



# Child Care for Children with Disabilities: Experiences of Chicago Child Care Centers

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This report is dedicated to the child care center directors and administrators who so generously shared their time and thoughts in our survey.

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Many people offered valuable consultation during this project. We apologize to anyone inadvertently left out.

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## Introduction

Over the years, Illinois Action for Children has supported thousands of parents as they looked for child care for their children with disabilities. Our consultants too often have witnessed parents struggling to find care that can support their children’s needs. Several years ago, our Research Team followed parents as they searched for care, including eight parents of children with disabilities. We heard stories of parents missing work, children missing opportunities and high levels of parent anxiety because they lacked child care.<sup>1</sup>

Our current research draws on parent AND child care provider experiences to explore the challenges of finding and providing child care for children with disabilities in more depth. *It is clear that parents and providers want the same thing — for all children to have care where they feel welcome and supported to develop to their full potential —* but our current child care system simply does not have enough resources to make this a reality. We hope this project provides insight into what investment is needed in Illinois child care to ensure that every family, regardless of a child’s abilities, can access quality care.

This is one of three reports that capture the experiences of families, child care home providers and centers.<sup>2</sup> This report focuses on the experiences of child care centers. In June 2023, Illinois Action for Children invited 526 directors or administrators of Chicago licensed child care centers to take a survey about caring for children with disabilities and developmental delays. The results follow.

<sup>1</sup> *Searching for child care: Stories of Cook County mothers: Report on child care in Cook County 2020*, Illinois Action for Children. <https://bit.ly/cookcountymotherstories>

<sup>2</sup> You can find the other reports in this series at <https://www.actforchildren.org/about/research-data/reports/child-care-for-children-with-disabilities>

## Who Responded

Directors or other administrators at 113 Chicago centers completed the survey. Their centers are located across the city and are a mix of for-profit and non-profit programs. A large majority (92%) participate in the Child Care Assistance Program (CCAP), which funds child care for low-income families, and two thirds receive these CCAP funds for half or more of their enrolled children.

Nearly half of the centers receive additional program funding that is tied to higher standards for supporting children with disabilities and developmental delays. This includes funding from Head Start and Early Head Start, Preschool for All (PFA), Prevention Initiative, and the ExceleRate Illinois quality rating and improvement system. For the sake of simplicity, we refer to this group of centers that receive additional funding as “Head Start or PFA-funded centers.” See the appendix for a description of how funding sources relate to requirements and supports for serving children with disabilities.

MAP OF CHICAGO CENTER RESPONDENTS

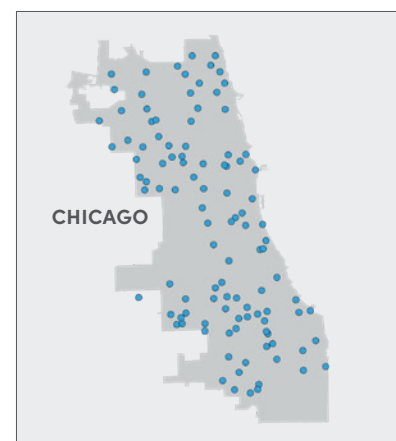


TABLE 1. ABOUT THE CENTERS THAT RESPONDED TO THE SURVEY

	Number or Percent of Centers
Centers invited to take survey	526
Centers responding to survey	113
Response rate	21%
<b>Center location in Chicago</b>	
North	25%
West or Central	22%
South	49%
Note: 5 centers operate outside of Chicago	
<b>Center size</b>	
Small (under 50 children)	34%
Medium (50-99 children)	43%
Large (100+ children)	23%
<b>For-profit status</b>	
For profit	58%
Not-for-profit	41%
<b>Public funding received by centers</b>	
Child Care Assistance only	47%
Child Care Assistance only, with ExceleRate quality add-on	4%
Head Start, Early Head Start, Preschool for All or Prevention Initiative (typically in addition to Child Care Assistance with ExceleRate add-on)	42%
None of the above	7%
In total, 89% of centers receive CCAP funds. Among them, 65% receive CCAP for half or more of the children they serve.	

## How Many Child Care Centers Serve Children with Disabilities and Developmental Delays, and How Many Children Do They Serve?

