

# **EXPANSION OF CHILD CARE FOR MEDICALLY FRAGILE CHILDREN BIRTH TO FIVE 2014 GRANT REPORT:**

**MEETING THE EDUCATION AND  
CHILD CARE NEEDS OF CHILDREN WITH  
SPECIAL NEEDS IN MARYLAND**



**2014 REPORT**

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The Maryland State Department of Education (MSDE) provides leadership, support, accountability, in addition to innovative products and services to improve public education, library services, and rehabilitation services statewide.

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**Lillian M. Lowery, Ed.D.**  
**State Superintendent of Schools**

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Dear Colleagues, Community Leaders, and Families:

I am delighted to issue this report which includes data demonstrating the progress of medically fragile children, ages birth to five years. The Maryland State Department of Education is working to support our most vulnerable infants, toddlers, and pre-schoolers with disabilities and special health care needs as we continue to improve school readiness. Children with disabilities and special health care needs require additional support to learn and thrive. Through the *Expansion of Child Care for Medically Fragile Children Birth to Five* grant, funding is available to expand the number of children served who have developmental delays, physical disabilities, and social emotional issues requiring medically-based child care and early education services.

Not only has our overall rate of school readiness among kindergarteners risen to 83 percent statewide, but readiness for student with disabilities and special health care needs has improved to 56 percent. Although we celebrate their improvement, we know that our children can and will achieve even more success in education, wellness, and life if we provide the right intervention services during the earliest years of their lives. The period spanning birth through age five is crucial to the success of children with disabilities. Providing early intervention services and education builds on the natural learning that occurs during the first years of life.

Although more children are receiving these medically-based services, more service providers are needed. This report highlights the positive outcomes for these children and encourages policymakers to look for opportunities to expand those services.

Thanks to the parents and caregivers that educate and care for children with disabilities. We look forward to supporting all of the children who need medically-based services in achieving their highest potential.

Sincerely,

Lillian M. Lowery, Ed.D.  
State Superintendent of Schools

# EXPANSION OF CHILD CARE FOR MEDICALLY FRAGILE CHILDREN BIRTH TO FIVE GRANT 2014 REPORT

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**According to data compiled from 2001-2002, the annual per pupil cost for students receiving special education services was \$11,626 higher than that of pupils in a typical classroom setting.**



**In State Fiscal Year 2014, a total of 169 children were served under this grant program at an average cost of \$3,254 per child.**

## The Need for Services

Nearly half a million babies are born annually with physical, mental, and behavioral disabilities in the United States according to the Centers for Disease Control and Prevention.

Many disabilities are related to premature births and birth defects. However, there are not enough support services or child care placements to meet the needs of children with disabilities and their families.



The period ranging from birth through age five is especially crucial. Early intervention and education builds on the natural learning occurring during the first few years of life. The supports and services provided through early intervention and preschool special education can help children make powerful connections to improve their ability to play and learn. With the right system of support services during this time, children with disabilities enjoy an important head start for gaining critical school readiness skills needed to succeed in kindergarten and throughout their lives.

Results of a 2009 longitudinal study on the impact of early intervention on kindergarten readiness conducted by the Maryland State Department of Education (MSDE) and the Johns Hopkins University, Center for Technology in Education, demonstrates that the greater the intensity of early intervention services, the better prepared children are for kindergarten.<sup>1</sup>

Several current efforts to identify children with physical, mental, and behavioral disabilities and provide therapy services to children and their families include:

- **Early Childhood Mental Health Consultation Project**, within MSDE's Division of Early Childhood Development (DECD), improves the ability of staff, programs and families to prevent, identify, treat and reduce the impact of social, emotional and other mental health problems among children from birth through five years.
- **Maryland Infants and Toddlers Program (MITP)**, within the Division of Special Education/Early Intervention Services (DSE/EIS), directs a family-centered system of early intervention services for young children with developmental delays and disabilities— and their families. By recognizing each family's concerns and priorities and focusing on each child's strengths and needs, the MITP assists families of children with disabilities during the first four years of the child's developmental journey. Support, information, and coordinated services in community settings are what families tell us enhance their ability to manage the challenges and celebrate the gifts that each child has to offer.
- **Maryland Preschool Special Education Services**, within DSE/EIS, include specialized instruction and related services for young children, ages three through five years, who are eligible under the Individuals with Disabilities Act (IDEA, Part B, Section 619) through local school systems. Preschool special education services ensure the provision of a Free and Appropriate Public Education (FAPE) at no cost to families and in the Least Restrictive Environment (LRE) for the child.



