavioral problems serious enough to interfere with program activities are *perceived* to exist within various child care settings, and did not attempt to assess causality or factors underlying the perceived behaviors. But the final chapter of the report does attempt to place the numbers in a larger context, addresses in more detail the circumstances affecting the frequency of perceived behavioral problems, and discusses what can be done to address the numbers and their consequences.

- The primary focus of the study, and the primary interest of the funders, was on children served by the *"formal" child care providers throughout Monroe County*, i.e., the child care centers licensed by New York State, and the registered family day care and licensed group family day care providers. Children served by early childhood education programs operated within the education system, such as by the City School District, were also of interest, and selected similar information was obtained on children served by selected early childhood education programs within the city. However, *the primary focus was on the licensed and registered child care system; the children in Monroe County with perceived behavioral problems served within that system; and the support services that are, or are not, available to the providers and the children they serve.*

- The study focused on "conventional" licensed and registered child care providers serving children with a wide variety of characteristics, and did not include "approved preschool special education programs" that *exclusively* serve children with various types of developmental delays or disabilities.

- The study was primarily focused on going beyond anecdotal information and quantifying the extent to which children perceived by providers to have serious behavioral or social-emotional problems are currently served within the "formal" child care system, and categorizing the nature of those behavioral "problems," using terms and descriptions of behavior meaningful to providers, and easily provided in survey form by those providers.

- Thus, although reliable standardized formal instruments such as the Teacher-Child Rating Scale are widely used to provide social-emotional assessments of students in programs such as Universal Pre-Kindergarten (UPK) and other preschool programs operated by the City School District, the use of such instruments was not appropriate or feasible for this project. We were concerned about obtaining estimates of numbers of children with various characteristics, and not about diagnoses of individual children. The providers with whom we pretested our instruments indicated their belief and confidence that they could provide consistent and reliable aggregate estimates of the numbers of children meeting various definitions of behavior, without completing formal rating scales for individual children. Furthermore, they made it clear that taking the time to complete such standardized instruments would have made their participation in the study impossible. Thus, as described further in the Methodology section below, we accepted the practical reality, and opted for a survey approach and definitions which, while less ideal than using standardized instruments, made the project "do-able," and realistic. Followup interviews, comparisons of child care provider data with data from providers of support services, and comparison of our data with data from other sources, all yielded high levels of consistency. Therefore, we are convinced that the findings gleaned from our approach are more than sufficiently reliable and useful for community planning and policy analysis purposes.

- Although the primary focus of the project was on children perceived by providers to have significant behavioral problems, as defined below, it also included children

formally classified as having developmental delays or disabilities. They were included for a number of reasons discussed below in the Methodology, but the major reason was to enable us to obtain some insights as to how many children who were classified for any reason were also perceived by child care providers to have one or more specified significant behavioral problems.

- We used the terms "developmental delay or disability" broadly to refer to children who, according to State guidelines, have not attained developmental milestones expected for the child's chronological age in one or more of the following areas of development: cognitive, physical, communication, social-emotional, and adaptive development. Some observers have cautioned that the term is used by some people in a more limited mental retardation context, but we use it throughout this report in the broader context referenced by Department of Education criteria and guidelines. (See the definitions and eligibility criteria for "Preschool students with a disability" in Appendix C.)

- We typically refer throughout the report to "significant behavioral problems," but at times we also refer to "social-emotional" behavior or problems. Unless specifically noted otherwise, we tend to use the terms interchangeably in the text.

- Some reviewers of an earlier draft of this report were concerned that we seemed to be advocating for expansion of the numbers of children in the child care system who should be classified as special education students. It is certainly possible that some children with significant behavioral problems should be so classified, depending on their individual circumstances, but *nothing in this report should be interpreted as suggesting that CGR advocates widespread increased referrals of children for classification as special education/special needs students*. Rather, as addressed throughout the report, the issue is whether sufficient appropriate "non-classification" support services are in place to meet the needs of children perceived to have behavioral problems—and whether

changes are needed in the child care/early childhood environment, among the child care providers who serve these children—and not whether such children should typically be classified with special needs.

- In this report, we use and refer to the age breakdowns and "preschool" definitions as used within the child care system. In some cases, those definitions may differ somewhat from those used in the education system. Because the focus of the study was primarily on the child care system, we chose to use the terms most familiar to those in that system.

Definitions

Beyond the above assumptions, it is also important to provide some definitions of terms that have already been referenced above, and that will be used frequently throughout the report:

Classified Children – These are children who are formally classified as having a developmental delay or disability and thus receive services in accordance with either an IFSP (Individualized Family Service Plan) for children birth through age 2, or an IEP (Individual Education Plan) for children 3 and older. A number of programs and services provide special education services and therapy to such classified children. Within Monroe County, there are several New York State Education Department-Approved Special Education Programs, such as those offered by BOCES I and II, Rochester City School District, Rochester Hearing and Speech Center, and others. In addition, there are also many more licensed or certified Early Intervention and Preschool providers (e.g., therapists) serving classified children from birth through age 5. These types of services may be provided in the child care setting as well as in other locations.

Children Not Classified, But With Significant Behavioral Problems – Children who are not receiving services under either an IFSP or an IEP, but who are perceived by providers to have *significant* behavioral problems, including problems serious enough that, in the judgment of the child care provider, they consistently interfere with regular program activities. These may include such things as overly aggressive, defiant, hyperactive, or withdrawn behavior. (These terms, and their operational definitions as used in the project's surveys, are defined in more detail below.)

Support Services – Various agencies (described in more detail below) are funded to provide consultation, training and/or intervention services to help child care/early childhood centers respond specifically to the needs of children perceived by those providers to have *significant* behavioral problems, but who are not formally classified as having a developmental delay or disability. As such, these services are separate from the services and programs noted above for classified children. These support services may include services provided directly to the children and/or their parents, and they typically also include training or consultation for staff of child care centers to help them better meet the needs of the children with significant behavioral problems. These services are typically available only in child care centers, and are only occasionally offered to respond to needs of children served by family day care providers.

Project Methodology

The project's research design was developed by CGR in collaboration with a project steering committee which included the Monroe County Department of Social Services Day Care Administrator, the Chair of the Early Childhood Development Initiative and Rochester's Child, the Director of the Regional Early Childhood Direction Center, and the County Health Department's Education for Children with Disabilities Coordinator. That steering committee provided helpful advice and feedback on all aspects of the study throughout the project. *The project focused on children with significant behavioral problems and/or developmental delays served by child care providers throughout Monroe County.*

As noted, the primary impetus leading to the initiation of this study, and therefore the primary focus of the project, was on the impact in child care settings of children perceived to have significant behavioral problems, regardless of whether or not they were classified. It was important to include in the study both children classified with developmental delays and those with non-classified significant behavioral problems, for a number of reasons: Because both children with behavioral problems and those with classified developmental delays have implications for how well inclusion goals are able to be met; because some children have both developmental delays and significant behavioral problems; and because those with classified developmental delays can affect the behavior and acting out of other children in child care settings.

The project contained the following primary components:

Survey of Support Service Resources

Seven primary support service resources have been identified and funded within Monroe County to provide consultation, training and/or intervention services to respond to the needs of children in child care/early childhood centers who are perceived as having significant behavioral problems, but who may not be formally classified with a developmental delay or disability. As noted above, such support services may include services provided directly to individual children and/or their parents, and/or they tyically also include training or consultation for staff of child care providers to help them better meet the needs of children with significant behavioral problems. The seven support service resources, described in some detail later in the report, are:

- Mary Cariola Children's Center's Early Childhood Consultation Team;
- Mt. Hope Family Center Community Outreach Program;
- Family Services of Rochester Early Childhood Intervention/Day Care Consultation;
- Visiting Nurse Service Child Day Care Consultation;
- Rochester Hearing and Speech Center Early Childhood Communication Services;
- Regional Early Childhood Direction Center;
- Rochester Children's Nursery/Early Childhood Quality Council Inclusion Consultant.

Key staff representing each of these providers were interviewed to determine what support services they provide, and to assess how they currently interact with child care/early childhood providers. These interviews provided invaluable insights about the "supply side" of support service resources—i.e., the nature of such support/consultation services, the extent to which such services are currently available, and current limitations on what such services can offer to child care providers. The survey form used in these interviews is included in Appendix B.

Survey of Child Care Centers

Detailed surveys were mailed to approximately 170 child care/early childhood centers existing in Monroe County. These include all child care centers licensed by New York State, as well as centers operated by the Catholic Diocese. The survey was also sent to local Head Start programs. Early Intervention or Special Education Programs which *exclusively* serve children with various types of developmental delays or disabilities were not included, as the focus was specifically on centers which provide child care or regular early childhood education. (Not included in the survey list were programs operated by the Rochester City School District, which are separately discussed below. Programs offering exclusively after-school day care were also not included in the survey.) The survey mailed to the licensed centers, along with the cover letter and relevant definitions, is included in Appendix B. As described in more detail in the next chapter, almost half of the centers responded, a response rate which allowed us to generalize the survey findings to the overall universe of child care centers throughout the county.

Survey of Family Day Care Providers

A separate survey was mailed to the County's 1193 registered family day care and licensed group family day care providers (each with maximum capacities of 7 and 12 children, respectively). That survey was similar to the center survey, although upon the advice of the steering committee and of providers and child care experts with whom we consulted, some of the language and questions in the survey were modified to fit the specific circumstances of these home-based providers. The survey form, cover letter and relevant definitions are included in Appendix B. Just under 23% of all family day care providers responded to the survey. As described in the next chapter, the response rate, and some comparisons we were able to make of the providers, enabled us to indicate with confidence that our survey findings were representative of the overall licensed and registered family day care provider population. (It was not possible to survey the "informal" networks of parents, friends and other non-registered/non-licensed providers in the community.)

Analysis of City School District Data

In addition to children served in the formal child care system, as represented by the child care providers included in the above-mentioned surveys, the Rochester City School District, Monroe County's largest pre-kindergarten provider, also offers a number

of early childhood education programs primarily aimed at 3- and 4-year-olds living in the city and not covered by these other providers. Although it was not possible to survey CSD providers using the above survey instruments, the District and Rochester Early Childhood Assessment Program (RECAP), under the auspices of the Children's Institute (formerly Primary Mental Health Project Inc.), provided us with information about the number of children with various types of behavioral/social-emotional problems in their programs. Although the definitions used were not identical to those used in our surveys, they were sufficiently comparable to enable us to use the data for the approximately 1,100 children in those programs to supplement the data from our surveys, as described later in the report.

Value of the Data

It is important to note that our surveys were based primarily on perceptions of the child care providers of the numbers and characteristics of children with significant behavioral problems. As discussed above, providers did not fill out a formal rating scale on each child, as teachers do in City School District preschool programs. Providers made it clear early in our discussions about this project that that would simply not have been feasible for a special study of this type. However, our pretest of the survey indicated that providers were able to distinguish and quantify the number of children they perceived to have significant behavioral problems, defined as "severe problems which in your judgment consistently interfere with program activities." Providers reminded us that even completion of a formal rating scale is also based on perceptions of behavior, and they assured us in our pretests of the survey instruments that, even without a formal rating scale, they could provide consistent, reliable estimates of the numbers of children meeting that overall definition, and the definitions of subsets of specific types of behaviors discussed below. As will be seen later in the report, consistency of findings between our survey data, City School District data, and data from separate pediatrician surveys convinced us that the findings described below are sufficiently valid and reliable to have significant value for needs assessment and policy analysis purposes.

Report Outline

The remainder of the report is outlined as follows: A summary overview of the weighted findings from the child care center and

family day care provider surveys and of the City School District data, projected to the entire child care population and all certified and licensed child care providers in the county; separate chapters introducing the child care centers and the family day care provider respondents; a chapter analyzing the detailed findings from both the early childhood center surveys and the family day care provider surveys, including findings from the support service provider interviews; a chapter summarizing differences in survey findings between city and suburban providers; an analysis of the City School District findings; and a final chapter providing overall conclusions, implications and recommendations.

II. SUMMARY OVERVIEW OF WEIGHTED CENTER / FAMILY PROVIDER / CITY SCHOOL DISTRICT RESULTS

This section describes the proportion of all Monroe County child care centers and family day care providers represented by the survey results, and the proportion of the total number of children served in the total formal (i.e., licensed and registered) child care system who are served by those survey respondents. We use this information to make assumptions about extrapolating the numbers of providers and children with various characteristics in our survey sample to the larger universe of providers and of children served throughout the formal child care system in Monroe County.

The detailed data presented in subsequent Chapters III - VII and in the Appendix tables are NOT weighted—i.e., they are simply the total numbers and proportions represented by only the providers who responded to the surveys. However, the summary table at the end of this chapter *does* weight the survey findings, based on assumptions laid out below. As such, *the table and narrative in this chapter make projections, based on our survey responses, to the full county, and estimate what the totals would have been had we received completed surveys from all child care providers in the county*. Such a process provides a sense of context to help the reader assess the significant magnitude of behavioral problems and/or developmental delays among the child care providers (early childhood centers, family providers, and RCSD-based providers) in Monroe County.

The child care *centers* which responded to the survey serve about one-half the total maximum enrollment of all the county's child care centers. Similarly, the 69 non-Diocese early childhood centers that responded to the survey represent approximately 47% of the 147 non-Diocese centers overseen by the NYS Office of Children and Family Services (OCFS). An additional eight Diocese centers responded to the survey and are included in the analyses, for a total of 77 centers. Together, they represent just under half of the total centers in our surveyed population, and represent approximately 49% of the capacity of those centers. Other analyses indicated that those centers which completed surveys

were similar on various characteristics to those which did not respond, thereby suggesting that the actual respondents were representative of the total universe of providers in the county. Thus, we applied a multiplier factor of two (2) to our center-specific survey results, as outlined in subsequent chapters, to produce a rough estimate of the number of centers and children they serve who fall into various categories.

The 271 *family day care providers* that responded to the survey represent just under 23% of all licensed and registered family day care providers in Monroe County. Similarly, the children in the 271 provider sites represent about 19% of the total capacity of all family day care providers in the county. Therefore, the survey respondent figures presented for family day care providers throughout the subsequent chapters and in the tables can be multiplied by a factor of five (5) in order to gain a sense of the overall magnitude of the number of family day care providers and children they serve with various characteristics.

The Summary Table on page 17 shows *combined* results for the early childhood centers and family day care providers who responded to the survey, weighted as just described to reflect an estimate of figures county-wide (not including City School District preschool programs). The table shows that an estimated total of 23,199 children aged 12 years or younger are served by child care centers and family day care providers in the formal licensed and registered Monroe County child care system. Of greatest significance to this project is the finding that of those, *an estimated 3,628 children currently served by the child care system have developmental delays/disabilities and/or significant behavioral problems that in the providers' judgment consistently interfere with regular program activities (16% of all children served by the providers).*

In addition, about 350 other children served by City School District pre-school programs have one or more social-emotional problems similar to those described in our surveys. If these are added to our weighted survey estimates, *each day the entire child care/early childhood formal system serves a total of almost 4,000 children with either developmental delays and/or behavioral problems significant enough in the providers' judgment to consistently disrupt or interfere with regular program activities. More than 3,450 of those children were identified with specific*

serious behavioral problems considered to be disruptive to program activities, after excluding from the 4,000 total (i.e., not counting) those children who were perceived by providers to have developmental delays not related to specific serious behavioral problems. And the incidence of such children is pervasive: the vast majority of providers reported serving one or more children with behavioral problems and/or developmental delays at any given time.

The table also shows that, of children served by child care providers, significant behavioral problems and developmental delays are most prevalent among children aged 3 to 5 years of age (preschool)—an estimated total of almost 1,800 children within that age range (21% of all the 3-5 year-old children served in the formal child care system), not counting the additional 350 City School District children in that age range. Thus*, including children served by CSD preschool programs, about 2,150 3-5 year-old children countywide have developmental delays and/or significant behavioral problems which providers say interfere with program activities.* An additional estimated 1,278 school-aged children ages 5 to 12 have such behavioral and/or developmental problems (15% of those served between those ages). Approximately 13% of those aged 18 months through 2 years (about 490 children) also are reported to have a significant behavioral problem and/or delay.

The numbers of children with specific serious behavioral problems vary considerably. Of the estimated 3,450 children 12 and younger with serious behavioral problems, between 1,350 and 1,400 (6% of all those served within the formal child care system) were reported by providers to be hyperactive, with comparable numbers reported as displaying aggressive behavior (both are conservative totals, since neither total includes children in CSD preschool programs). A slightly smaller proportion, 5%, were reported to be defiant (about 1,200 children), and an estimated 450 were reported to be withdrawn. Each of these numbers would increase if CSD children were added. Although the definitions used by the City School District were not identical to those used in CGR's child care surveys, it is reasonable to conclude that of the 350 District children with social-emotional problems, substantial proportions would, if the data existed, be classified as aggressive, hyperactive, etc., thereby increasing each of these numbers by unknown amounts. It should also be noted that it is assumed from national

research that there is considerable overlap in these behavior-specific totals, with many children reported by providers as having more than one of the behaviors, with an especially high correlation likely between aggressive and defiant behaviors. Therefore, there is duplication *between* categories; however, the totals *within* behavior categories, and the total numbers of children with one or more problems and/or delays (the numbers in the top third of the summary table) are unduplicated counts.