Child care providers reported whether they were currently serving children in two groups: children with a *documented* disability or developmental delay, meaning the children have been evaluated and determined to have a disability or delay; and children whom the provider believes may *possibly* have a disability or delay but have no official diagnosis. For each group, providers reported how many children were in their care. Programs that were not currently serving a child with a documented or possible disability or delay reported whether they had *ever* done so.

The large majority of centers – 88% (99 centers) had a child enrolled at the time of the survey who had a *documented* disability or developmental delay. Administrators at these centers estimated 596 such children enrolled in their care, ranging from 1 to 45 children per center.<sup>3</sup> The median number per center was four while the average was six. On average, children with documented disabilities made up 9% of a center’s licensed capacity.

Providers were aware that 371 of these children (62%) received Early Intervention or Special Education services. Receipt of services for the remaining 225 children is unknown.

A slightly smaller portion of centers (81%) had a child enrolled who they thought *possibly* had a disability or developmental delay. Administrators estimated 366 such children in their care. The median number per center was three, and the range was 1 to 22 children.

Nearly all centers had a child enrolled with *either* a documented or possible disability or developmental delay.

**TABLE 2. CENTERS SERVING CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS AND AGES OF CHILDREN SERVED**

	All Centers n=113	Centers by funding type	
		HS, PFA or ExceleRate n=52	CCAP alone or no funds n=61
<b>Programs currently serving a child with a <i>documented</i> disability or developmental delay</b>	88%	96%	80%
Serve a child age 0-2	57%	60%	54%
Serve a child age 3-5	76%	90%	64%
Serve a child age 6 and older	17%	13%	20%
<b>Programs currently serving a child with a <i>possible</i> disability or developmental delay (but child has not been diagnosed)</b>	81%	83%	80%
Serve a child age 0-2	41%	37%	44%
Serve a child age 3-5	71%	75%	67%
Serve a child age 6 and older	8%	6%	10%
Programs currently serving a child with <b>either</b> a documented or possible disability or delay	96%	96%	95%
Programs that have <b>ever</b> served a child with a documented or possible disability or delay	98%	98%	98%
Approximate number of children in their care with <b>documented</b> disabilities or developmental delays	596	350	246
Median number per program <sup>a</sup>	4	5	3.5
Number receiving Early Intervention or Special Education, as far as providers are aware	371 62%	233 67%	138 56%
Number of children in their care with <b>possible</b> disabilities or delays	366	161	205
Median number per program <sup>b</sup>	3	3	4

<sup>a</sup> The median is among programs with an enrolled child with a documented disability or delay.

<sup>b</sup> The median is among programs with an enrolled child with a possible disability or delay.

<sup>3</sup> The center with 45 children with disabilities or delays was not typical. The high end of the range was more typically 15 to 17 children.



## Children That Programs Could Not Serve

Respondents were asked whether there were any children in the past year that their center could not serve because the program could not accommodate the child's special needs. Forty-five percent of centers could not serve at least one child with a disability or delay in the past year. These percentages were similar among programs that do and do not receive Head Start or PFA funds.

We further asked programs if they ever have been unable to serve a child because they could not accommodate the child's needs and the percentage grew to 54 percent.<sup>4</sup>

The 3 to 5 age group was the most common group that centers could not serve, while the school-age group was the least common, as shown in Table 3.

**TABLE 3. CENTERS UNABLE TO SERVE A CHILD WITH A DISABILITY OR DELAY AND AGES OF UNSERVED CHILDREN**

	All Centers n=99	Centers by funding type	
		HS, PFA or ExceleRate n=44	CCAP alone or no funds n=55
Providers unable to serve a child with a disability or delay in the past year because they could not accommodate the child's needs	45%	41%	49%
Providers ever unable to serve a child with a disability or delay because they could not accommodate the child's needs	54%	45%	60%
Child was age 0-2	24%	25%	24%
Child was age 3-5	34%	34%	35%
Child was age 6 and older	7%	5%	9%

Providers selected the reasons they could not care for the child(ren). The most common reason, selected by 81 percent of providers, was that their program did not have enough staff to give the child the care and attention needed. Related, providers also commonly said they were concerned for the child's safety or the safety of the other children in their care. Fewer providers, but still about 40 percent, did not have enough training or confidence to serve a child. Confidence was less of an issue in HS/PFA-funded programs. (See Table 4.)