<sup>1</sup> The Impact of Early Intervention on Kindergarten Readiness, The Johns Hopkins University, Center for Technology in Education, December 2009.

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### Meeting the Need for Child Care Services

Since the late 1990s, Maryland has implemented programs to help young children enter school fully ready to learn. To measure how well prepared children are when entering school, a kindergarten assessment tool was developed and used since the 2001-2002 school year. Students have shown dramatic gains in overall school readiness and subcategories by gender, ethnicity, type of early placement, and jurisdiction. Data shows overall readiness increased from 49 percent, in 2002, to 83 percent, in 2014. During the same period, school readiness for children with disabilities and special health care needs improved from 30 percent to 56 percent.



Recognizing the need to make a strong effort to prepare children with disabilities and special health care needs to achieve their full potential, DECD, in partnership with DSE/EIS, issued grant guidelines in 2007 for the **Expansion of Child Care for Medically Fragile Children Birth to Five.** Five programs submitted proposals and were awarded grants to provide medically-based child care and early education services to children with developmental delays, physical disabilities, and social emotional challenges requiring specialized care.

The initial grants were issued for \$200,000 per year to:

- The Arc Montgomery County
- The Arc Prince George's County
- Bowie Therapeutic Nursery (now closed)
- PACT: Helping Children with Disabilities
  - Therapeutic Nursery
  - World of Care

The special supports provided through these medically fragile child care programs help ensure that children, regardless of their disability, receive

access to quality education, including:

- Administering daily child assessment and intervention as needed by qualified health providers;
- Monitoring and administering doctor prescribed medications;
- Serving families receiving MSDE child care subsidy; and
- Facilitating development and learning to enable children to enter school ready to learn and function at their highest potential.

Annual support for the centers was reduced to \$137,500 per center in 2011, at the height of the economic downturn. During the same period, the Bowie Therapeutic Nursery Center lost donations of space and funding resulting in closure of the facility in 2012. In August 2014, The Lourie Center for Children's Social and Emotional Wellness became the fifth grantee.

These programs have many similarities, such as interdisciplinary teamwork and a focus on family engagement, yet each delivers educational and therapeutic services to children with unique sets of challenges, as well as their families, by utilizing models of care designed to best support each child. The **Arc Prince George's County** provides partnership, consultation and some direct specialized services within an existing child care center. The **Arc Montgomery County**, as a fully inclusive program, provides a variety of integrated services and resource conveniently at one accessible location. **PACT's** programs are tailored for young children with limited early education opportunities. The **Lourie Center** is a licensed therapeutic nursery, providing an array of early childhood mental health services and support to meet families' needs.



## The Arc Montgomery County

**The Arc Montgomery County's Karasik Family, Infant & Child Care Center (KFICCC)** is an inclusive, family-centered child care program where typically-developing children, children



with developmental delays or disabilities, and children with chronic medical conditions play, learn and grow together in the same classrooms. The program supports children from six weeks to ten years and classrooms are divided so each child is placed according to his or her needs. Children are supported by trained child

care providers, pediatric registered nurses, and a family worker who provides case management services. KFICCC is the only program of its kind in the state of Maryland.

In 1991, The Arc launched the Family, Infant and Child Care Center (FICCC), which focused on child care for children ages six weeks to five years with medical conditions. The next year, The Arc created the first inclusive child care program in Maryland for children with and without disabilities and special health care needs ages two through ten years, named Karasik Child Care Center. In 2011, these two programs merged, becoming KFICCC. KFICCC provides a seamless delivery of services for families and children all at one location, modeled on current best practices, including child care, specialized education, therapeutic services, family resources, and nursing care. A true spirit of inclusion is fostered at KFICCC, where children accept each other and form friendships based on common experiences, regardless of abilities or disabilities.

### Program Highlights:

- Specialized child care designed to meet each child's developmental and medical needs, utilizing an Individual Plan (IP), Individualized

Education Program (IEP) or Individualized Family Service Plan (IFSP);

- Education, referrals, and support to assist families in caring for their child and utilizing community resources;
- Training for existing and potential child care providers to increase availability of specialized caregivers; and
- Training support and outreach within the community to assist families and other individuals in caring for children with special health care and developmental needs.