A reminder that none of these totals include those children served by informal networks of parents, friends and other non-licensed/ non-registered providers. *Thus the total number of children with developmental delays and/or with significant behavioral problems who are served in any type of child care setting throughout the county is likely to be much higher than those reflected here.*

Finally, the third section of the Summary Table on page 17 shows that countywide, an estimated projected total of 241 providers (36 child care centers and 205 family day care providers) chose not to enroll one or more children with a significant behavioral problem during the past year "because of the absence or insufficiency of adequate support services," as defined in the first chapter above, and 473 providers (78 centers and 395 family providers) chose to dismiss one or more already-enrolled children due to the absence of sufficient support services. These totals reflect an estimated 598 children who were not enrolled in centers or family provider sites during the past year because of a combination of significant behavioral problems and absent or insufficient support services, and 792 children who were enrolled but were subsequently dismissed by a provider in the past year due to a combination of significant behavioral problems and the absence or insufficiency of support services to help address the problems. It is not known how many of these children may have been dismissed or not enrolled by more than one provider and may have been ultimately enrolled with another; this issue is discussed in more detail later in the report.

Additional projections of total numbers of children broken down into city and suburban subgroups, and projections of the numbers of children receiving and not receiving needed support services, are included in concluding Chapter VIII.

Summary Table: County-Wide Projections Based on Survey Sample from Child Care Centers and Family Day Care Providers

	Total Children in Monroe County*	Total Children Enrolled in Child Care	Children With Severe Behavioral Problems and/or Developmental Delays	Percentage of Those Enrolled Who Have a Behavioral Problem and/or Developmental Delay
Age of Children				
Under 18 months	14,837	2,474	64	3%
18 months - 2 years	14,565	3,675	490	13%
3 - 5 years (pre-school)	20,781	8,691	1,796	21%
5 - 12 years (school-aged)	84,310	8,359	1,278	15%
TOTAL	134,493	23,199	3,628	16%

NOTE: Does not include children in approved pre-school special education programs that exclusively serve children with developmental delays or disabilities. Also does not include children in City School District programs.

	Children With Behavioral Problems	Percentage of Enrolled Children with Specific Behavioral Problems
Selected Types of Behavioral Problems		
Hyperactive	1,363	6%
Aggressive	1,388	6%
Defiant	1,199	5%
Withdrawn	446	2%

NOTE: A child may be represented in more than one of these categories. Totals above do not include children in City School District preschool programs.

Dismissals/Refusals to Enroll Children with Behavioral Problems	Number
Number of Children Not Enrolled by Provider	598
Number of Children Dismissed by Provider	792
Number of Child Care Providers Choosing to Not Enroll a Child	241
Number of Child Care Providers Choosing to Dismiss a Child	473

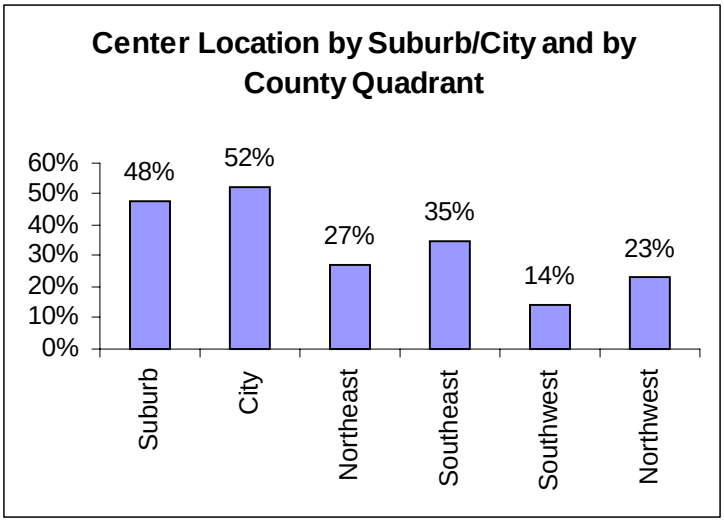
*Based on 1999 Census Bureau Estimates

III. CHILD CARE CENTER OVERVIEW

Geographic Location of Child Care Centers

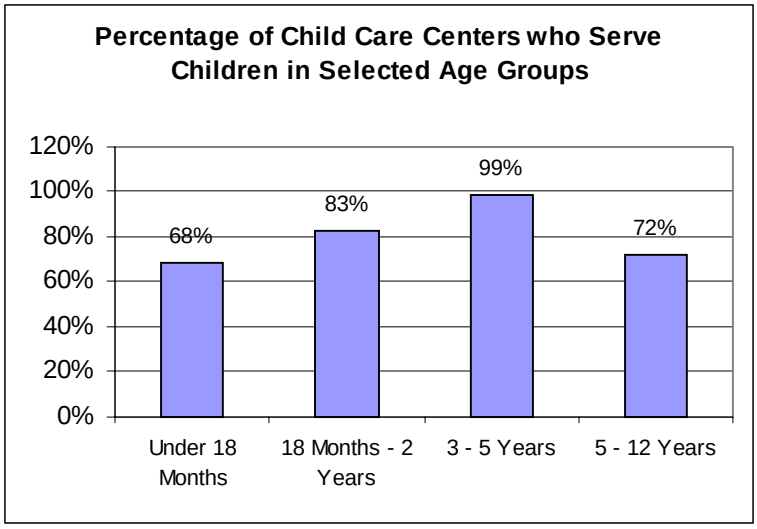
This section describes the 77 child care centers that responded to the survey. The chart below shows the proportion of responding centers located in the City of Rochester and those in its surrounding suburbs. A slightly larger proportion of respondents operated their center in the city (52%). Among all city child care centers, we received a completed survey from 71%. Among all suburban early childhood centers, we received completed surveys from 39%.

The centers were also identified by the quadrant of the county in which they are located. The chart below indicates that the Southeast quadrant has the highest proportion of early childhood centers responding to the survey (35%), and the Southwest quadrant has the smallest proportion (14%).



Enrollment and Age of Children in Centers

According to Appendix Table 1, at the time of the survey, the 77 responding child care centers were enrolling a total of 7,057 children between the ages of birth and 12 years of age. The highest concentration of enrollment is for preschool children between the ages of 3 and 5, who make up 41% of the center enrollment; another 34% of the children were between the ages of 5 and 12. There is some variation in the ages of enrolled children among centers. Appendix Table 2 indicates that 99% of centers enroll children in the 3 to 5 year-old age group. However, only 68% of centers provide for children under 18 months of age. This is consistent with data from parents who report increasingly using child care centers as their child ages. (see Children's Institute, *Community Report on Children Entering Kindergarten in 1999-2000, Rochester, NY,* September 2000)



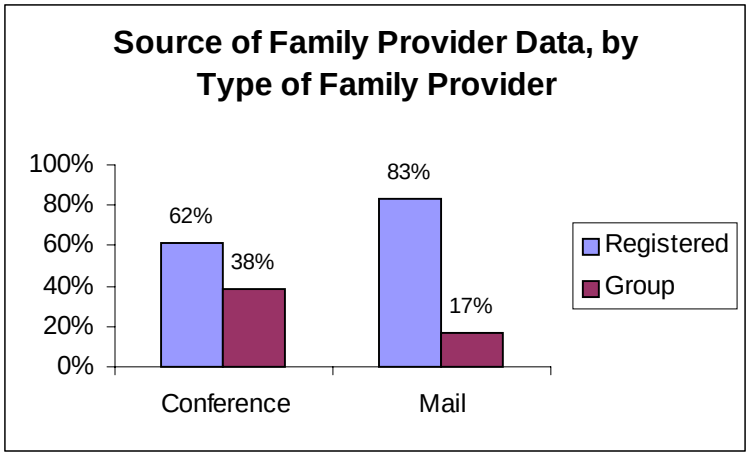
IV. FAMILY DAY CARE PROVIDER OVERVIEW

A total of 271 family day care providers completed surveys (almost 23% of the total number of licensed and registered providers in the county). Of these, 201 completed them on their own and returned them through the mail, while the remaining 70 completed the surveys at training conferences held in September 2000. Surveys from the two sources were evaluated for differences to ensure that they could be analyzed as a single group.

Differences Between Mail-backs and Conference Respondents

Among the 70 conference respondents, 53 provided information on their geographic location. Of those, 41, or more than three-quarters (77%) were based in the City of Rochester, compared to half (50%) of those who responded to the survey through the mail.

Those responding through the conferences were less likely to be registered family day care providers (62% versus 83% of those who responded by mail), and were more likely to be licensed group providers (38% versus 17%).



Statistical tests help us ensure that any inferences about the relevant population based upon a sample are valid. In this case, we want to ensure that the combined family provider sample is representative of the total population of family providers. It is

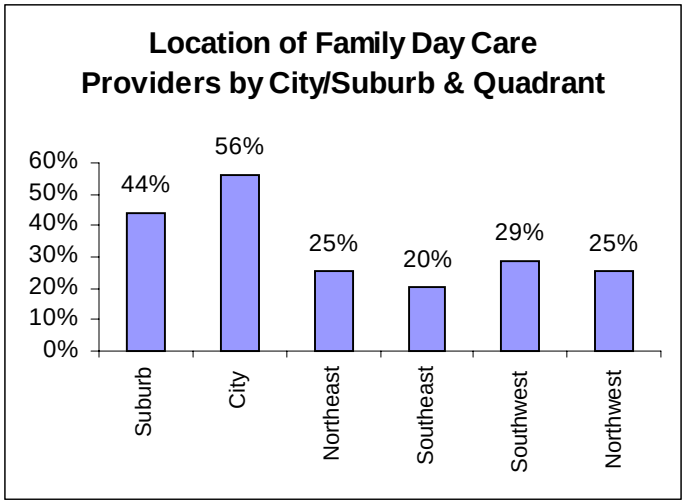
possible that the two groups of respondents possessed differing characteristics in regards to the number of children served with developmental delays or significant behavioral problems. If differences existed between the two types of respondents (mail vs. training conference), then combining the survey results into one sample would bias the results.

The statistical tests conducted on the two samples allow us to determine whether any observed differences between the two groups are *statistically significant.* In particular, we are interested in whether the average number of children with the various types of developmental delays or behavioral problems in family day care facilities is different in the two sources of family provider respondents. Based on this analysis, we conclude that there are no statistically significant differences between the mail and conference respondents. Hence, analyzing the data of family childcare providers based upon a sample which combines the results of the two types of respondents does not bias the results.

Geographic Location of Family Day Care Providers

Overall, 56% of responding family day care providers were located in the City of Rochester, while the remainder were in the suburbs. The survey response rate from family providers who received the survey in the city was 20%, and in the suburbs was 24%.

Respondents came from a reasonably equal split between the four quadrants of the county, with a high of 29% from the Southwest, and a low of 20% from the Southeast.

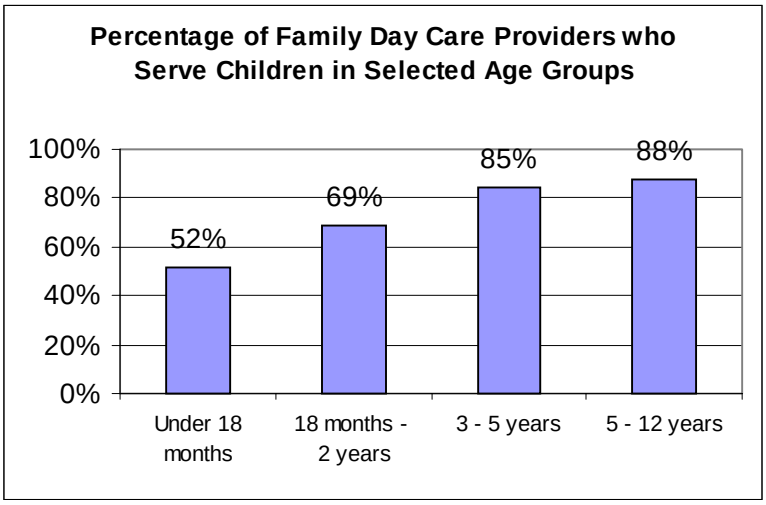


Enrollment and Age of Children in Family Day Care Providers

Among the 1,817 total number of children served by family providers who responded to the survey, 39% were aged 5 to 12, 31% were aged 3 to 5, 17% were 18 months to 2 years, and the remaining 12% were under 18 months of age (Appendix Table 3).

Family day care providers are most likely to serve children aged 3 to 12 (see chart below). While more than 85% of all family day care providers serve children aged 3-12, the percentage drops to 69% for children aged 18 months to 2 years, and to slightly more than half (52%) for children under 18 months (see also Table 4).

While 88% of family providers serve children aged 5 to 12, only 52% serve children under 18 months.



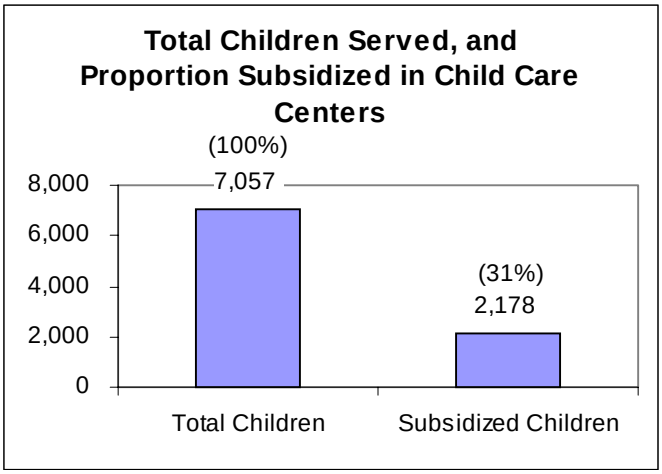
V. ANALYSIS OF CENTERS AND FAMILY PROVIDERS

This chapter provides detailed analyses of the survey data for both the centers and family providers. In most cases, similar or identical questions were asked of both groups of providers; in such cases, the data for the child care centers are presented first, followed by the family provider data, thereby enabling the reader to compare any differences by type of provider. For several types of information, data could only be obtained from the child care centers, with no comparable data from the family providers. A reminder that in this chapter, only the *unweighted* raw data are presented, based on the numbers and proportions from the actual survey respondents, without generalizing to the larger population, so the numbers will not correspond to the weighted summary totals shown earlier in Chapter II and later in Chapter VIII.

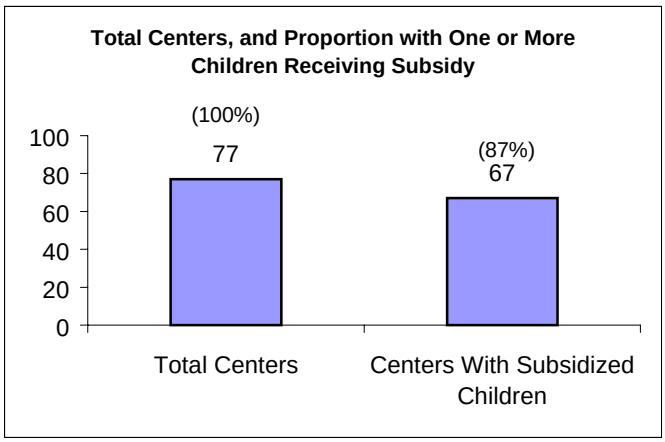
Subsidization for Child Care Costs

Child Care Centers

Among the 7,057 children served by the 77 centers responding to the survey, 31% were subsidized by the Department of Social Services to help pay for child care costs (Table 1).

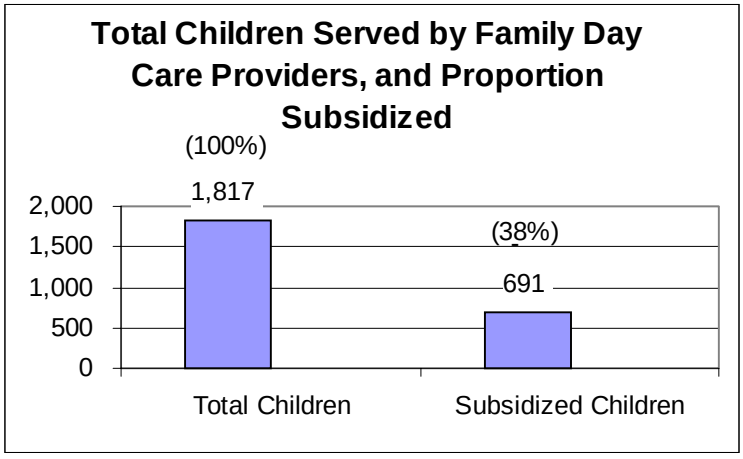


The subsidized children appear to be dispersed among the centers. Among the 77 centers responding to the survey, 67 (87%) had one or more children receiving a subsidy.