To gauge the provider's attitude on whether some children with disabilities do not belong in child care settings, we included the option "did not feel child should be in a child care program." Thirteen percent of providers cited this reason. One interpretation of this result is that most providers would willingly care for children regardless of their disability as long as they had enough resources to do so.

Finally, only 8 percent of centers could not serve a child because their facility was not accessible. Note, however, that in a later question as many as 60 percent of centers report that they are not wheelchair-accessible.

<sup>4</sup> These percentages could be an undercount if providers are reluctant to report that they did not serve a child given legal obligations under the Americans with Disabilities Act. See box on page 8.

**TABLE 4. REASONS CENTERS COULD NOT SERVE CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS**  
(AMONG CENTERS UNABLE TO SERVE A CHILD)

	All Centers n=48	Centers by funding type	
		HS, PFA or ExceleRate n=19	CCAP alone or no funds n=29
Did not have enough staff to give the child the care and attention needed	81%	84%	79%
Was worried about the safety of other children in their care	63%	47%	72%
Was worried about the child's safety in their care	60%	63%	59%
Did not have enough knowledge or training related to the child's needs	42%	47%	38%
Did not feel comfortable / confident with the child's needs	40%	32%	45%
Did not feel the child should be in a child care program	13%	5%	17%
Facility could not accommodate e.g. is not wheel-chair accessible	8%	5%	10%
Other	10%	11%	10%

Some providers reported “other” reasons, which include the following:

- “Parents not on board.”
- “Breathing equipment was needed.”
- “Not enough mental capacity to obtain what is needed.”
- “It was more of a medical condition.”
- “The child had a [trach tube] that had to be changed 3 times per day. We have a nurse that comes out once a month.”

We asked providers to give examples of children they were unable to serve. Their responses reflect their need for additional staff, safety concerns and potentially the need for additional training and expertise.

- “Child was nonverbal, so would express needs and feelings physically, by hitting or scratching himself or others. Difficulty with self-regulation.”
- “A child with [cerebral] palsy”
- “The child was deaf and had a feeding tube with meals on a time schedule”
- “Hitting, biting of children and staff. Destructive of school property. Running out of the school.”
- “Emotional dysregulation issues have been the most difficult for our teachers to manage, especially in full classrooms.”
- “We are not equipped to do certain things like wound care for a wheelchair bound child or tube feedings for the child”
- “5 years old with autism, in diapers”
- “A child not being able to communicate wants and needs.”
- “Various breathing machines and a nurse or an aide was needed”
- “The child was nonverbal & would smear his feces. We were unable to accommodate his needs.”
- “The child had no grasp of his own security or others and constantly would behave in an extremely risky manner.”
- “The child was autistic and had seizures.”
- “Autism and kidney failure affecting meal times and food sensitivity”
- “The child liked to climb and jump off of the furnishings, child was not able to be redirected.”
- “Too many already enrolled with IEP”<sup>5</sup>
- “The child required someone to always be with him due to his high need. He would bang his head on the floor, run off, or hurt other children. Always running and needed someone to always be with him.”

<sup>5</sup> IEP, or Individualized Education Program, is the agreed upon service plan for children ages three and older eligible for Special Education services. It outlines the services and supports a child needs and is entitled to receive through the school district, as well as goals for their development.

## Laws Governing Child Care Programs and Service of Children with Disabilities

### Americans with Disabilities Act (ADA)<sup>6</sup>

The ADA prohibits child care programs (both centers and homes) from excluding children with disabilities unless the child's presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program. Child care providers must make reasonable modifications to their policies and practices to integrate children.

### Illinois law on suspension and expulsion in early childhood education<sup>7</sup>

Under this law, child care and early education programs may not expel children ages 0 to 5 because of their behavior. Programs instead must draw on community resources to address the child's behavioral needs. Only after taking documented steps to address the behavior can they, if necessary, work with the family on a "planned transition" to a different child care setting.