Family payments account for almost 90 percent of KFICCC's revenue. The remainder is grant funding received from the MSDE and the Maryland State Department of Health and Mental Hygiene (DHMH). The MSDE grant funds are used to enhance and expand the educational and developmental services provided at KFICCC in the areas of language, cognitive, social/emotional and perceptual/sensory motor skills. In addition, these funds help to increase the number of children supported who are medically fragile and/or who have a developmental disability. All child care and support services are provided in a fully inclusive setting.

In addition to the focus on full inclusion, partnerships forged between KFICCC staff and community programs, including Montgomery County Public Schools, Montgomery College, and Montgomery County Infants and Toddlers Program, are reasons for the program's success. Parents can access all necessary support services in one location, thus eliminating the need to drive between different programs and schedule separate meetings with each specialist.



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### The Arc Prince George's County

**The Arc Prince George's County's** mission is to serve "individuals with intellectual and developmental disabilities and their families." Through its Inclusive Child Care Partnership Initiative, the Arc fulfills its mission to children from birth through five years with chronic medical and developmental needs. Since 2008, the Arc has partnered with a licensed child care center to serve up to twelve children and develop adaptations and specialized services to support inclusion in all center activities. The Arc initially worked with centers located at the YMCA in Bowie and Easter Seals in Silver Spring. Currently, the program operates within the Northwestern High School Child Development Center (CDC).



The CDC is a flagship Early Head Start and parenting education center for Prince George's County serving the children of teen parents, faculty, and the community. The CDC staff includes trained child care providers, a pediatric registered nurse, and a social worker who provides

case management services. Inclusion, education, and social-emotional growth underscore all programming at Northwestern CDC. Children play, learn, and develop friendships side by side, across all ability levels. The partnership emphasizes respect, equity, and understanding for all children, regardless of background or ability. By being a part of these experiences, all children are able to thrive and grow.

The CDC provides a wealth of opportunities and resources to the Arc and its families via the Prince George's County Public Schools. Children enrolled in the center also have access to an on-site health center and nearby emergency

services. At the same time, the Arc is one of two home bases for the County's Infants and Toddlers Program service coordinators, including services to Spanish-speaking families, and housing services coordination for the Autism Waiver program.

#### Program Highlights:

- Meets each child's strengths and needs, regardless of disability, through the use of an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP);
- Develops, trains, and guides other child care providers in the specialized care of children with developmental and medical needs;
- Matches families with educational and community resources to empower them to meet the individual needs of their children; and
- Provides advocacy to children transitioning to elementary school.



Parents are integral to the development of these plans and are encouraged to play a vital role in the daily care and education of their children. In addition to parent support seminars and consultations, the partnership lends itself to continuing education opportunities for child care staff. The Arc's close work with Prince George's County Public Schools' Chapel Forge and Francis Fuchs Early Childhood Centers has allowed the CDC staff to receive training in various areas including health and wellness, positive discipline, and school readiness. The onsite nurse offers child-specific technical training and whole-community workshops on emergency preparedness, safety, and best practices in universal precautions, among others.

## PACT: Helping Children with Special Needs *Therapeutic Nursery*

PACT's Therapeutic Nursery, located in East Baltimore, is an MSDE accredited early education program for infants and toddlers whose families struggle with homelessness. During the six years of the grant, the program has served 116 children and 112 homeless parents and caregivers. The nursery provides child care activities, mental health and family support, developmental therapies, health care services, and referral and coordination of community services.

Homelessness is devastating for children, especially infants and toddlers. According to the National Child Traumatic Stress Network, homeless children are twice as likely as non-homeless children to be sick, go hungry, have learning disabilities, and repeat a grade in school. They are three times as likely as non-homeless children to experience emotional and behavioral problems. More than one-fifth of homeless preschoolers have emotional problems serious enough to require professional care, but less than one-third of them receive treatment. A study conducted by Sroufe (2005)<sup>2</sup> found that high quality pre-school programs that foster parent-

child attachment result in increased academic achievement (when the child is of school age), better social skills, and a lower incidence of children being placed in foster care.

A strong component of the Nursery has been the

development and implementation of a parent-child attachment program, "Wee Cuddle and Grow." The program is designed to strengthen parent-child relationships and to address, on a daily basis, issues relating to the trauma of

homelessness and separation anxiety experienced by young children. The model is based on the Nursing Child Assessment Satellite Training Scale (NCAST), an evidenced-based clinical intervention and research tool for parent-child interaction.