Family Day Care Providers

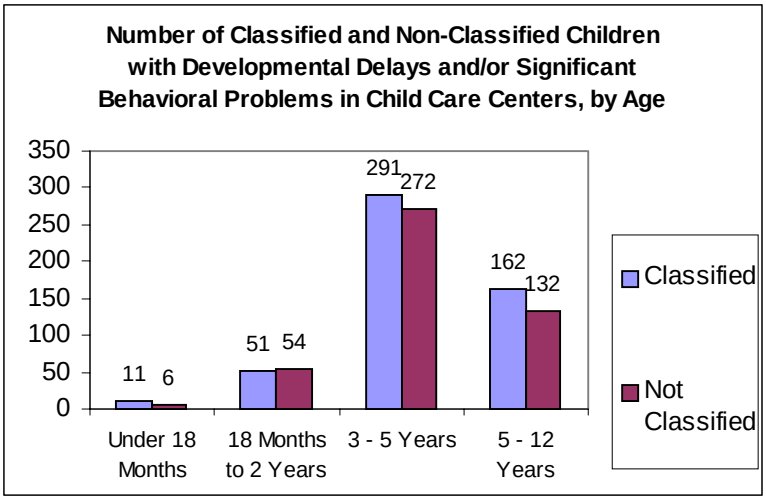
Nearly four out of ten children served by the responding family day care providers (38%) reportedly received a subsidy from DSS (Table 3).



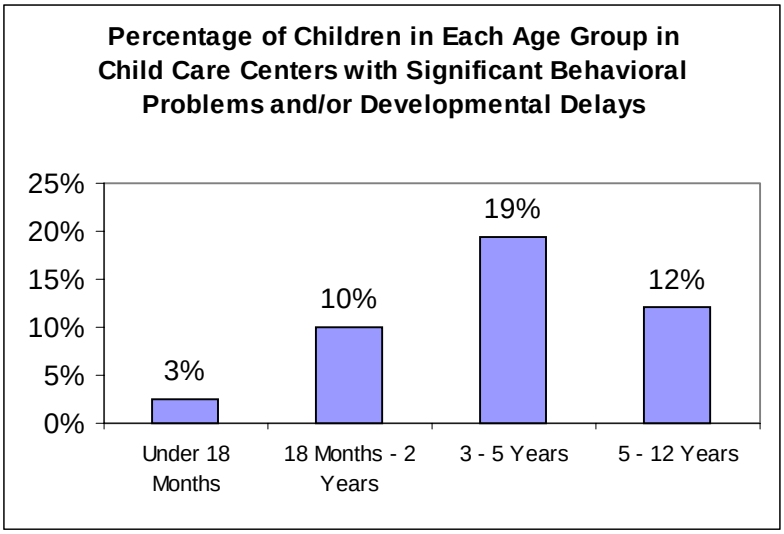
Children with Significant Behavioral Problems and/or Developmental Delays

Child Care Centers

Among the 7,057 children served by child care centers at the time of this survey, 515 were classified with a developmental delay (Appendix Table 5). In addition, 464 children were not classified, but were identified as having significant behavioral problems. Thus a total of 979 children, *14% of all the children in the responding child care centers,* were identified by providers as having been classified with a developmental delay and/or were perceived as having a behavioral problem which they claimed interfered with program activities. Most children, both classified and non-classified, were between the ages of 3 and 5, as shown in the chart below. The number of very young children (2 and under) identified as having serious behavioral problems may raise questions about how well some providers making such judgments understand appropriate behaviors at various developmental stages.



To look at the data in a different way, among the children in each of the four age groups, *those in the 3-to-5-year-old group have the highest proportion of children (19%) who are either classified, or are not classified but are perceived to have a severe behavioral problem.*



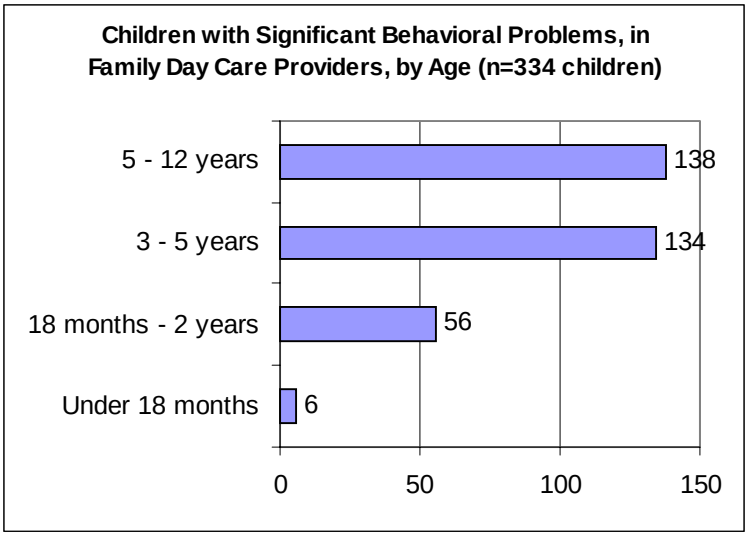
About half of the 515 children classified with a developmental delay were also perceived by the providers to have one or more significant behavioral problems. Thus, after adding these to the total of 464 non-classified children (all identified as having significant behavioral problems), about 725 children—*about 10% of the total children enrolled in child care centers—were identified as having a specific behavioral problem judged by providers to be significant enough to disrupt program activities.*

Appendix Table 6 indicates that at the time of the survey, *about 90% of the centers had at least one child enrolled with a developmental delay and/or perceived significant behavioral problem.* Among the 77 centers, 68% had one or more classified children aged 3 to 5 (preschool), and 77% had one or more non-classified children with perceived behavioral problems who were aged 3 to 5. About half the centers had children ages 5 (school-aged) to 12 with significant behavioral problems and/or developmental delays; about a third of the centers had classified and non-classified behavioral problem children between the ages of 18 months and 2 years of age. Overall, *79% of the centers had one or more classified children and 87% had one or more non-classified children with perceived significant behavioral problems enrolled.*

Family Providers

Family day care providers were also asked to indicate how many children with significant behavioral problems they currently serve. A total of 334 children were reported to have severe behavioral problems (not including any with specified developmental delays; because of the way the question had to be asked of the family providers, those children with behavioral problems were defined without any indication of their classification status). *This represents 18% of all 1,817 children enrolled at the time of the survey (even more than the 14% of children with behavioral problems and/or developmental delays who were enrolled in the child care centers).* Most were children aged 5 - 12 (41%), or aged 3 - 5 (40%), as shown in the chart below and in Table 7. A substantial minority (56) of the children with behavioral problems were aged 18 months through two years (17%), while six children under the age of 18 months were reported to have such problems (2%). As noted above in the child care center discussion, these numbers may raise questions about how well some providers making such judgments understand appropriate behaviors at various developmental stages.

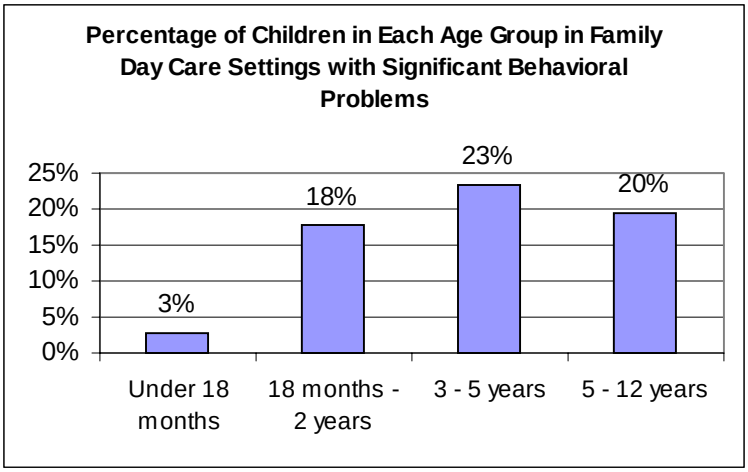
Most of the 334 children with behavioral problems served by family providers were aged 3 to 12.



Within the family providers who responded to the survey, the proportion of children identified with significant behavioral problems was high for all ages above 18 months. For example, as

Among family providers, 23% of children aged 3 to 5 years had one or more behavioral problems.

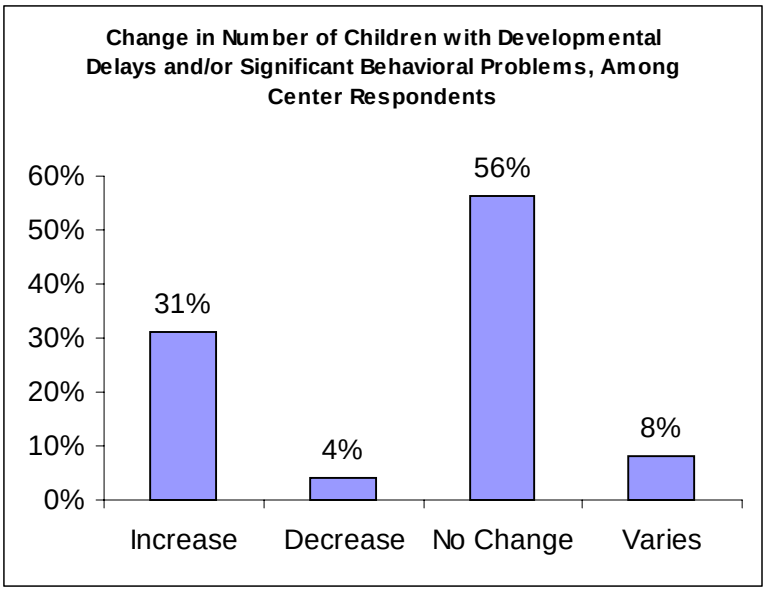
shown below, almost one-fourth of the 3-5 year-old children (23%) were reported to have a significant behavioral problem (higher than the 19% within centers with a behavioral problem and/or developmental delay). About one-fifth of the children also reportedly had behavioral problems in the 18 months - 2 year-old and 5 – 12 year-old age groups. As noted, for family providers, no data were available to compare the numbers of children with classified vs. non-classified delays or behavioral problems.



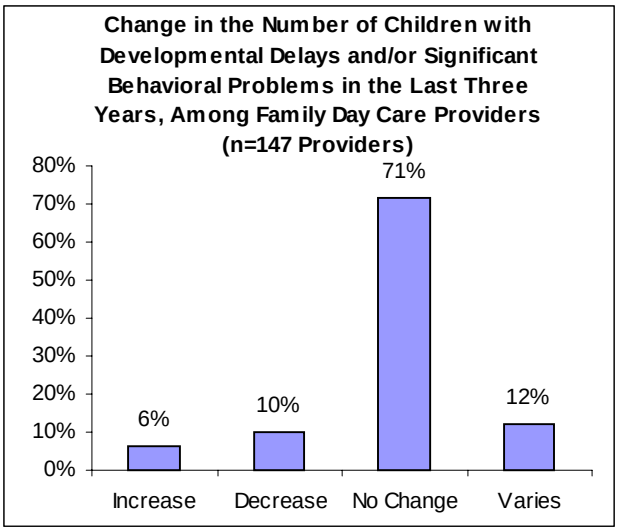
About one-third of all family day care providers had one or more children aged 3 - 5 enrolled with a perceived significant behavioral problem, and a similar proportion had one or more children with a problem aged 5 - 12 (Table 8). After factoring out duplications, *more than 2/3 of all family day care providers had at least one child identified with a significant behavioral problem enrolled at the time of the survey, compared with about 90% of the centers.*

Changes Over Time

More than half the center respondents indicated that the number of children with perceived behavioral problems and/or developmental delays had not changed over the last three years (56%), but 31% indicated that the numbers had increased during that time. Only 4% responded that the numbers had decreased during that period.



Family day care providers indicated that overall, the number of children they see with significant behavioral problems and/or developmental delays has not changed substantially over the last three years, reflecting in part the fact that with relatively small numbers of total enrolled children per provider, there are fewer opportunities for significant changes in numbers than is the case among centers. Nearly three-quarters of respondents indicated that they have seen no change in the number of children with significant behavioral problems and/or developmental delays over the last three years. Nearly one in ten (10%) have seen a decrease, while 6% reported an increase.



To put these changes into a longer historical perspective, a comparison of clinician-identified psychosocial problems among large primary care pediatric cohorts of children from 4 to 15 years of age, conducted with Monroe County samples from 1979 and 1996, indicated that over that period of time, the number of visits in which clinicians identified psychosocial problems increased from 6.8% in 1979 to 16.1% of all pediatric visits in 1996.[2] Definitions of problems, while not identical to the definitions used in this project, appeared to be quite similar, thereby suggesting that *had we asked about changes over a longer time frame than three years, it is quite likely that we would have found a much higher proportion of providers indicating increases over time.*

Overall – Total Providers

Overall, 16% of all children enrolled in formal registered and licensed child care providers (centers and family day care providers) in the county were identified by providers as having significant behavioral problems and/or developmental delays, including more than one in every five children between the ages of 3 and 5.[3] It is possible that these proportions could be conservative, i.e., slightly lower than the actual count, since the family day care survey may have led to a slight undercount of any classified children with developmental delays but without significant behavioral problems. Nonetheless, the 16% figure is virtually identical to the findings from the 1996 pediatric survey

[2] Kelly J. Kelleher et al., "Increasing Identification of Psychosocial Problems: 1979-1996," Pediatrics, June 2000, pp. 1313-1321.

[3] These proportions are based on weighted totals, as described in Chapter II.

noted above of psychosocial problems, which used definitions similar to those we used in our surveys. *Thus the 16% figure appears to be a realistic estimate to use—about one of every six children—for planning purposes countywide.* On the other hand, we know that about half of the classified children in child care centers were perceived by their providers as having developmental delays without corresponding significant behavioral problems. If those cases are not counted, and only those children are counted with a reported social-emotional behavioral problem, *about 13.5% of all the children in child care settings would be considered as having behavioral problems perceived to be significant enough to disrupt program activities.*

Types of Significant Behavioral Problems and/or Developmental Delays Among Children

Child Care Centers

The surveys named a number of specific behavioral problems and/or developmental delays thought to be prevalent in the early childhood community. Some terms are commonly used in the child care center environment, including cognitive/learning delays, language and communication delays, motor delays (gross and fine motor), and adaptive behavior delays (activities of daily living and self-help skills). In addition to these terms, child care providers and policymakers wanted to know about the perceived incidence within child care settings of four specific socio-emotional behaviors, including: aggressive, defiant, hyperactive, and withdrawn behaviors.

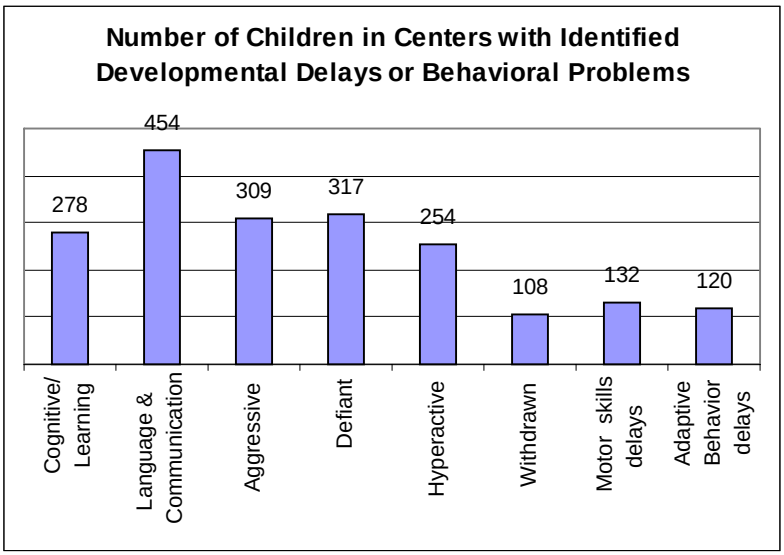
These were each included in both the child care and family day care provider surveys, with the following definitions:

- *Aggressive behavior* was defined to include "biting, hitting, kicking, or excessive violent play;"
- *Defiant behavior* includes "swearing, not following directions, or not cooperating;"

- *Hyperactive behavior* includes "seldom completes tasks, can't stay in a seat, impulsive, or doesn't pay attention;" and

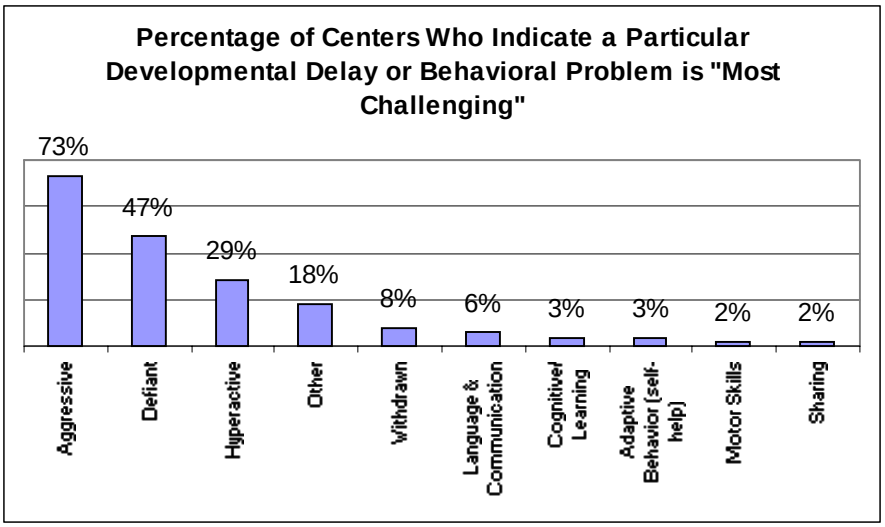
- *Withdrawn behavior* is defined as "avoids other children, plays alone, is excessively shy, timid, or fearful."