## Supports that Would Enable Providers to Accommodate Children

Providers were given a list of resources and asked how helpful each would have been in allowing them to accommodate children they otherwise could not accommodate. They indicated whether the resource would have been *very helpful*, *somewhat helpful* or *would not have helped*.

Given their challenges with having enough staff, it is not surprising that 98 percent of providers said on-going funding to pay for additional staff would have been *very helpful* in enabling them to accommodate a child. The next most cited support was a professional at their site to coach staff on how to meet the child's needs (considered *very helpful* by 77 percent of providers).

The regular availability of a nurse to provide health-related support would have been *very helpful* for two-thirds of centers, and classroom and online training would have been *very helpful* to 64 percent, particularly centers with HS/PFA funds.

A smaller percentage (40%) of providers felt that one-time funding to make facility changes or to purchase equipment would have been *very helpful* in enabling them to accommodate a child. This was less important among HS/PFA-funded programs, perhaps because they already had the resources for such purchases.

**TABLE 5. PERCENT OF PROVIDERS WHO FELT THE FOLLOWING RESOURCES WOULD HAVE BEEN "VERY HELPFUL" IN ENABLING THEM TO SERVE CHILDREN THEY OTHERWISE COULD NOT ACCOMMODATE (AMONG CENTERS UNABLE TO SERVE A CHILD)**

	All Centers n=48	Centers by funding type	
		HS, PFA or ExceleRate n=19	CCAP alone or no funds n=29
On-going funding to pay for additional staff to help with the child's care	98%	94%	100%
A professional to provide on-site coaching on how to meet the child's needs	77%	83%	72%
Regular availability of a nurse to provide health-related support when needed	66%	61%	69%
Classroom or on-line training on how to care for the child's specific needs	64%	72%	59%
One-time funding to make facility changes or purchase materials and equipment	40%	28%	48%

<sup>6</sup> <https://www.ada.gov/topics/child-care-centers/>

<sup>7</sup> <https://oecd.illinois.gov/suspension-and-expulsion-resources.html>



Some providers named additional resources that would have supported them in accommodating a child:

- “Resources to coach parents”
- “Counseling and resources for families. One family was not partnering with us and that makes it much more stressful and challenging. Most parents do.”
- “Quicker access to resources for families who are working with outside services.”
- “Funding for private assessment and private services when children don’t qualify for public service (such as OT [occupational therapy] for a child with ADHD/SPD [sensory processing disorder]).”
- “A consultant to come onsite to provide one-on-one support to children.”
- “Online/on-site professional to help...the administrator to support families and the staff.”

## Programs’ Ability to Meet the Needs of Children with Disabilities

### Current Practices that Support Inclusion

To gauge what practices centers have in place to support inclusion of children with disabilities and developmental delays, we asked administrators whether their programs implement specific practices, listed in Table 6 below.

The most common practice that centers implement is to offer information and resources to families related to their child’s disability – a practice of 78 percent of the centers. At least 60 percent of programs (70 percent if the programs have HS/PFA funding) implement each of the following practices: regularly train staff on disabilities and delays, have a written policy on their commitment to inclusive care, and modify classroom activities to support a child’s Early Intervention or Special Education goals (typically outlined on an IFSP or IEP).<sup>8</sup>

One practice less common to centers (implemented by 47 percent) is to employ non-classroom staff that support the care of children with disabilities by, for example, helping with referrals, communicating with families, and giving guidance to teachers. It is also less common (implemented by 43 percent) to give teachers extra planning or collaboration time if they have a child with a disability or delay and for the program to be wheelchair accessible (40 percent).

Only 11% of programs that do not have HS/PFA funding advertise that their program has experience caring for children with disabilities. This is important because many families express having difficulty finding programs with training or experience. Nearly half of programs with HS/PFA funds say they do advertise their experience.