### Program Highlights:

- Fully integrated mental health and family support through an onsite infant mental health consultant from the University of Maryland's Secure Start, Center for Infant Study;
- Developmental therapies based on the child's Individualized Family Service Plan (IFSP);
- Medical and dental care through a collaboration with Health Care for the Homeless designed to meet parents and child medical needs;
- Annual physicals for all children provided by Johns Hopkins School of Nursing students;
- Referral to and coordination of community services provided by the family support worker (e.g., Child Care Subsidy, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), job training and education programs);
- Circle of Security, an eight-week relationship based parenting program, with video examples of secure and problematic parent/child interaction, healthy options in care giving, and animated graphics designed to clarify principles central to the program;
- Family traditions groups, that include breakfast, attachment-based circle time, play therapy sessions, Mindful Awareness Play, and a parent support group;
- Researched and published findings, for inclusion in nationally recognized journals; and
- Nationally recognized program and advocate for very young homeless children and their families.



<sup>2</sup> Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood, *Attachment and Human Development*, 7, 349-367.

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### PACT: Helping Children with Special Needs *World of Care*

The mission of PACT is to promote the development of young children with special needs and their families through programs providing



early intervention services, comprehensive assessment, family support services, parent education, counseling and specialized child care.

The World of Care (WOC) fulfills this mission by helping at-

risk infants, toddlers, and preschoolers develop skills to prepare for school, and supporting their families through counseling, parent education, support groups, case management and advocacy. WOC also works to train the next generation of service providers in best practices including family-centered care and inclusion.

Each year, WOC provides care for an average of seventy-five infants, toddlers and preschoolers in the Baltimore Metropolitan area. Most children have health impairments requiring skilled nursing care and/or developmental delays requiring intensive therapeutic intervention. Some of the diagnoses of children served at WOC include: prematurity, chronic lung disease/asthma, spina bifida, feeding and nutrition disorders, juvenile diabetes, seizures, autism spectrum disorders, cardiac defects, genetic conditions, cerebral palsy and brain injuries.

#### Program Highlights:

- Accredited by MSDE and a participant in Maryland EXCELS;
- Onsite therapies and nursing services are integrated into daily routines;
- During the life of the grant at least 80 percent of children receiving therapies achieved their therapy goals and more than 50 percent

of children demonstrated improved health outcomes;

- Weekly movement, strength and endurance activities using adapted games and activities for toddlers and preschoolers;
- A therapeutic class for toddlers with Autism Spectrum Disorder three mornings each week in partnership with Baltimore City Infants & Toddlers Program. 100 percent of children with pre- and post-data (thirty-seven children) gained fine motor, adaptive, cognitive and social communication skills;
- Family engagement at all levels of the organization, including board membership and parent-staff presentations at various events/trainings;
- Inclusive practices training to an average of 400 child care providers statewide annually; and
- Support for the development of human services, early education, nursing, and medical residents by providing internships, preceptorships, and on-site observations.

WOC prepares young children, particularly children with disabilities, for school by providing MSDE-accredited child care and education, early intervention therapies, and medical care by registered nurses. Additionally, WOC uses the Creative Curriculum to guide classroom and program planning. All children have opportunities to learn new skills through interactions with other children and staff, exploring a variety of toys and materials in a child-friendly environment, and participating in daily routines, such as meals, circle time, and outside play. WOC also has a state-of-the-art playground and multi-sensory room that encourages exploration and learning.



## Lourie Center's Therapeutic Nursery Program

The Lourie Center for Children's Social & Emotional Wellness (Lourie Center) is a pioneer and leader in the field of infant and childhood mental health. The Lourie Center's Therapeutic Nursery Program (TNP), established in 1996 in Rockville, is an early intervention program built on the science that forming healthy emotional relationships early in life enables children to be more successful in school and at home. TNP meets the educational and therapeutic needs of children, age three to five, who show delays in their social and emotional development. The children's challenges in social, emotional, and behavioral regulation interfere with success in typical preschool and child care settings and, without intervention, could lead to school failure.



The Lourie Center's intervention model is relationship-based and promotes nurturing relationships as the context for learning, growth, and change. The program annually serves sixteen children and twenty-eight parents/caregivers year round, four hours per day, five days a week. TNP holds the gold-standard accreditation with the National Association for the Education of Young Children, the Level 5 of Maryland EXCELS Quality Rating System, and is licensed by MSDE's Office of Child Care and Maryland's Behavioral Health Administration as established by the Code of Maryland Regulations (COMAR).