As shown in the chart below, the most prevalent problem among the centers responding to the survey is delays in language and communication skills (454 children) (also see Appendix Table 9). Many children have more than one reported problem and/or developmental delay. Therefore, the chart below sums to a figure higher than 979. Among the 979 children in the centers who were identified with significant behavioral problems and/or developmental delays, 46% of them have a delay in language and communication, as perceived by their providers. Nearly a third (32%) were identified as defiant and a similar proportion as aggressive (the two have been shown by other research to be highly correlated), 28% were reported to have a learning delay, and about a quarter were identified by the centers as hyperactive. As indicated in Table 9, the substantial majority of those children defined by the centers as aggressive, defiant, or hyperactive have



not been formally classified, and thus are not receiving services under either an Individualized Family Service Plan or an Individual Education Plan. Nonetheless, they have been identified by the centers as having significant behavioral problems which are perceived to consistently interfere with regular program activities.

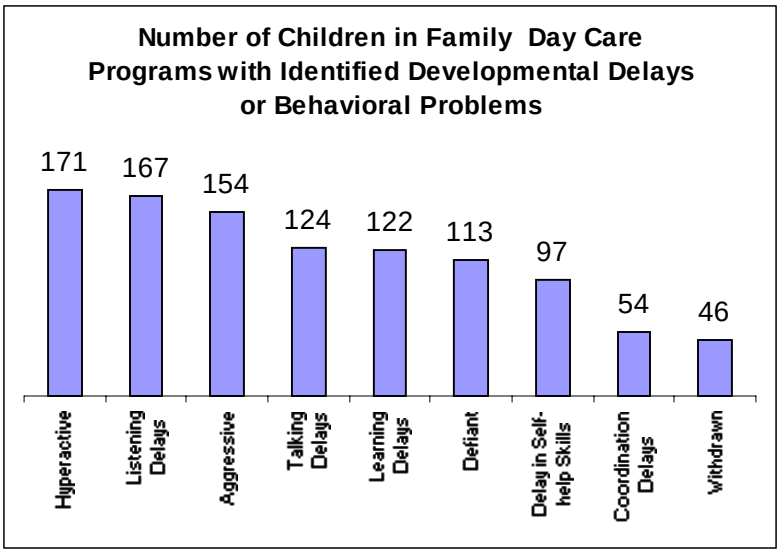
While the above chart shows the prevalence of behavioral problems and developmental delays, providers were also asked to identify those problems that are most challenging for them to deal with. Table 10 and the following graph show that *73% of the 66 centers responding to this question believed that aggressive behavior is the most challenging problem, followed by defiance (47%) and hyperactivity (29%).*



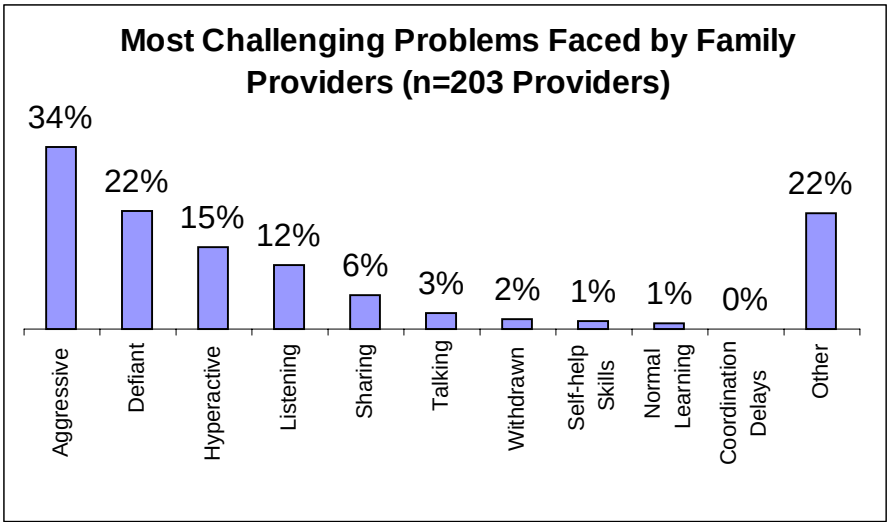
Family Providers

When asking about the prevalence of behavioral problems and/or developmental delays among the children served by family day care providers, at the suggestion of providers and the project steering committee, the terminology used varied somewhat from that used for the surveys of child care centers. For example, instead of "cognitive/learning delays," the term was phrased as "delays in normal learning." Further, instead of "language and communication delays," the category was split into two parts: "delays in talking" and "delays in listening." Instead of "motor delays," the family provider survey asked about "coordination delays." Finally, instead of "adaptive behavior delays," the family provider survey lists "delays in self-help skills."

As seen in the chart below, the most prevalent behavioral problem among family day care children (1,817 total children) was hyperactivity (171 children), followed closely by delays in listening (167 children), and aggressive behavior (154 children) (see also Table 11). Less common were coordination delays (54 children) and withdrawn behaviors (46 children).



When asked which delays or behavioral problems are most challenging, responses did not follow those problems reported as most prevalent, though *the three most frequently-mentioned most challenging problems were the same as among the child care center providers: aggressive, defiant and hyperactive behaviors.* As seen below and in Table 12, while aggressive behavior was the third most prevalent perceived behavioral problem in family day care settings, it was the top response for the most challenging problem to deal with (34%). While defiance was the sixth most prevalent behavioral problem, it was identified as the second most challenging problem (22%). While hyperactivity was the most prevalent behavioral problem, it was the third most challenging problem (15%).



Dismissals and Refusals to Enroll

Child Care Centers

Among the 77 providers that responded to the survey, *23% of the centers (18) reported that during the previous year, they had not enrolled 44 children with significant behavioral problems because of the absence or insufficiency of adequate support services* (see Table 13). Of these 44 children, 24 were formally classified as having a developmental delay and the remaining 20 were not classified but exhibited significant behavioral problems.

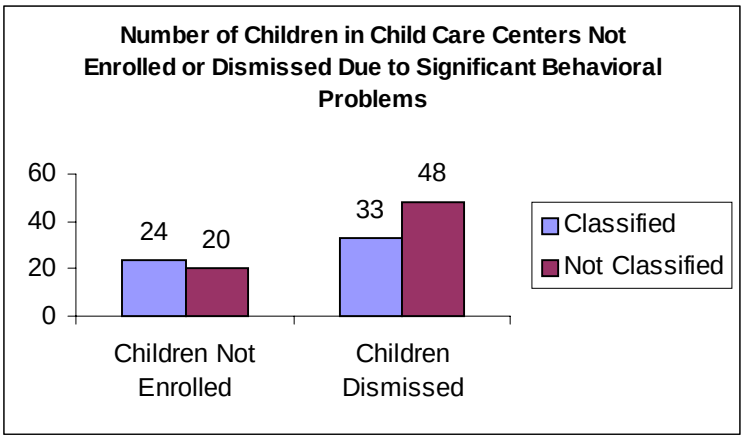
Among responding child care centers, 81 children have been dismissed, and 44 children were not enrolled due to severe behavioral problems.

Of the 18 centers, 12 (16% of all responding centers) declined to enroll one or more classified children. Eight centers did not enroll non-classified children, constituting 11% of responding centers. Two of those centers declined to enroll both a classified and non-classified child. While declining to enroll some children, nearly all of those centers had also enrolled other children with behavioral problems during the same time period.

Another 81 children with perceived significant behavioral problems were enrolled but subsequently dismissed from early childhood centers because of the absence or insufficiency of adequate support services. Of these children, 33 were formally classified and 48 were not. A total of 22 centers reported dismissing one or more classified children, 28 dismissed non-classified children, and 11 dismissed at least one of each for a total unduplicated number of 39 centers which dismissed one or more children during the past year. Out of the 75 respondents to this question, *52% of the centers had dismissed one or more children in the past year because of behavioral problems and the perceived insufficiency of support services to help address the problems.* It is not surprising that the total number of children enrolled and subsequently dismissed is larger than the number of children not enrolled, as the initial screening of children with behavioral problems is imperfect, and likely results in the admission of some children whose behavioral problems become increasingly apparent at a later time. It would be helpful to know the ages of those not enrolled and dismissed,

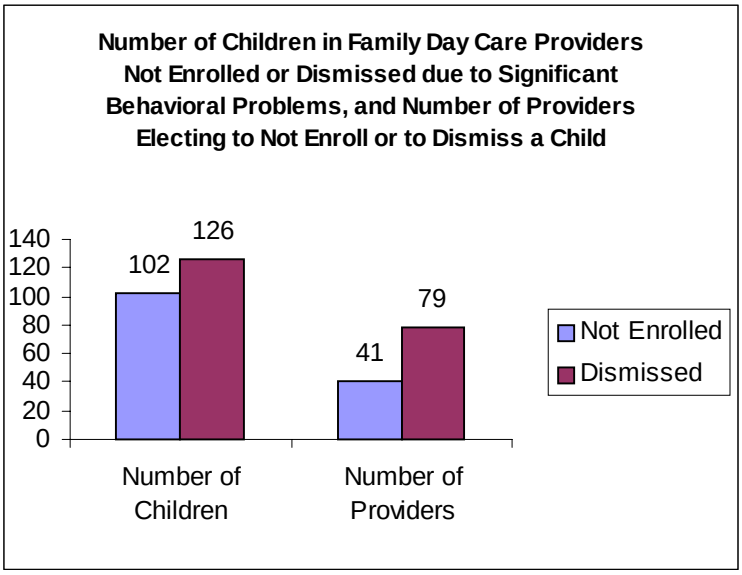
but we were not able to obtain that information from the survey process.

Overall, the numbers of children not enrolled and dismissed (44 and 81, respectively) are small relative to the number of all children in early childhood centers which responded to the survey (7,057). However, as indicated in Chapter II, these numbers, when combined with family day care provider data (next section below), and projected to the larger population, add up to significant numbers of children not enrolled or enrolled and subsequently dismissed by providers, thereby causing potentially significant disruptions to affected families. It is assumed that an unknown proportion of these children eventually become enrolled in a different appropriate child care setting, but even in those cases, families have been inconvenienced—and other families may not have found other viable options among licensed and registered caregivers.



Family Providers

Forty-one family day care providers (15% of the responding providers) reported that they had not enrolled 102 children in their programs during the previous year, due to perceived significant behavioral problems (as in the child care center survey, the particular problems were not specified), and an additional 126 children with perceived behavioral problems were enrolled but subsequently dismissed from care by 79 providers (29% of the total) (see the graph below and Table 14).



Services Received by Children in Centers

This section presents information on the level of services received by children with significant behavioral problems and/or developmental delays in child care centers, broken down by classification status. The data are based strictly on information reported by child care providers concerning receipt of services, and the accuracy of the information may vary from provider to provider; the information could not be validated by any other source of information. Further, this information was gathered from *child care centers only*; family providers were not asked to provide this information. Nonetheless, despite the caveats about the data, they provide useful insights about the differential levels of services provided for children with various types of disabilities and behavioral problems. Detailed information on level of services received for various developmental delays, disabilities, and behavioral problems can be found in Appendix Table 15 for non-classified children and Table 16 for classified children.

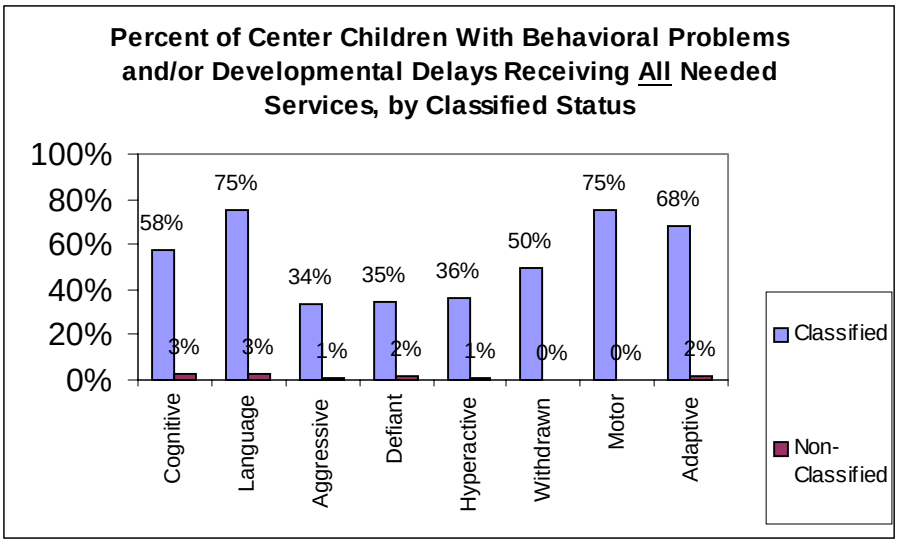
The data presented earlier in Table 9 was based on a separate survey question from the one used to collect the data in Tables 15 and 16. As a result, while we would expect the total number of classified and non-classified children with a particular behavioral

problem or developmental delay to be identical in both tables, that was not always the case, as some respondents answered one question but not the other; however, the numbers were typically similar. We discuss the percentage of children receiving various levels of services based on the figures presented in Tables 15 and 16.

The chart below shows the difference in the percentage of children with behavioral problems and/or developmental delays who were perceived by the child care providers to have received all needed services by their classification status, and by type of perceived behavioral problem or developmental delay.

As shown in Table 16, among *classified* children, two-thirds or more reportedly, as perceived by providers, receive all of the services they need for language delays, motor skills delays, and adaptive behavior delays. Only about one-half of the children with cognitive delays and withdrawn behavior are perceived to receive all the services they need. *Even among classified children who have been deemed to need services, only one-third are perceived to have received all the services they need for aggressive, defiant, or hyperactive behavior.*

Among *non-classified* children, almost no children are identified by providers as receiving all the services they are perceived as needing for any of the behavioral problem or developmental delay categories. The percentage of children receiving all needed services ranges from 0% to 3%, depending on the type of perceived behavioral problem or developmental delay. Moreover, as shown in detail in Table 15, *at least 70% and as many as 91% of the non-classified children with particular perceived behavioral problems and/or developmental delays reportedly receive no support services at all.*



Cognitive/Learning Delays

Of the 7,057 children being served by the responding early childhood centers, 157 *classified* children were identified by the providers as having a cognitive or learning disability or delay (Appendix Table 9). Among the 154 of those children for whom information was reported, 58% were reportedly receiving all the support services needed and an additional 38% were securing some of the needed services. Less than 5% of these children were reportedly receiving no support services (Appendix Table 16). The numbers for *non-classified* children were much different: About 78% of non-classified children perceived by providers to have a cognitive or learning delay reportedly receive no support services (Table 15). Although the survey asked if children received *needed* support services, it is not possible from the data to be certain if those not receiving services were never referred by providers to available services when they should have been, or whether the providers were not aware of the availability of needed services, or whether the providers did not think the children needed to be referred for support services. A similar pattern of differences between classified and non-classified children emerges across all the behavioral problem and developmental delay categories.

Language & Communication Delays

There were 292 classified children who exhibited a language or communication delay or disability (Table 9). About 75% of these children were perceived as getting all the support services needed, as opposed to the 5% that received no support services. The opposite is found for the non-classified children who appeared to

have a language or communicative delay (Appendix Tables 9, 15). Only 3% of the children were perceived as receiving all the support services needed, and 82% reportedly were not receiving any assistance.

Aggressive Behavior

Early childhood centers reported 113 classified children exhibited significant aggressive behavior. Only 4% of these children were receiving no support services. Those children reportedly receiving all and some support services were 34% and 63%, respectively (Table 16). Conversely, of about 200 children who had shown significant patterns of aggressive behavior, but were not formally classified, only one of those children was perceived by providers to be receiving all the needed support services, and 156 children (78%) were obtaining no needed services.

Defiant Behavior

As shown in Table 9, fewer classified children in early childhood centers were reported to show defiant behavior (92) than those who were not formally classified but were still described as defiant (225). However, only 11% of classified defiant children were reportedly receiving no services, as opposed to 77% of non-classified defiant children (170 children in the responding centers). Conversely, 35% of classified defiant children were reportedly receiving all the services they needed, compared to only 2% of non-classified children with perceived defiant behaviors.

Hyperactivity

Almost 94% of classified hyperactive children were receiving at least some support services (although only 36% reportedly received all the services needed); by contrast, 70% of the non-classified children who were perceived to exhibit hyperactive behavior reportedly received no needed services.

Withdrawn Behavior

There were 54 classified children in responding childcare centers who were perceived to exhibit withdrawn behavior. Fifty percent (50%) of those for whom data were available were reportedly receiving all needed services, and 16% received no services. An additional 54 children demonstrated significant withdrawn behavior, as perceived by their providers, but were not classified. Only five of those children (9%) were receiving any needed services.

Motor Skills Delays

Centers reported that 83 classified children exhibited gross or fine motor skills delays. Seventy five percent (75%) received all the

services they were perceived to need, and only 6% received no services. By contrast, there were 49 non-classified children who appeared to have some motor skills delay, and *none* of these children reportedly secured all the support services they needed, and 78% received no services.

Adaptive Behavior Delays

Of the 57 classified children in responding early childhood centers with adaptive behavior delays, 68% reportedly acquired all the needed support services. Among the 63 non-classified children displaying adaptive behavior delays, a small percentage (18%) secured at least some of the needed support services, compared with 82% that were perceived as receiving none of the services.

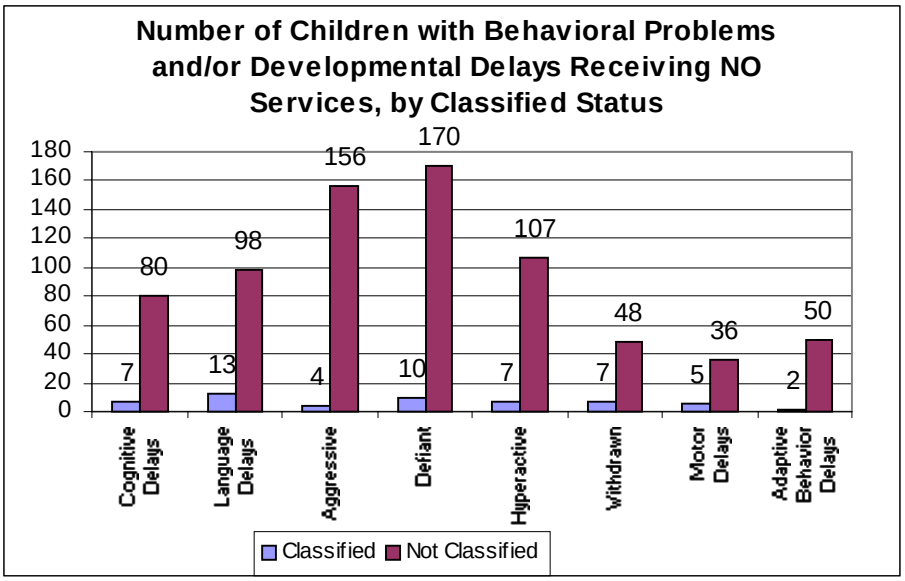
Receipt of Services by City/Suburb Status

Tables 17 and 18 show the levels of services received by non-classified and classified children, respectively, by type of behavioral problems or developmental delay and by city versus suburban center location. Among *non-classified* children (Table 17), children in city centers were somewhat more likely to receive *some* services than children in suburban centers (except for services for children with language & communication delays, or adaptive behavior delays). This finding seems appropriate given that most of the support services that are available for non-classified children with behavioral problems are targeted primarily at city-based child care centers. *Nonetheless, even in the city, ¾ or more of the non-classified children with severe behavioral problems and/or developmental delays received no services, with even higher proportions in the suburbs.*

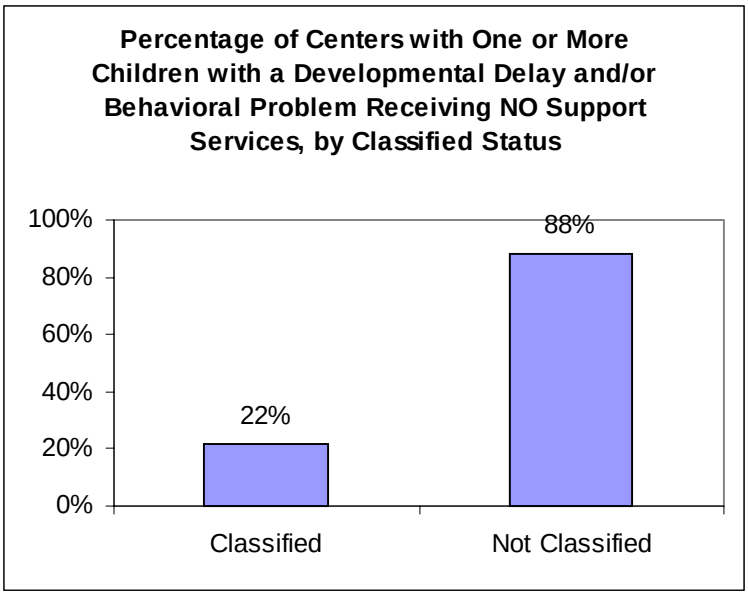
Among *classified* children (Table 18), those in the suburbs are more likely to receive NO services for all categories of behavioral problems and/or developmental delays, except for motor skills delays. Classified children in the city are more likely to receive all needed services compared to their suburban counterparts for aggressive, defiant, hyperactive and withdrawn behaviors. The number of children used in this portion of the analysis is relatively small, once the children are broken out into the various behavioral problem or delay categories, so specific conclusions should not be drawn from the detailed categories.

Center Children Receiving No Support Services

The chart below shows the dramatic difference in the reported number of non-classified surveyed children who, according to child care center providers, do not receive any services for specific behavioral problems or disabilities, compared to those who are classified (see Appendix Tables 15 and 16). Remember that these data refer to centers only.



Another way to look at the magnitude of the problem of children not receiving needed services is to look at the proportion of centers reporting one or more children, either classified or not classified, with behavioral problems and/or developmental delays who do NOT receive needed services. As the chart below shows, even among centers with enrolled children classified with a developmental delay, *22% of the 58 centers with one or more classified children have at least one classified child perceived as not receiving any services* for one or more delays or behavioral problems. By contrast, *among the 67 centers with one or more children who are not classified but who have perceived severe behavioral problems, 88% report that one or more of those children receive none of the services they need.* These proportions are likely to be at least as high, and probably higher, among family day care providers, since they are currently offered few support services.



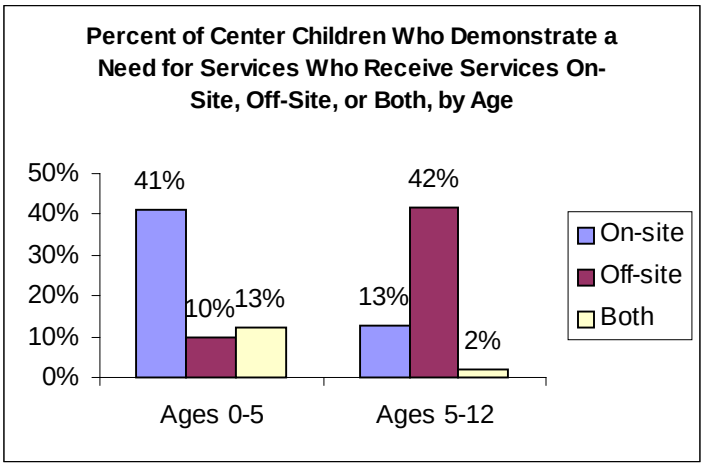
To look at this in more detail, Table 19 shows the number of centers with one or more children with each of the named behavioral problems and/or developmental delays, as well as the number of centers with one or more children with a particular delay or behavioral problem who reportedly receive no support services. For example, among centers with classified children, 24 centers report that they have one or more children with withdrawn behaviors, and five of those centers (21%) report that one or more of these children receive no support services. Even worse, 24 of 26 centers with *non-classified* children with significant withdrawn behaviors report that one or more of these children receive no services (92%). While the lack of services is consistently and overwhelmingly more pronounced among the non-classified, this is to be expected since classified status provides the opportunity for children to receive more services. Nonetheless, even among centers with *classified* children, typically 10% or more of the centers have children with specific behavioral problems and/or developmental delays who reportedly receive none of the support services they are perceived to need.

Location of the Receipt of Support Services

Child Care Centers

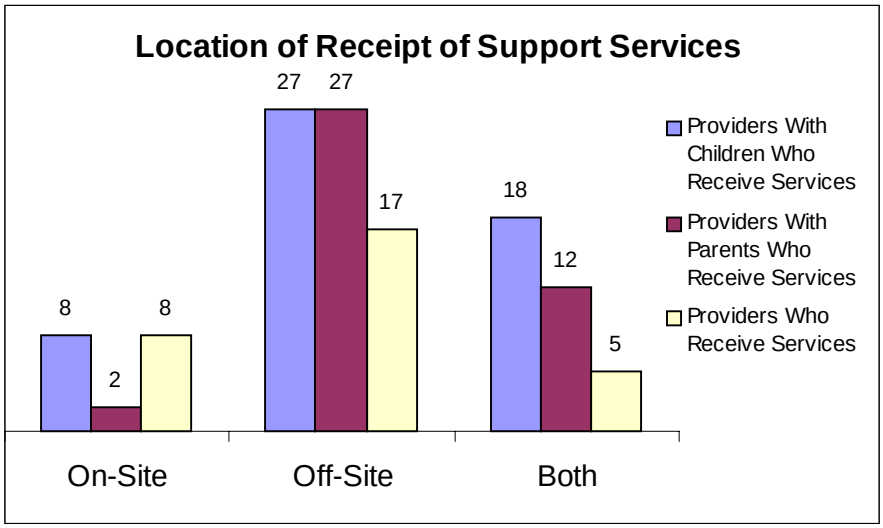
About 43% of children aged 5 to 12 who demonstrate a need for services receive no services among responding child care providers.

Of the children with significant behavioral problems and/or developmental delays who receive services, it is of interest to ascertain where they receive their support services. As shown in Appendix Table 20, *about 39% of the children receive no support services at all.* Of the 544 children between the ages of birth and 5 in need of support services, 41% receive them exclusively on-site at the early childhood facility, and 10% receive services exclusively outside the center. Two hundred seventy (270) children between the ages of 5 and 12 demonstrated a need for support services. About 43% of those children reportedly do not acquire any of the services they need. Almost 13% of the children receive them exclusively on-site at the center and 42% exclusively off-site. The chart below indicates the greater propensity of older children to secure their services exclusively off-site (42%), while the youngest children are more likely to get on-site services (41%).



Family Providers

Children, parents, and providers all potentially receive services to help improve or handle behavioral problems and developmental delays. Eight of the family day care providers who responded to the survey indicated that they have children who receive services on-site at the day care provider, 27 providers have children who receive services off-site, and 18 have children who receive both on-site and off-site services (Table 21). Parents receiving services are somewhat less likely to receive them on-site. Only eight of the 271 providers indicated that they themselves receive support services on-site, an additional 17 say they receive services off-site, and 5 receive both on- and off-site services to help them handle children with behavioral problems.



Types of Services Received by Center Children

Child care center respondents were asked which types of services children received. This information was not asked of family day care providers. Appendix Table 22 shows wide variation in the percentage of children receiving services. The bases from which the percentages are calculated are the total number of classified and non-classified children, regardless of the disability or behavioral problem.

Most of the services listed on the survey are specifically targeted to classified children. Therefore it is not surprising to find, for example, that 11% of classified children receive services from a Special Education Itinerant Teacher, while no non-classified children receive such a service. Nonetheless, it is still revealing to

realize the gaps in services for non-classified children in such broad areas as counseling, screening and needs assessments, and education and training for their parents, for example.

Of the 515 classified children in early childhood centers responding to the survey, 46% of classified children were being screened or receiving needs assessment, compared to 22% of non-classified children. Parents of classified children were more likely (23%) to be educated and trained to effectively deal with their classified children than were parents of their non-classified counterparts (9%). While 12% of classified children received counseling, 5% of non-classified children with behavioral problems received such services.

Appendix Table 23 summarizes the number and proportion of child care centers whose children receive support services of various types. Among the 77 centers who responded to the survey, 63 have at least one child classified with a developmental delay. Of those, 84% have one or more children receiving language/speech services, 57% have at least one child receiving occupational therapy, and 49% have at least one child receiving screening or needs assessment services.

By contrast, 67 centers have one or more non-classified children with severe behavioral problems, and of those, 27% have at least one child receiving screening or needs assessment, 18% have one or more children receiving counseling (compared to 36.5% of those with classified children), and 10% have one or more children receiving language or speech services. In each case, the percentage of centers with one or more non-classified children receiving services is much lower than the proportion of centers with classified children.

Family Involvement in Service Provision for Center Children

After identifying the number of classified and non-classified children receiving support services, center respondents were questioned regarding family involvement in developing support service plans. Table 24 shows that for those children receiving the support services, there appears to be some level of involvement by family members (either always or sometimes) for all of the services. There are not any services where there is a significant lack (those responding never) of involvement by families. However, the response rates on the family involvement questions were very

low, so it is difficult to draw any meaningful conclusions from these data. The relative absence of data at least suggests, however, that most non-respondents believed that families were not highly involved in the development of support service plans. What is less clear is what proportion of their children needed such plans or had them developed in the first place, with or without the parents.

Site of Specific Service Provision

Of those children receiving various support services, the center respondents were asked for the site of service provision. This question had a very low response rate. For example, in Table 23 we see that at least 53 centers had language or speech services for their children. However, in Table 25, we have information on the site of service provision for only 45 centers. Many respondents simply did not answer this question. Nonetheless, the distribution of centers whose children receive services on or off-site is still a useful analysis.

According to Appendix Table 25, parent education and training was the only service that at least 50% of the responding centers secure exclusively on-site at the early childhood facility. However, only 12 centers receive this service at all, in any location. Counseling (79%) is the only service that significant numbers of centers reported as an exclusively off-site service. This may be because many centers do not offer direct counseling to their clients, but rather refer them to other locations. For all the other services, about half of the center children appear to secure them both at and away from the center. This is an indication that child care centers may be reinforcing support children obtain outside the center.

A small number of child care centers located in the city indicated that they provide direct services to non-classified children with behavioral problems. One center reportedly provides a "full-time psychologist, individual and group counseling, and teacher support." The same center has a "Title One Program on-site, full-time academic support, and a Homework Academy." Another center has an "in house student advocate/social worker to provide help to students and faculty."

One city center reported using classroom behavioral management and offers various workshops such as discipline, parenting, and drug abuse. Another city center works with parents to develop

behavioral modification plans. One center located in a crossover zipcode (city and suburban) responded that it hires a mental health consultant one hour per week, while another "crossover area" center stated that they work with parents to develop strategies for working with the child at home and at the center.

Support Service Providers Used for Non-Classified Children

As indicated in the Introduction to the report, seven agencies have been funded within the county to provide primary support services to early childhood/child care centers (and occasionally family day care providers) to help providers respond to the behavioral problems of children who may not be formally classified. In most cases, the services offered include some combination of the following: assessment/evaluation of the needs of children and in some cases center staff, counseling, parent education and training, and consultation/support/training to staff at the centers.

Description of Support Services

The seven core support services offer the following resources to various combinations of day care centers:

Mt. Hope Family Center Community Outreach Program: Through its Attachment Program, it offers therapeutic services mostly to children 3-5, typically with DSS Preventive connections, with behavioral problems and/or delays, and to their families. The program offers consultation with the child care providers as needed to help them work with specific children with behavioral problems. In addition, the Community Outreach Program provides consultation, training and support for child care providers in general, even if their children are not directly served by Mt. Hope. In addition to its work with children, and modeling behavior and offering staff training and workshops for those staff in centers, it also offers some workshops for family day care providers. The support services to day care centers are funded through a combination of the United Way and DSS Preventive funds, at no cost to either the providers or the parents.

Mary Cariola Children's Center Early Childhood Consultation Team: Funded by the United Way and a grant which may be ending, the primary focus of this resource is to go into centers to help model behavior and approaches to help staff change the culture of their centers and to help centers understand what they need to expect and do in dealing with inclusion of

children with significant behavioral problems and/or developmental delays. Much of the focus is on working with staff to help improve interactions with the children, with an emphasis on best practices and how to apply them in dealing with specific individuals. Occasionally the program works with individual children, but mostly in the context of observing and making suggestions to center staff, with some followup monitoring of how well the lessons show up in subsequent practice. Systems and cultural change within and across providers is the primary focus of the program. The program works only with those in centers, and not family day care providers. Typically the program works with a child care center over a 6-week period, including observation, monitoring, nurturing, organizational change, etc.

Family Services of Rochester Early Childhood Intervention/ Day Care Consultation: This resource focuses primarily on urban non-profit centers. It concentrates its efforts on helping children and families and, through them, on the providers as well. Upon request, it provides observation and consultation with children referred for behavioral reasons by the centers. Resource staff also consult with center staff regarding strategies for working in the future with particular children. The program also involves counseling with family members, sometimes on a case management, ongoing basis. These are typically families of the kids served by the program, but may be families without a linkage to a specific youth being observed. The resource also provides workshops for center staff, as well as occasional workshops and training for family day care providers six or seven times a year. Parent workshops are also offered about four or five times a year. The program is primarily funded by the United Way.

Rochester Hearing and Speech Center Early Childhood Communication Services: Day care centers contract with the Hearing and Speech Center, paying to the extent they can, with supplemental funds from the United Way. No parents pay for any services. The program serves primarily urban centers, offering screening, some counseling, some parent education and training, and consultation to staff. The primary focus is on providing in-service training to center staff to help train them to identify hearing and speech-related problems among their children. After problems are spotted, the program does screenings of children and

works with some of those they have specific concerns about. The program works with centers and their staff over a 6-12 month period to help train staff and help them learn to identify problems and learn how to respond to children with possible speech/ language/hearing problems. They typically work with centers one or two times a week. Their primary focus is on speech and hearing issues, and since the program's staff are not trained to deal with serious behavioral problems beyond speech and hearing, if they spot such problems, they need to work with other agencies and/or make referrals to other resources if such other problems arise.