### Program Highlights:

- Maryland's only therapeutic nursery for preschoolers with social-emotional disabilities;
- Unique multidisciplinary team of educators, psychiatrist, social worker, and psychologist;
- TNP children face complex challenges that include: trauma, depression, anxiety, severe

- aggression, attention deficits, delays in social skills, and sensory difficulties;
- Intensive family support and safety net services are provided to promote improved parent-child relationships, positive parenting, and healthy family development;
- Collaboration with on-site, mental health clinic for full range of treatment services;
- Longitudinal research study integrated into the TNP to ensure best practice, contribute to the field's knowledge base, and inform early intervention policy;
- Year-long graduate training and summer internships to prepare the next generation of providers;
- Provision of technical assistance to local, national, and international organizations;
- Eighty percent of children during the last ten years graduated to typical kindergarten, preschool, and childcare settings; and
- One hundred percent of parents/guardians during the last five years say they "would recommend TNP to others."

The Lourie Center is a private, non-profit agency with a mission to improve the social and emotional health of young children and families through prevention, early intervention, education, research, and training. The Center was founded in 1983 by the late Dr. Reginald S. Lourie, a world-wide leader in the fields of pediatric child psychiatry and infant mental health, and colleagues including Dr. T. Berry Brazelton and Dr. Stanley Greenspan, as an outgrowth of their six-year clinical research project funded by the National Institute of Mental Health.



# EXPANSION OF CHILD CARE FOR MEDICALLY FRAGILE CHILDREN BIRTH TO FIVE GRANT 2014 REPORT

## The Impact of Services

### Accessibility

According to the Maryland Developmental Disabilities Council 2012 parent survey, 32 percent of families quit their jobs or stopped working because they were unable to find child care for their children with disabilities. Another 64 percent of all families lost income due to lack of child care and/or out of school time programs for their children with disabilities. In 2013, Maryland Family Network's Locate Child Care received over 1,000 calls from families seeking care for children



with disabilities and special health care needs. Of those calls, 44 percent needed social/emotional accommodations.<sup>3</sup> The Medically Fragile grant programs are the foremost programs in Maryland equipped to meet the needs of these families and have waiting lists for services.

### Cost Effectiveness

According to a 2005 RAND report, "... well-designed early childhood interventions have been found to generate a return to society ranging from \$1.80 to \$17.07 for each dollar spent on the program"<sup>4</sup> "The large differences in the dollar returns for different programs reflect variations in the populations of children served by the programs and the range of benefits that researchers could express in dollar terms."<sup>5</sup> According to the report, well-designed early childhood programs that incorporate intervention services benefit children, families and communities by:

- Keeping children out of expensive specialized education programs;

- Reducing the number of students who fail and must repeat a grade in school;
- Increasing high school graduation rates;
- Reducing juvenile crime;
- Reducing the number of youngsters who wind up on welfare as adults;
- Increasing the number of students who go to college; and
- Helping adults who had received early intervention services earn higher incomes.

The Center for Special Education Finance's Special Education Expenditure Project reports that the cost of educating a special education student nationwide in public school is two times that of a typical student based on 1999-2000 data.<sup>6</sup> In the 2003 Maryland Special Education Expenditure Report based on 2001-2002 data, the annual per pupil expenditure for special education services was \$11,626 more than the \$4,299 cost for pupils in typical classroom settings.<sup>7</sup>

### Family Engagement

Parents, staff, and other caregivers receive specialized training to help them care for children with disabilities and special health care needs at home and in child care settings. Programs funded by this grant also reach other vulnerable, under-served populations: dual language learners, children from low-income households, and homeless/transient families.



### Interdisciplinary Systems Approach

An interdisciplinary approach brings the family together with all of the professionals to support

3 See <http://mdchildcare.org/mdcfc/pdfs/Trends.pdf>, p. 4.

4 See [http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND\\_MG341.pdf](http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf), p. 112.

5 See <http://www.rand.org/news/press/2006/01/12.html>

6 See <http://csef.air.org/publications/seep/national/AdvRpt1.PDF>, p. 5.

7 See [http://csef.air.org/publications/seep/state/MD\\_SEEP\\_Final\\_Report3.pdf](http://csef.air.org/publications/seep/state/MD_SEEP_Final_Report3.pdf), p. 3.

each child. This approach eliminates duplication of services and gaps in service provision. Providers work together enabling children to progress faster and farther.