Visiting Nurse Service Child Day Care Consultation: VNS is funded by the United Way to serve a wide range of mostly urban, "high-risk" non-profit centers, though it can also work with suburban centers and even occasional private centers who have needs and are willing to pay for at least a portion of the costs. The United Way funds VNS to make typically weekly visits to the various centers they work with, offering core health, immunization, and speech screening for children in the centers, with followup and referrals as needed. The three VNS staff also review the safety and various regulatory issues related to the centers, monitor staff interaction with the children, play an educational and modeling role for staff, help set up appropriate records and information systems to monitor children's progress, help assure children have appropriate health care, etc. The staff provide followup and tracking of individuals with designated problems that need ongoing attention. Individuals are identified and tracked if there is a health concern, a developmental issue, a behavioral issue, or lack of immunization. The most important role is to train teachers in the centers to observe and followup with children as needed. Staff indicate that although they work with individual children in the centers on an observational and followup basis, they do not view themselves as providing direct services; if behavioral issues arise, they typically help arrange referrals to appropriate other service providers.

Inclusion Consultant: Three local foundations are funding this new initiative to work with the 22 Quality Council Centers in the city. The Inclusion Consultant works with all of the centers to provide teacher workshops, technical assistance, help with

referrals, etc. Beyond these general services and work to educate the member centers about a variety of issues to help them improve their internal culture, the Consultant works in more detail with 8 of the 22 centers identified as most in need of inclusion support. This support primarily consists of detailed in-classroom assistance, with about a half day of immersion and consultation with each center each week. During these sessions, the consultant works generally with an entire classroom, modeling behavior, supplemented as needed by individual attention to specific children in the centers. Work with individuals is done in consultation with the staff, helping them develop specific individualized strategies in conjunction with staff to meet needs of individual children. One of the key emphases is to help link child care providers and resource people/therapists more effectively, so services can be better coordinated. Much of the focus is on helping prepare staff for how to be aware of and address various behavioral issues, whether directly or via referral. The program attempts to focus on prevention, by helping centers anticipate and address issues in a preventive, rather than reactive, mode. Some parent education and training is also provided.

Regional Early Childhood Direction Center: Broadly funded by the State Education Department to provide a wide range of services in the region, the Direction Center spends the equivalent of about a day a week focusing on child care issues, working with about 8-10 mostly urban centers per year, in addition to two or three workshops for family day care providers. Though not exclusively, much of the outreach of the program is with Quality Centers, working with the center staff to help them recognize problems, talk with parents more effectively, and improve communications between parents and providers. Much of the focus is on working with parents, helping empower them while also providing needed "handholding" to help them learn how to negotiate the system and make it work for them and their children. The program also works with staff to help them realize and take advantage of the resources available to them. Little is done with individual children, other than occasional observations upon request, mainly in the context of suggesting options for parents and offering suggestions to staff. As needed, program staff provide education and information to staff and parents regarding anger management, developmental issues, conflict management,

etc. Most of the services tend to be one-shot initiatives in the centers, without ongoing consultation or work with individuals, which is what the Inclusion Consultant is more likely to do.

Child Care Center Use of Support Service Providers

The support services described above serve varying numbers of child care providers. Table 26 and the graph below indicate the numbers and proportions of the child care centers in our survey which make use of these various support service resources. In most cases, the support services also serve providers not included in the survey.

The Hearing and Speech Center and VNS serve the greatest number of child care centers. The former agency serves almost half of the providers in our survey, at least 33 of the 71 who responded to that question. Survey data indicate that several hundred children in those 33 providers received at least some screening services through Hearing and Speech staff efforts. Beyond that, VNS serves 41 different centers, including 26 of those in our sample (37%). More than 1,400 of the children in our sample were observed by VNS, and about 140 of those were referred to other services to address behavioral or CPSE issues.

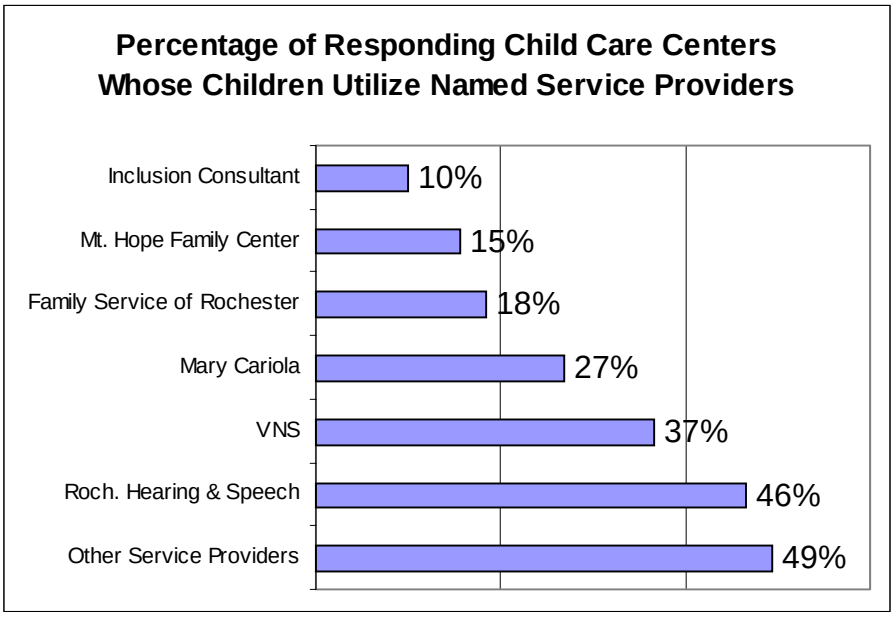
Our surveys indicate that Mary Cariola – ECCT served 19 of the centers in our sample, about a quarter of those surveyed. As many as 220 individuals were served, according to the surveys.

Family Services provides direct services to about 15 centers each year, including 13 of those in our sample (18%). Within the past year, program records indicate that they served about 100 children and about 80 families in those centers. Mt. Hope Family Center serves 11 day care centers, all in our sample, as well as a few family day care providers. During the past year, in addition to the work they do with individual centers and staff, the Family Center worked with between 25 and 30 individual children in their work with the centers.

The Inclusion Consultant works closely with eight Quality Council centers on a regular basis. Program data suggest that the consultant has worked with more than 300 children in the past year within those 8 centers, including 57 with various behavioral problems. The Regional Early Direction Center also serves about

8 to 10 centers per year, though with little emphasis on individual children.

Of those directly served by the seven service provider resources, the behaviors most frequently cited as problematic among the children were aggressive, defiant and, in two cases, withdrawn. *The most challenging behaviors mentioned most often by the support service staff were the often-interrelated aggressive and defiant behaviors and, as one put it, "a growth in uncivilized kids who have never learned civil, polite behavior," which translates into increases in defiant, aggressive behavior in the child care settings.*



Services Needed

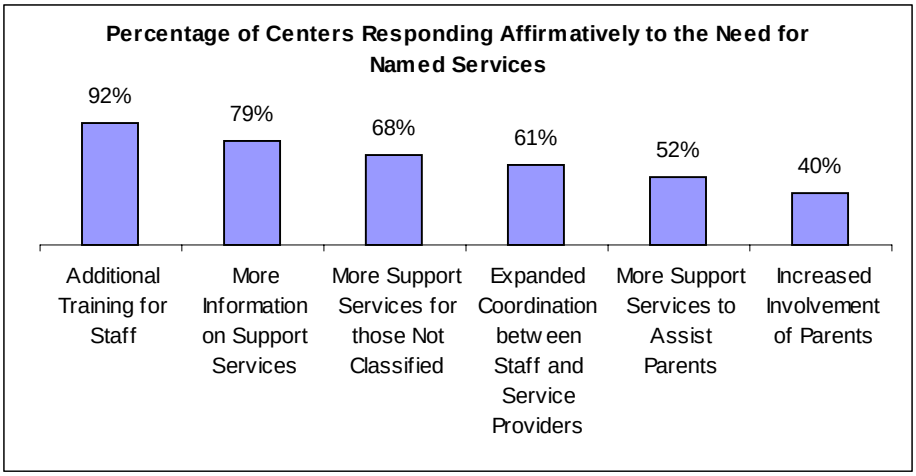
Child Care Centers

Child care center respondents were asked to select from a listed set of resources which would help them as child care providers to respond more effectively to the behavioral and developmental needs of children, both classified and not-classified (see Table 27). The median number of responses selected was 4. Five of the 75 respondents selected all the resources.

Ninety-two percent (92%) of the centers responded in the affirmative to the need for additional training and consultation for staff to help them meet the needs of such children, and 79% said they needed more information about what support services are

Centers would like to have more training and consultation for staff (92%), and more information about what services are available (79%).

available and how to access them. Other resources that at least 50% of respondents requested more of were more support services for those children who are not formally classified but who have significant behavioral problems (68%), expanded coordination of services between childcare staff and providers of support services (61%), and more support services to help parents of children with behavioral problems (52%). Other measures that less than 50% of respondents thought would be of use were increased involvement by parents in development of service plans (40%), more support services for those who are already classified (32%), expanded availability or frequency of existing services (29%) and expanded access to services in a crisis (29%).



Respondents were also asked to indicate which of the above would be the *three most important services* in assisting them in responding more effectively to children with behavioral problems and/or developmental delays. Table 28 indicates that the order of importance coincides with the order of the results of the previous table, with *additional training for staff, more information on support services, and more support services for children with behavioral problems who are not classified rated as the most important resources for helping them meet the needs of children with significant behavioral problems and developmental delays* (71%, 53%, and 43% respectively).

Family Providers

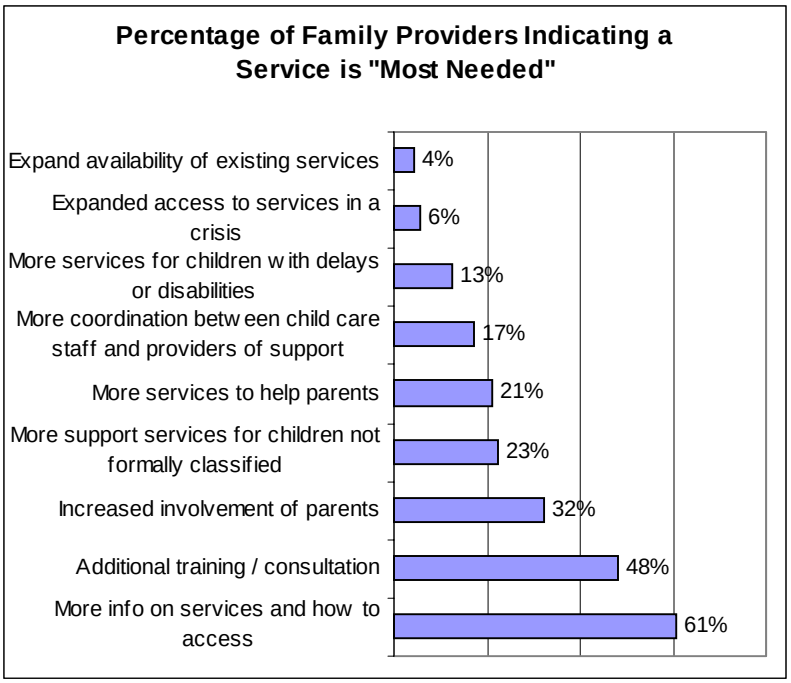
Similarly, the family day care survey listed nine services that family day care providers might need to help them better cope with

children with behavioral problems and/or developmental delays. First the respondents were asked to select all of the services they thought would be helpful. Appendix Table 29 lists the services selected in order of popularity. The most frequently selected service was "more information on services and how to access them" (69%). More than half of the respondents selected "additional training and consultation" (55%). Four in ten selected "increased involvement of parents in development plans for their children" (40%).

Providers were then asked to select the *most* needed services, and they were allowed to select up to three of the nine. The top three responses remained the same, as shown in Table 30 and in the graph below.

Services with very low response rates were "expand availability of existing services," (4%), "expanded ability to access service in a crisis" (6%), and "more services for children with developmental delays or disabilities" (13%).

Family day care providers appear more interested in expanded information on how to use services, and in more direct training for themselves and parents, as opposed to expansion of the support services themselves. Providers may believe that services are in place, but that they are not aware of how to access them properly.



How to Improve Services

When asked an open-ended question about suggestions for how to improve support services for classified children or non-classified children with severe behavioral problems, providers responded with some common themes. *Coordination and communication among child care providers, parents, and specialist support service providers needs improvement.* According to one child care center in the city, "coordination of service plans is very important—it's very difficult to get 'the players' together." One city provider indicated a need to develop "better ways for the teacher and parent to communicate with each other." Other providers in both the city and suburbs echoed these comments.

Centers are also concerned about continuity of services for children. In particular, some children attend part-day special education classes, but spend the rest of the day in a typical child care center. Similarly, during summer and other vacations, many of these children receive no services. The times of lapse in services lead to neglect of social/behavioral concerns.

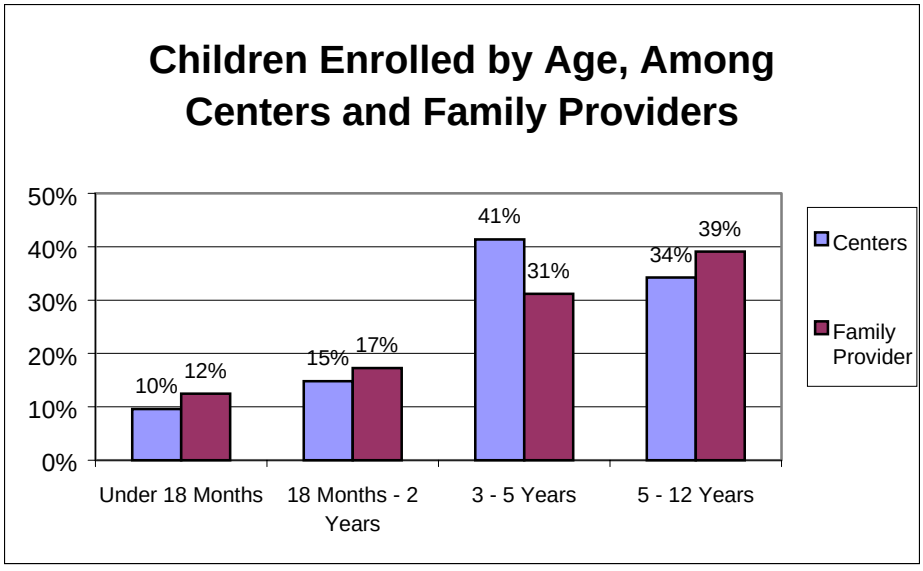
Two city centers stated explicitly that they would like increased funding in order to either cut down on child-to-staff ratios, or to provide more hands-on help for children with behavioral problems and/or developmental delays.

VI. Comparison of Child Care Centers and Family Day Care Providers By City / Suburban Location

This chapter analyzes survey results across facility location. Some respondents did not indicate their name or address, so they could not be placed in the appropriate group. In such cases, the information they provided was omitted from the analysis. Therefore, some numbers may differ from comparable numbers presented in earlier chapters.

Enrollment by Age Group

Table 31 shows that family providers enroll a slightly higher proportion of children under three years (29%) than do centers (25%). However, centers have a higher concentration of 3-5 year olds (41%) than family providers (31%). This is particularly true within city-based centers.

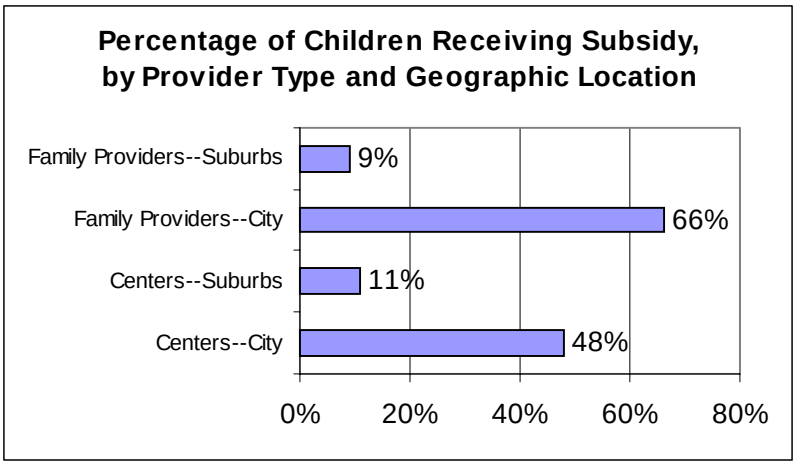


Subsidized Status

Table 32 shows that family day care providers have a higher percentage of children who are subsidized compared to children in

Family day care providers have a higher proportion of children receiving subsidies than day care centers.

child care centers (38% vs. 31%). Children in family providers in the city are most likely to receive subsidization (66%), while children in suburban family day care settings are least likely (9%).



Nearly all child care providers in the city (more than 90%), both centers and family day care providers, enroll at least some subsidized children, as do almost 80% of suburban child care centers. However, only about 30% of the family providers in the suburbs had subsidized children at the time of the survey.

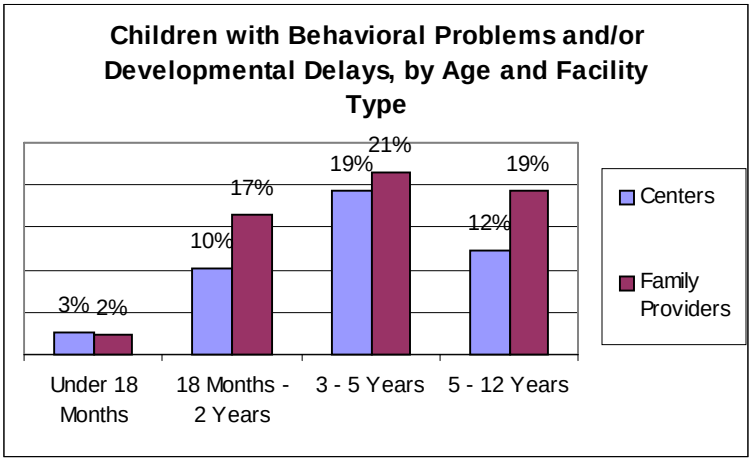
Behavioral Problems and/or Developmental Delays

Among centers, more than half of the children with behavioral problems or delays are aged 3 to 5 (59%).

Table 33 shows the numbers and percentages of children with perceived behavioral problems and/or developmental delays by age group. Centers appear to have a younger concentration of children with problems compared to the family providers. While 59% of the children with behavioral problems and/or developmental delays in centers are aged 3-5, only 38% of such children in family providers are in that age group. Conversely, while 30% of children with behavioral problems and/or delays in centers are aged 5 to 12, 43% of the children with problems and/or delays in family providers are in this oldest age group.

Within each age group over 18 months, *higher proportions of children enrolled with family day care providers are perceived to have behavioral problems and/or developmental delays, compared to child care centers.* For example, 10% of children 18 months - 2 years in centers have

reported behavioral problems and/or delays, compared to 17% in this age group served by family provider respondents.



As shown in Table 33 in the Appendix, at all age ranges, for both child care centers and family day care providers, city-based providers have higher proportions of children with perceived behavioral problems and/or developmental delays. *Within the 3-5 and 5-12 age ranges, the proportions of children with significant behavioral problems and/or developmental delays are at least twice as high in the city as among suburban providers—including about one of every four 3-5 year-old children enrolled with city-based providers.* Overall, 18% of the children enrolled in city-based centers have behavioral problems identified by their providers and/or developmental delays, compared with 9% of those in the suburbs. Within family providers, the comparable proportions are 23% and 12%, respectively.

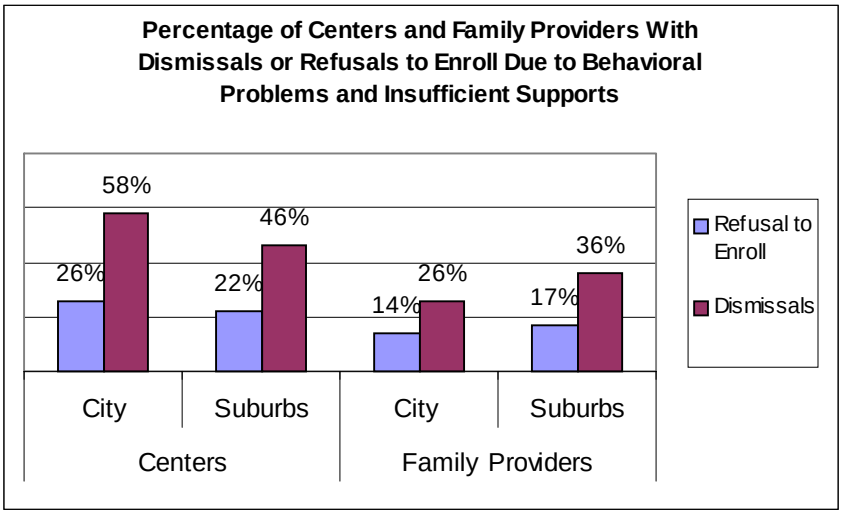
Dismissals and Refusals to Enroll

One-quarter (26%) of city child care centers refused to enroll one or more children, and more than half (58%) dismissed children due to insufficient support services.

Table 34 shows the numbers of children not enrolled or dismissed due to insufficient support services to meet the needs of children with significant behavioral problems. Among child care centers, a total of 44 children were not initially enrolled as a result. Most of these children (29) were located in the city. Similarly, among family providers, 90 children were not enrolled. Almost 60% (53) were located in the city.

Looking at the providers, 26% of city centers refused to enroll one or more children, and 58% of city centers dismissed one or more children. By contrast, 22% of suburban centers refused to enroll a child, while nearly half (46%) dismissed one or more children.

Rates of dismissal and refusal to enroll were lower among family providers. Approximately 15% of family providers in both the city and the suburbs had refused to enroll one or more children, while a higher proportion dismissed children in the city (26%) and the suburbs (36%).

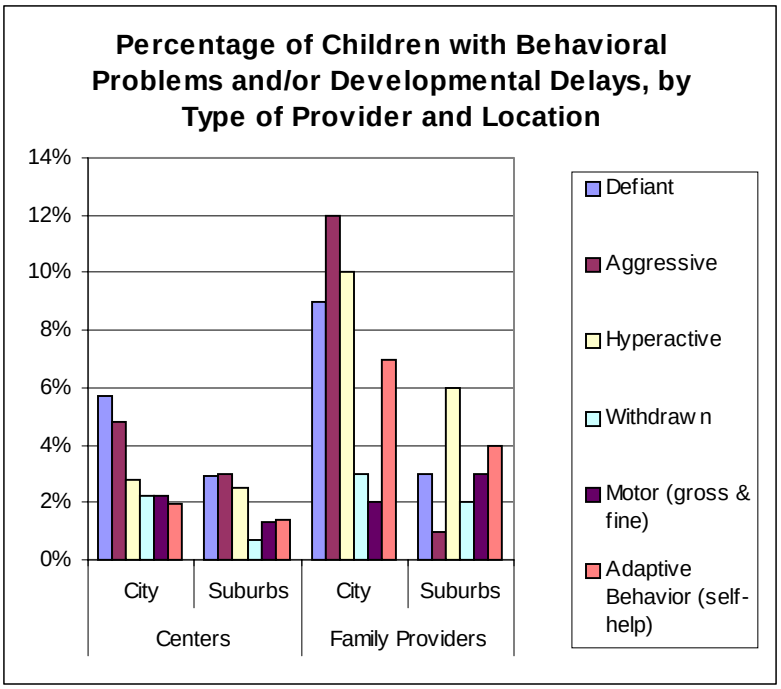


Types of Behavioral Problems and/or Developmental Delays

Table 35 displays the number and percentage of children with behavioral problems and/or developmental delays, by facility type and location. Only those behaviors that were directly comparable between centers and family providers are included in this table. *Overall, rates of perceived behavioral problems are higher within city providers than in the suburbs, for both child care centers and family day care providers.* For example, 6% of children in city centers reportedly displayed defiant behavior, compared to 3% of children in suburban centers. Similarly, 5% of city center children displayed aggressive behavior compared to 3% of suburban center children.

Rates of behavioral problems are consistently higher in the city than in the suburbs.

Among family providers, the difference between city and suburbs is even more pronounced. While 12% of children in city family providers reportedly display significant aggressive behavior, 4% of suburban family provider children reportedly display such behavior. The differences in hyperactive behavior between city and suburban family providers is 12% and 6%; for defiant behavior, 9% and 3%. *In part at least, these differences may reflect the effects of concentrations of poverty within the city.*



Most Challenging Behavioral Problems and/or Developmental Delays

Among child care centers, 73% named aggressive behavior as "most challenging," while 47% of centers named defiance as the most challenging problem.

Table 36 shows the most challenging behavioral problems and developmental delays in the opinion of center staff and family providers who completed surveys. Of the 77 centers responding to this survey, 66 responded to this question, and also provided information on city versus suburban location. Among the 271 family day care respondents to the survey, 191 responded to this question on the most challenging behavioral problems, and also provided information on city versus suburban location.

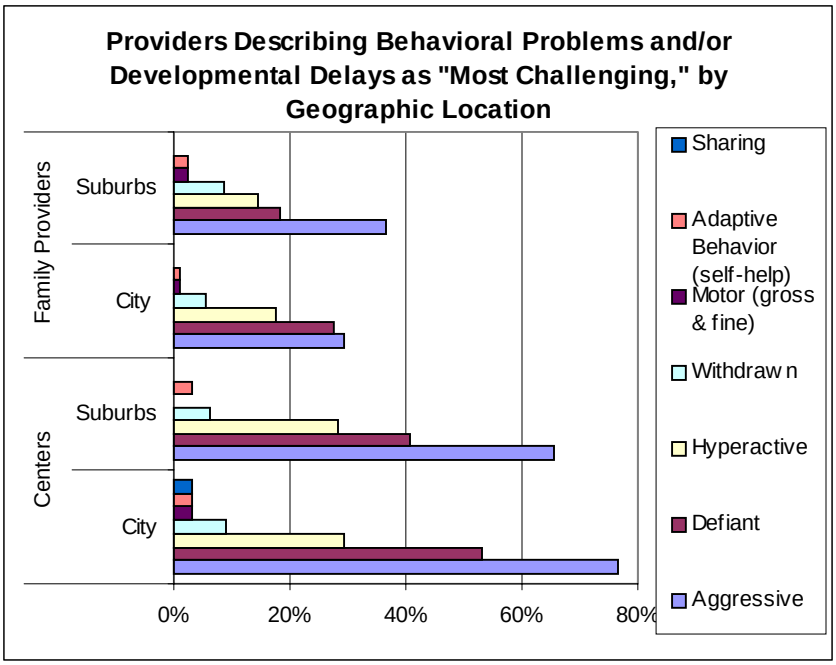
In general, centers were more likely than family providers to name one or more behaviors as "most challenging." While 73% of centers indicated that aggressive behavior was the most challenging problem, this compared to 34% of family providers. Similarly, while 47% of centers named defiance as a most challenging problem, about half that proportion (24%) of family providers named that behavior as most challenging.

Differences also existed by city and suburb status. For example, centers in the city were more likely (79%) than centers in the suburbs (66%) to name aggressive behavior as most challenging.

Centers in the city are more challenged by aggressive and defiant behaviors than their suburban counterparts.

City centers were also more likely to name defiance (53%) as most challenging, compared to their suburban counterparts (41%).

Among family providers, suburban providers were more likely (38%) than city providers (30%) to name aggressiveness as most challenging. However, the city family providers were more likely than suburban family providers to name defiance as most challenging (28% and 18%, respectively).



Resources Most Needed by Providers

Tables 37 and 38 describe the resources selected by survey respondents as "most needed" by centers and family providers, respectively. For example, while 71% of centers indicated that "additional training for staff" is most needed, this compares to 53% of family providers. While 65% of family providers indicate that "more information on support services" is most needed, this compares to 53% of child care centers.

Differences also exist between the city and the suburbs for both the centers and the family day care providers. For example, while 81% of suburban centers indicated a need for additional training for staff, 62% of city centers selected this resource as most

Suburban centers were more likely (81%) to indicate a need for additional training for staff than city centers (62%).

needed. While 72% of suburban centers indicated that more information on support services is a most needed resource, half as many city centers selected this option (36%). These differences may reflect the fact that, to the extent that support services have been put in place to help providers address issues of behavioral problems in the child care setting, they have tended to be concentrated within child care centers, and mostly centers located in the city. On the other hand, city-based centers were much more likely to make one of their top requests more support services for non-classified children (49% vs. 36%) and more support services to assist parents (38% in the city vs. 11% of suburban centers).

Among family day care providers the differences between city and suburban providers are not as striking. However, while 60% of suburban family providers indicated a need for additional training for staff, only 47% of city family providers selected this resource as most needed.

When asked what types of support services they would like to see improved, family providers mentioned a need for parents to become more educated about behavioral problems, and to become more involved overall. One city based family provider stated "more…parents [need] to take parenting classes [such as] behavior management, child abuse, parenting, and provider communication." Another indicated "younger parents seem to be unaware and uninformed about programs and medication for children with hyperactive problems. There should be more parenting programs for younger parents." Several others simply listed "parent involvement, "support from parents," or similar comments.

VII. ROCHESTER CITY SCHOOL DISTRICT PRESCHOOL DATA

Since some children would not be included in the centers or family day care providers to whom we sent surveys, but are served by Rochester City School District preschool programs, the City School District provided selected data on children served in its RCSD-operated centers. The Rochester Early Childhood Assessment Partnership (RECAP) is a community evaluation effort that works with the CSD, among many other organizations, to measure both process and outcomes of formal early childhood experiences serving three- and four-year-old children. RECAP 1999-2000 data were used for this portion of the analysis.

The analysis includes 1,136 three- and four-year-old children in CSD early childhood programs. Using the standardized Teacher-Child Rating Scale (T-CRS) as a valid, reliable measure of social-emotional behavior of preschool children, each child was assessed by his/her preschool teacher on four social-emotional measures: behavior control, assertive social skills, peer sociability, and task orientation. Elements of these scales correspond in part to the behavioral problem categories used in the survey instruments used in this project, as described and analyzed above.

Number of Social-Emotional Problems

Based on national norms, RECAP data identifies a social-emotional problem as a score at or below the 15th percentile in one or more of the four identified social-emotional competencies.

About 30% (339 of 1,136) of RCSD-served children had one or more social-emotional problems at or below the 15th percentile: 15% had one problem, and 15% had two or more problems—7% with two problems, 5% with three, and 3% with all four problems identified by the T-CRS and the RECAP process. The figures were very similar for non-RCSD children in Universal Pre-Kindergarten programs.

Moreover, this total of 30% of children with social-emotional problems among City School District 3- and 4-year-olds, using the

standardized rating scale, is roughly comparable to the 24% of 3-5 year-olds in our survey's child care centers in the city and the 30% in city-based family day care providers for whom providers reported significant behavioral problems and/or developmental delays. *If anything, the CSD/RECAP data suggest that our survey data in terms of proportions of city children with behavioral problems may be slightly on the conservative side.*

Relationship of Social-Emotional Behavior to Developmental Delays

1999-2000 RCSD/RECAP data were also used to assess the relationship between preschool children classified with disabilities and the existence of social-emotional behavioral problems. *District data indicate that about half of their preschool students classified with disabilities also had one or more social-emotional problems, as measured by the T-CRS. Again, this proportion was virtually identical to the findings from our surveys of child care providers.*

For a further description of the District's preschool classified population, along with the descriptions of the classifications for those students as they enter kindergarten, see the chart at the end of the Appendix.

VIII. CONCLUSIONS AND RECOMMENDATIONS

Based on extrapolation of our survey findings, we estimate that at any given time, the child care providers in the formal, registered and licensed child care system in Monroe County serve more than 3,600 children with developmental delays and/or significant behavioral problems that in the providers' judgment consistently interfere with regular program activities. This does not include the substantial number of children served by the community's many informal providers, such as family members, friends and other non-registered, non-licensed providers of child care. Children served exclusively in approved preschool special education settings are also not included in this total.

Furthermore, RECAP and City School District data indicate that almost 350 additional 3- and 4-year-old children enrolled in City School District pre-school programs have one or more social-emotional problems similar to those described by providers in our surveys. These children are not included in our survey data. Thus, if these individuals are added to those served by the registered and licensed child care system, *we estimate that a total of almost 4,000 separate children (unduplicated count) with some combination of developmental delays and/or perceived serious behavior problems significant enough to interfere with regular program activities are served each day in the county's regular child care/early childhood education system. This represents about 16% of all the children enrolled at any time in that system.* About 2,300 of these children are served in early childhood/child care center settings (58%), with the remainder served by family day care providers.

If we isolate only those children identified with significant behavior problems, *more than 3,450 of the 4,000 children were identified with specific serious behavioral problems considered to be disruptive to program activities*, even after excluding from the 4,000 total (i.e., not counting) those classified children who were perceived to have developmental delays not related to specific serious behavioral problems.

The numbers of children with developmental delays and significant behavioral problems in the child care system are pervasive. Such children are not simply isolated within a small handful of providers. Indeed, *almost 90% of the child care centers at any given time report that they have one or more children enrolled with a developmental delay and/or significant behavioral problem. More than two-thirds of the family day care providers, even with their substantially smaller potential enrollments, report having at least one such child enrolled on any given day*. Most of these providers report having to deal with disruptions due to perceived significant aggressive and defiant behavior problems, and they frequently report not having the support services needed to address the problems. This underscores the reality that the supports are often needed as much or more to address systems and child care provider problems and issues as they are needed to address the child's "problem" (as discussed in more detail below).

Of the 4,000 children with some combination of developmental delays and perceived significant behavioral problems, two-thirds (about 2,700) are of preschool ages (birth – 5), including more than half (about 2,150) who are between the ages of 3 and 5; the remainder are school-aged children up to the age of 12.