### School Readiness

The grantee programs provide individualized education services as well as specialized health services that allow children with disabilities and special health care needs to prepare for kindergarten and achieve their highest potential. Many children enrolled in these centers are

referred by the Maryland Infants and Toddlers Program, pediatricians, or identified through testing using researched and validated assessment and diagnostic tools.

### Training and Research

Grantee program staffers provide training to community child care

providers, high school and college students, and an array of clinicians and medical providers. Continuing education is provided on topics such as early intervention, early education, family-centered care, and best practices. Research is also conducted, where possible, to improve services and contribute to the field.



### Transitioning to Less Intensive Placements

Early identification of needs and the provision of intervention services enables approximately 40 percent of children served to move to less intensive placements, which may be inclusive classrooms, typical center and family child care and education settings, or kindergarten classrooms.



## Measuring Success in Medically Fragile Child Care

The following feedback is the result of parent surveys distributed annually from each of the participating centers; approximately 117 families under the grant.

- 100 percent of parents report they are satisfied with their child's care and education in program
- 100 percent of parents report their child's academic work is improving
- 100 percent of parents report that their stress level was reduced due to participation in the program
- 100 percent of parents are more hopeful about their family's future
- 100 percent of parents report the program offers a variety of workshops and trainings for parents
- 100 percent of parents report their child can identify and express their feelings more effectively
- 100 percent of parents report being informed regarding injuries or health changes during the day
- 93 percent of parents report their child has better relationships with peers
- 93 percent of parents report that they are better able to understand and support their child's healthy social emotional development
- 90 percent of parents report that the program has helped them a great deal to learn ways to support their child better during this difficult period of homelessness
- 90 percent of the parents report feeling that the program's staff is highly skilled at meeting the unique needs of their child
- 85 percent of parents report feeling their child is calmer and more focused since being at the nursery

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### The Voices of Parents and Caregivers from Parent Surveys

"I am truly grateful that my son got the education and respect that he deserves. He has made a lot of progress on all aspects in his life. Thank you so much for having this program."

"I know Lana has been given the skills necessary to do well in kindergarten this fall. She has really developed during her time with KFICCC."

"This program helped John grow so much and get ready for first grade. Thank you."

"This letter is to express my immense gratitude toward everyone who works at the TNP for the excellent work you do...I always felt that I have been treated with dignity and respect... I feel the teachers support me in the education, development, and growth of my son. The parent coffee meetings make me better every day at being a mother and it helps me understand and guide my son in a positive way..."

"World of Care provided us a peace of mind that we would not have been able to receive (by having) Aiden receive all his developmental care and therapies at the Center. The idea of a medical daycare is absolutely brilliant... I have co-workers with children with disabilities and I watch them struggle with attending therapies and finding childcare... I don't know how to express our gratitude and appreciation."



"I am writing this letter to let you know how much I appreciate the wonderful care and services you and the staff at PACT have provided to Julia and me over the past four and half years. Thanks to the determination and consistent efforts of the therapist at PACT, Julia is now able to do many things that her primary care physician and her genetic specialists didn't believe were possible... Thank you so very much for all that you have done..."

"What Jordan and I learned at the TNP is invaluable, and it helped us become a stronger family... I am so grateful to the TNP for bringing out the smart and loving child in Jordan and helping us support each other as a family. Jordan can now adapt to changes in a much more productive way and he is able to connect with his family, classmates and teachers."

"This program is a godsend. I have absolute faith in the teachers, staff, and nursing staff to care for my children's individual needs."

"This program is wonderful. No matter what else is going on, I have a big smile at drop off and pick up. Everyone is friendly and kind, and Tristan is exposed to so many different educational activities. We love KFICCC."

## Success Stories



As the single mother of an infant with Down syndrome, I wanted a program which offered both quality child care and medical services that met my daughter's needs. The Arc's program provides nursing support and a fully inclusive experience.

Ariana has grown up playing and learning alongside her typical peers, participating in the Building Bridges preschool partnership with the public school system, and now, utilizing before-school and after-school care. She has gone from needing to be fed to needing help with her homework, and The Arc has been there every step of the way. KFICCC provides a close-to-perfect model of inclusion that is the best path for Ariana. My daughter is not treated differently because she is differently abled, and for this, I will continually be grateful and thankful to The Arc.

- Karen Gee

We had a typical pregnancy, and it was during delivery where they lost Wyatt's heartbeat. Wyatt went without oxygen for about 17 minutes and it affected all of his abilities, so he needed nursing care. The Arc is a unique place in how they provide not only child care but the nursing component. We started Wyatt with The Arc at two-and-a-half months and he is now five. It seemed like each week a new medical issue presented itself and the nursing staff afforded us the opportunity to ask all kinds of questions and held our hands when we were afraid of losing him again. We had child care, an absolute necessity in order to work to have health care to pay for Wyatt's numerous medical appointments and procedures. The Arc was that lone beacon of light during a really dark period of time in our lives.

- Robin Williams-Evans



# EXPANSION OF CHILD CARE FOR MEDICALLY FRAGILE CHILDREN BIRTH TO FIVE GRANT 2014 REPORT

## 2013-2014 Program Year Statistics

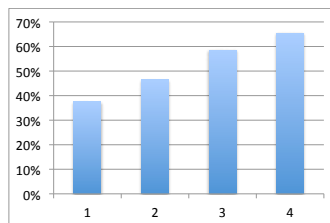
The data presented is from the modified creative curriculum assessment tool developed by the grant program participants. The tool was modified to meet the needs of the population reflected in this report. All children have shown improvement based on their developmental level.

**Vertical axis:** Assessment results by percentage

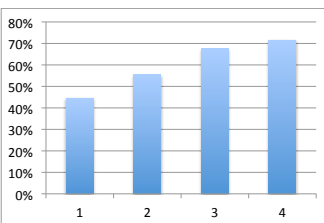
**Horizontal axis:** Quarter assessment was administered

### The Arc of Montgomery County

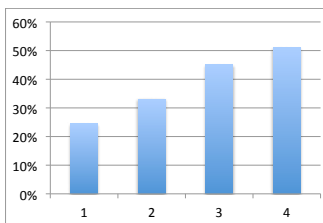
Social Emotional Objectives



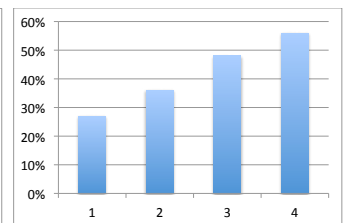
Physical Objectives



Cognitive Objectives

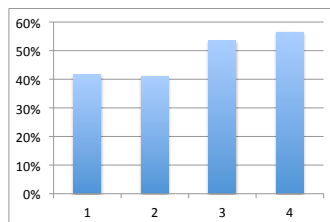


Language Objectives

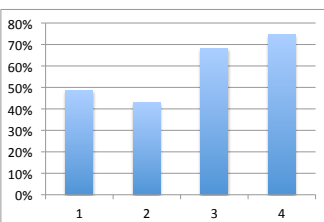


### The Arc of Prince George's County

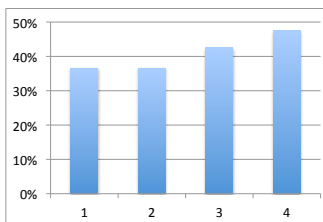
Social Emotional Objectives



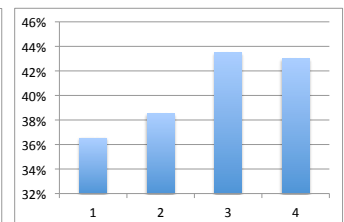
Physical Objectives



Cognitive Objectives



Language Objectives



Research has shown, children with special healthcare needs will have gains in all developmental domains when they attend quality early childhood programs that implement early intervention supports and follow best practices in teaching.

## 2013-2014 Program Year Statistics

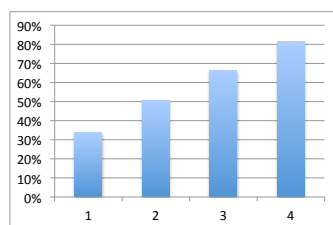
Individual child assessment data is used to set individual learning and health goals to ensure each child is able to learn and grow based on his or her needs. Family goals are also set to ensure parents gain skills and knowledge to support their child.

**Vertical axis:** Assessment results by percentage

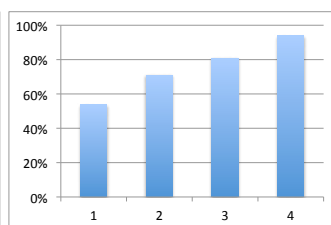
**Horizontal axis:** Quarter assessment was administered