On any given day, about one-fifth of all the children enrolled in city-based child care providers have been identified by their provider as having a significant behavioral problem and/or a developmental delay or disability, compared with about one in ten children enrolled with suburban-based providers. This represents more than 2,800 children in city-based providers, and roughly 1,200 in suburban locations. In both child care centers and family day care providers, for preschool children between the ages of 3 and 5 and among school-aged children 5-12, the proportion of children with developmental delays and/or reported serious behavior problems is twice as high, or more, among city providers as among providers in the suburbs. Most significantly, *of all 3- to 5-year-olds who are enrolled with city-based child care/early childhood providers, fully 25% (more than 1,500 children) are perceived by their providers to have significant behavioral problems and/or developmental delays (perhaps as high as 30%, using RCSD preschool data, including half of those with multiple problems).*

At each age range, the proportion of children with perceived significant behavioral problems and/or developmental delays is higher within the city than among the suburban providers, for both centers and family providers. *In both the city and the suburbs, the percentage of children identified by providers as having such developmental delays and serious behavioral problems is significantly greater at all age ranges within family day care providers than within centers.*

About 1,400 children are cited by their providers as having aggressive behavioral problems significant enough to consistently interfere with regular program activities, with similar numbers of children cited as overly hyperactive, and about 1,200 considered to be overly defiant. In addition, it is likely that at least some of the almost 350 CSD preschool children with social-emotional problems would add to these totals. We know from national research that many of the children in these specific behavioral totals may exhibit more than one of the problem behaviors, with an especially high correlation between aggressive and defiant behaviors. The vast majority of all these children with significant behavioral problems are non-classified children, and thus most have access to few if any support services.

About 40% of all child care center children with reported significant behavior problems and/or developmental delays reportedly receive none of the support services they are perceived to need. Others receive a portion of the services providers say are needed. (No comparable data were available for family day care providers, although, given the relative lack of support service resources available to them, it is likely that the percentage is considerably higher for the family providers.) *Overall, at least 2,500 of the roughly 4,000 children with developmental delays and perceived significant behavioral problems do not receive all of the support services their providers say they need (in addition to unknown numbers of the almost 350 City School District children with social-emotional problems for whom not all needed support services are provided).* Even among formally classified children served in child care centers, about two-thirds of those identified as having significant aggressive, defiant or hyperactive behavioral problems do not receive all the support services they reportedly need. *Among center-enrolled non-classified children with perceived significant behavioral problems, almost none receive all the support services they are perceived to need, and about 80% of those children with various significant behavior problems receive no support services at all.*

Presumably, the proportions would be even greater for family day care providers if such data were available, given that the support services that do exist for non-classified children are only available, for the most part, for child care centers.

Not only do the children in need of services receive few of the support services they are perceived to need, but as noted, most providers themselves receive few support services—either for themselves or on-site for individual children—to help address the needs of children identified as having significant behavioral problems. *Even among child care centers with enrolled children who are classified with a developmental disability, 22% of the centers reported having at least one child for whom no perceived needed support services are provided, and 88% of the centers with non-classified children with significant behavior problems reported having one or more children who received none of the needed services. Most reported needing more direct support and modeling of best practices for them as providers, in addition to direct services needed for individual children.* And again, such support services are even less likely to be made available to family day care providers and their enrolled children.

Implications

In short, child care providers often have one or more children enrolled at any given time with some combination of developmental delays or disabilities and/or what they consider to be significant behavioral problems. These may represent actual behavioral problems, but in other cases the "problem" may lie more with the programmatic environment or curriculum of the provider, or with inadequate staff coping skills or lack of understanding of what is appropriate behavior for children at various developmental stages. Regardless of the explanatory factors, the resulting behaviors create the potential for interference with program activities. Yet, despite expanded resources which have been made available to help meet the needs of children by deploying respected support services to work with at least some children and staff in some child care centers, particularly among providers based in the city (though very rarely in family day care providers), *the large majority of providers report that they and the children they care for do not receive enough of the support services they say they need to create an environment in which they can function and effectively support the needs of all children, especially when the children are perceived to have*

behavioral problems but are not classified—and therefore are not typically eligible for support services they and their providers may need.

In addition to the evidence based on current enrollment and support service patterns, almost a quarter of the day care centers and 15% of the family providers reported that over the past year they had not enrolled one or more children with significant behavioral problems because of the absence or insufficiency of adequate support services (a total of almost 600 children not enrolled during that year). Furthermore, more than half of the centers and 29% of the family providers had enrolled but subsequently had to dismiss one or more "problem" children because of the insufficiency of needed services (almost 800 such children systemwide). *Clearly large proportions of providers of all types are making concerted efforts to be inclusive in enrolling children with significant behavior problems, but they need more support services to help them serve the children directly and to provide their staff with the training and resources they need to create a positive environment both for the children perceived as causing problems and for the other children in the child care setting.*

Both child care centers and family day care providers emphasized the need for additional training and consultation for their staff to help them meet the needs of children identified with significant behavioral problems and/or children classified with developmental disabilities. They also cited the need for more information about what support services are available, and how to access them. Centers in particular also emphasized the need for more support services to help with children who have significant behavioral problems but have not been formally classified, and for better coordination of services between child care staff and the resources offering support services.

Even if some of the children with behavioral problems may show improvement and maturation over the course of a few months, e.g., during the program year, the problems child care provider personnel face are nonetheless significant before any improvement begins to occur. *Thus the magnitude of the problems, both in terms of the number of children and the numbers of providers affected, is significant, and there are currently not enough resources available within the support services system to meet the needs of the child care providers.*

Furthermore, as suggested above and according to several of those interviewed as part of this project, the issue is not just one of significant numbers of children with behavioral problems and/or

developmental delays in the child care system, or of insufficient support services to address the needs those children bring into the system. *Several also emphasized that the "child care environment itself" is in some cases part of the problem.* It is important and accurate to acknowledge the myriad strengths of the child care system, with many strong leaders and providers who have made huge commitments to their field and to the area's children—all while being grossly underpaid in most cases. But it must also be said that in too many cases, the commitment, skills and caring needed to be effective child care providers—and an adequate understanding of what is developmentally appropriate behavior at various ages—don't always mesh as they should among all providers.

Those making these points—and these related points were made over and over throughout the study by both child care providers and resources offering various support services—indicated that *in too many cases child care providers are not sufficiently nurturing of children, do not always communicate or interact well with the children or their parents, often do not have sufficient understanding of the developmental stages and needs of children, and often do not manage the environment well enough to build on a child's strengths and meet the child's developmental needs.*

Some defined the issue in rather direct terms, in effect saying that in some cases providers and/or specific staff have trouble dealing effectively with "average kids," let alone being able to address the needs of children with serious behavioral problems. It is the view of these individuals that *unless a strong overall child care environment—including adequate pay, strengthened staff training/development and more effective ways of interacting with children and parents—is in place, meeting the goal of successfully serving all children with severe behavior problems in an inclusive environment will be seriously compromised.*

It should also be noted that *it is very difficult for most individual child care providers to be able to underwrite much, if any, of the costs of accessing support service resources and training*, either as direct resources for children or their families, or as resources to work with provider staff in improving their skills, and modeling appropriate behaviors when dealing with children of all types. Furthermore, *problems child care centers have in accessing various types of support services are exacerbated when dealing with family day care providers, where financial constraints and*

the lack of staff flexibility make being able to allocate staff time to training and workshops even more difficult, unless the training can be provided on-site while working with children and staff directly during the day. However, given the number of family day care providers, the ability of support service providers to offer such services efficiently to a number of child care providers in such a manner is not cost effective.

One final point should be made that is perhaps obvious, but should not be lost in the discussion of making improvements within the child care and early childhood education systems: *The solutions to the behavioral problems child care providers must address cannot be dealt with by the child care and early childhood education communities alone.* The problems are ones which must also be addressed by the larger community (in the context, for example, of taking actions needed to reduce the concentrations of poverty in the city), by the families of these children, and by marshaling resources available in other systems such as health and mental health providers and the funders of such services. Much can and should be done within the child care and early childhood education systems, but others must also be part of the solutions.

Suggestions and Recommendations

Based on the study findings, conclusions and implications, a number of recommendations and suggestions are offered for consideration by funders, planners, providers, and policymakers concerned about early childhood issues. They are grouped into five major themes or issues:

- Convene countywide call to action;
- Focus on improving the overall child care system;
- Improve coordination of existing services;
- Target support services strategically;
- Expand resources and funding.

The recommendations are designed to strengthen the overall child care system, to help prevent/reduce the incidence of future behavioral problems, and to develop cost-effective solutions to problems that would ultimately cost more to solve if left

unattended now. More detailed suggestions and recommendations follow below, grouped within these five broad categories:

Convene Countywide Call to Action

- ***The Early Childhood Development Initiative (ECDI) should convene all the major players in the early childhood community, and facilitate an action planning process designed to develop a comprehensive action plan to respond to the issues and concerns raised in this report.*** The ECDI-led process should incorporate a wide variety of organizations and interested parties in this effort, including policymakers and appropriate administration representatives from Monroe County government, appropriate representatives from New York State government, the United Way, local school districts, early childhood advocates, child care and early childhood education providers, support service providers, higher education representatives, the business community, health and mental health service providers, insurance industry representatives, local foundations and other funders, and other appropriate community leaders.

- ***ECDI and the process it spearheads should focus on developing an action agenda that fleshes out who should do what to address the remaining recommendations in this report—and any other recommendations that may arise from the process.***

Focus on Improving the Overall Child Care System

- ***Additional resources should be invested in training and development for child care provider staff, with particular focus on helping assure that an adequate child care environment of nurturing, effective communications, and developmentally-appropriate interactions for all children is in place in child care settings throughout the community.***

- ***Training should also focus on strengthening providers' knowledge of basic child development issues, and how to apply that knowledge in working with individuals and groups of children; and on behavior management and modeling best practices for***

interacting with children and for managing the child care environment.

- ***Focus primary attention on improving the child care system's (and individual providers') abilities to identify and address needs of children, anticipate and prevent problems, and create a positive, strengths-based environment for all children.*** This needs to be done in the context of building on the substantial strengths of the existing child care system, and assuring that a strong single system of child care services and support services is in place to meet the needs of all children—classified and non-classified, subsidized and non-subsidized, with and without significant behavioral and social-emotional problems.

- ***Provide specific training and support for child care providers in implementing anger management and conflict resolution techniques.***

- ***Develop a more seamless support service delivery system and funding/regulatory model to enable child care providers to better utilize the services and resources currently available to children who are classified as having some type of developmental delay or disability.*** Ways should be explored to fund and utilize such existing resources in more creative ways, so that, for example, ***resource professionals visiting a child care provider to provide services for an individual classified child can also work with non-classified children with behavioral problems in that same setting, and simultaneously provide training, hands-on consultation, and best practices modeling for staff in the child care setting***.

- ***Increasingly focus the efforts of the small network of providers of support services who work with non-classified children with behavioral problems, to increasingly address staff training/development and systems improvement issues, and to work with parents to better address their needs and strengthen***

the family environment from which the child comes and to which he/she returns each evening.

- ***Set up a process to facilitate curriculum review by providers, to assure that curriculum, program activities and ways that staff and children interact are consistent with recognized best practices, and help to encourage appropriate behavior while minimizing opportunities to exacerbate inappropriate behavior.***

- ***Establish a clearinghouse for best practice information about the issues raised in this report, to help local providers learn about and incorporate best practices and models in place locally and nationally***.

- ***Develop effective measurement processes within the child care and early childhood education systems that assess the internal environment of each child care provider, provide timely feedback, and assist in improving operations and environments of the early childhood providers, to the benefit of all enrolled children***. These efforts throughout the county should build on the important performance measurement work of RECAP.

Improve Coordination of Support Services

- ***Empower a single body with the ability to carefully assess the best use of existing support services in the community, and to help coordinate and allocate support service resources to providers according to priority needs.*** The seven respected core support service agencies noted in this report offer a mixture of individualized services to children with behavioral problems (and in some cases their families), and of training and "best practice modeling" for child care provider staff. ***These support services should be strengthened, with increased focus on efforts to strengthen core child care and early childhood staff and to create a more universal understanding of good child development practices.*** For the most part, the existing support service resources seem to complement each other, but there also appears to be some evidence of occasional duplication or

overlap of efforts, which may not always result in the best use of scarce resources. ***The impact of existing resources can be enhanced through a more careful centralized setting of priorities and allocation of resources to minimize overlap and to assign resources where they are most likely to have the greatest impact.***

- ***Create teams of resources that could go into child care providers as needed,*** to help with such things as creating a nurturing environment, helping provide anger management and conflict resolution training and orientation, providing modeling and other types of training, helping set up management and records systems, etc. Such teams may include existing support service resources where appropriate, as well as other combinations of resources targeted as appropriate to the needs.

- ***Enhance support services by improving the coordination of services between child care providers and those offering the support services.*** Building on the new City School District/UPK Early Intervention interdisciplinary initiative involving the City School District and other community resources (see last recommendation below), ***strengthened linkages should be developed between the City School District, Head Start and child care providers to enhance staff development and training initiatives, support service provision, etc. in the future. Improved coordination between child care staff, support services and parents should also be a goal of improving the support service system.***

- ***Assure adequate time on the part of support service resources to monitor and followup with child care providers after training, modeling of best practices, etc., so the training and modeling are ongoing and not just one-shot efforts.***

Target Support Services Strategically

- ***Expand the existing network of support services for non-classified children with severe behavioral problems, their families, and their child care providers.***

- ***Expand and strategically target support services for children with behavioral problems who are enrolled with family day care providers, and expand training, workshops, and behavior modeling opportunities for the family day care providers themselves.*** The types of support service resources currently available to child care centers should be made available to family providers to a much greater extent than is now the case. Additional services to family providers may best be coordinated and provided, in large part, through the Child Care Council and family day care satellite offices. ***It may be necessary to offer financial incentives and provide child care to enable family day care providers to attend workshops at night or on weekends, since they have little flexibility to send staff (typically themselves) to training during the day when they are caring for children.***

- ***Continue to focus support services on city-based child care providers***, given the concentration of needs within the city. However, it is also clear that inclusion and behavioral problem issues, and the need for support services to address them, cut across city and suburban boundaries. ***Significant numbers of children and child care providers in the suburbs are also in need of such services.***

- ***Place increased emphasis on helping child care providers work effectively with parents***, and on increasing the level of involvement of parents in the development of service plans for their children with behavioral and socio-emotional problems.

Expand Resources and Funding

- ***Expand existing support services and provide additional resources to address the issues raised in this report. Additional resources should be directed (1) to strengthen the child care provider community and its ability to improve providers' overall services to children, and (2) to strengthen individualized support services to help children with significant behavioral problems, and their parents.*** As suggested in these

recommendations, more can and should be done to maximize the use and value of existing support services. However, even with more careful use of existing resources, additional support services will be needed, given the significant numbers of children with severe behavioral problems in the child care system, and the numbers of providers affected. Expansion of *existing* support services with proven track records may be the most cost effective way of accomplishing this goal, but other possible support service providers should also be given the opportunity to respond to a Request for Proposals that should be developed requesting specific services.

- ***Find additional sources of funding for use in expanding support services to more providers and more children with significant behavioral problems***. Such expansion will be needed to address the needs of the substantial number of non-classified children with various types of significant behavioral and/or socio-emotional problems, and the providers who serve them. In CGR's judgment, these expanded support resources cannot be paid for directly by child care providers. ***Use of such expanded funds would not only help create an environment in which the probability of meeting inclusion goals would be enhanced, but would also improve the overall environment and culture of the child care service-providing community for all children and families using it.*** Other sources of funds for enhancing support services might include New York State, the United Way, Monroe County, insurance companies, and interested local foundations with a history of support for early childhood initiatives.

- ***Insurance companies should begin to fund support services for non-classified children with behavioral problems, and for child care providers to help them better serve such children and, where appropriate, their parents.*** Use of insurance company resources should be viewed as a cost effective investment. Expanded use of such "early intervention and preventive" resources should help prevent and reduce the incidence of costly

problems later in a child's life, as well as reducing the more immediate pressures on a parent's employment situation by helping to assure that the child's needs can be met in an appropriate child care setting, without fear of being turned away, or enrolled and subsequently dismissed by a provider because of the absence of sufficient support services to meet the child's needs.

- ***Make more comprehensive, family-focused, broadly-defined health and mental health resources, from both the public and private sectors, available to work with children, families, and staff in the child care environment.***

- ***Expand training, resources and tools developed by Universal Pre-Kindergarten and Head Start to other providers within the early childhood community, to enable them to improve the environment for all children.***

- ***Encourage and support the interdisciplinary Early Intervention Team initiative of the City School District, UPK and other community "players" to strengthen community resources available to the "general education population," and/or non-classified children with behavioral problems.*** This effort should be encouraged as a model for the larger community, and may become a significant base for channeling resources to address early childhood opportunities, develop assets, and address crises as they occur, along the lines suggested in this report.

APPENDIX A: TABLES

APPENDIX B: SURVEY INSTRUMENTS AND COVER LETTERS

APPENDIX C: ELIGIBILITY CRITERIA FOR PRESCHOOL STUDENTS WITH A DISABILITY