### PACT: Helping Children with Special Needs – Therapeutic Nursery

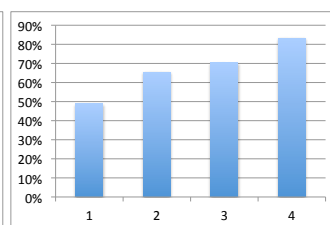
Social Emotional Objectives



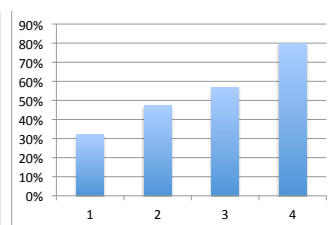
Physical Objectives



Cognitive Objectives

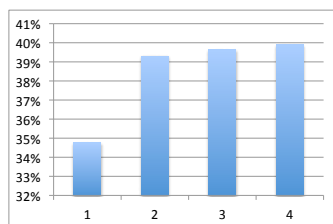


Language Objectives

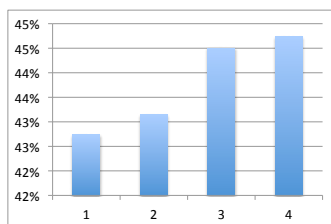


### PACT: Helping Children with Special Needs – World of Care

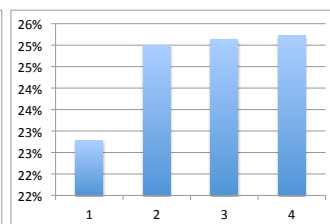
Social Emotional Objectives



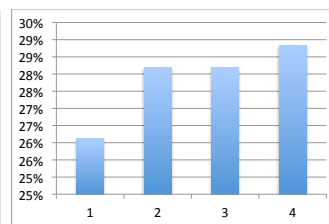
Physical Objectives



Cognitive Objectives



Language Objectives



Due to the complex and multiple needs of the children enrolled in the grantee programs, some children will show higher gains than others who may learn at a slower pace.

# EXPANSION OF CHILD CARE FOR MEDICALLY FRAGILE CHILDREN BIRTH TO FIVE GRANT 2014 REPORT

## 2013-2014 Program Year Statistics

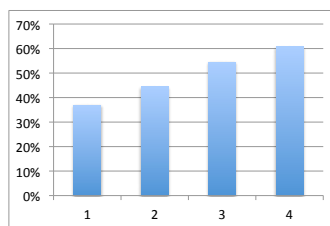
**Vertical axis:** Assessment results by percentage

**Horizontal axis:** Quarter assessment was administered

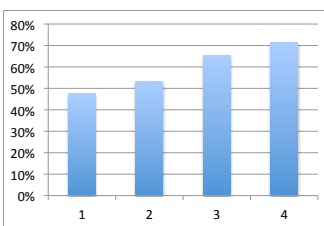
### Composite Scores

#### By Learning Domain

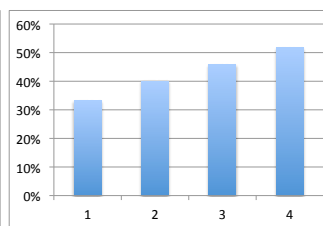
Social Emotional Objectives



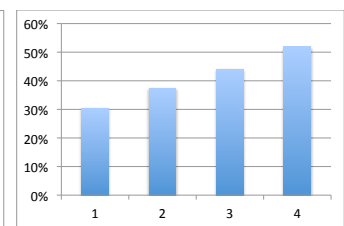
Physical Objectives



Cognitive Objectives

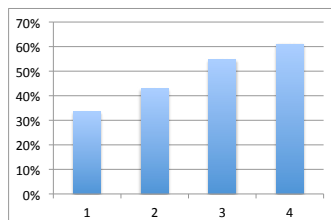


Language Objectives

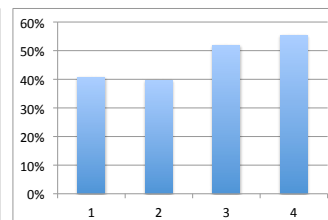


#### By Program

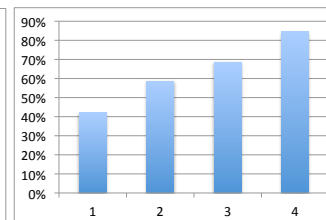
The Arc Montgomery County



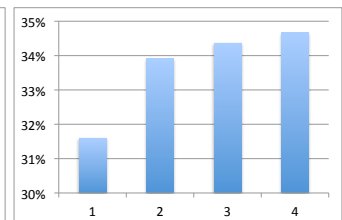
The Arc Prince George's County



PACT – Therapeutic Nursery



PACT – World of Care





For more information about the contents of this document,  
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