**TABLE 6. PERCENT OF CENTERS THAT IMPLEMENT THE FOLLOWING PRACTICES THAT SUPPORT INCLUSION**

	All Centers n=103	Centers by funding type	
		HS, PFA or ExceleRate n=47	CCAP alone or no funds n=56
Offer information and resources to families related to their child’s disability	78%	81%	75%
Regularly train staff on topics related to disabilities and developmental delays	63%	72%	55%
Have a written policy on their commitment to inclusive care	62%	74%	52%
Modify classroom activities to support a child’s written Early Intervention or Special Education goals	62%	70%	55%
Have non-classroom staff that support the care of children with disabilities, e.g. make referrals, communicate with child’s family or specialists, or give guidance to teachers	47%	49%	45%
Provide teachers extra planning or collaboration time if they have a child with a disability or delay in their classroom	43%	51%	36%
Have wheelchair-accessible facilities	40%	43%	38%
Advertise the program’s experience caring for children with disabilities	27%	47%	11%

<sup>8</sup> IFSP, or Individualized Family Service Plan, outlines the services and supports a child age 0 to 3 needs and is entitled to receive through Early Intervention, as well as goals for their development. IEP, or Individualized Education Program, is the comparable service plan used by the school district for children 3 and older. Ideally, child care providers would help support children in meeting their IFSP or IEP goals.

## Ability to Afford the Cost of Accommodations that Children Need

To understand what types of investments programs have made so they can serve children with disabilities, we asked whether they have done any of the following in order to serve a child:

- 1) Made physical changes to their facility
- 2) Purchased special materials or equipment
- 3) Had staff attend training to better support a child, and
- 4) Added extra staff to a classroom to meet a child's needs.

Of these four, it was most common for centers to have staff attend training and to purchase materials and equipment (done by 75 and 70 percent of centers respectively). Only 20 percent made physical changes to their facility, and 56 percent added staff to a classroom.

**TABLE 7. PERCENT OF CENTERS THAT HAVE MADE ACCOMMODATIONS IN THE FOLLOWING AREAS TO SERVE A CHILD WITH A DISABILITY OR DELAY**

	All Centers n=104	Centers by funding type	
		HS, PFA or ExceleRate n=47	CCAP alone or no funds n=57
Made physical changes to their facility (e.g. widened doorways, installed a ramp)	20%	28%	14%
Purchased special materials (e.g. adaptive furniture, sensory toys)	70%	72%	68%
Had staff attend training to better support the child	75%	83%	68%
Added extra staff to the child's classroom on a regular basis to meet the child's needs	56%	51%	60%

We asked if a lack of resources prevented programs from making these same accommodations to the extent that they wanted to. Two thirds of programs wanted to add extra staff to a classroom to better serve a child but could not. Thirty-eight percent could not purchase materials they wanted, and 38 percent could not send staff to training to better support a child. Almost a quarter (23%) wanted to make facility changes but did not have the resources.

**TABLE 8. PERCENT OF CENTERS THAT SAID A LACK OF FINANCIAL RESOURCES PREVENTED THEM FROM MAKING ACCOMMODATIONS TO THE EXTENT THAT THEY WISHED**

	All Centers n=104	Centers by funding type	
		HS, PFA or ExceleRate n=47	CCAP alone or no funds n=57
Could not make physical changes to their facility	23%	11%	33%
Could not purchase special materials	38%	26%	47%
Could not have staff attend training to better support the child	38%	28%	46%
Could not add extra staff to the child's classroom on a regular basis to meet the child's needs	66%	62%	68%

The following are examples of facility changes that programs wanted to make but could not afford and materials and equipment they were unable to purchase.

### Facility Changes

- Widening doorways
- Floor adaptations
- Adding ramps
- Adding wall rails
- Expanding physical space/making classrooms larger
- Adding an indoor gross motor/sensory resource room

### Materials and Equipment

- Adaptive playground equipment or adaptive outdoor toys and bikes
- Equipment for active indoor spaces (loft, sensory wall, swings, climbing equipment)
- Materials for relaxation/quiet spaces
- Sensory or fidget toys
- Weighted blankets, vests or compression shirts
- Noise canceling headphones
- Special seating e.g. special chair for g-tube, Hokki (wobble) chairs
- Audiobooks

### Training

Providers also commented on how lack of funds affected their staff's ability to attend needed training. Some found it difficult to pay for training that is outside of the free offerings through the Child Care Resource and Referral system/Gateways to Opportunity platform, particularly multi-day trainings or conferences. They also had difficulty finding and paying for substitutes for the classroom so teachers could attend training.

- "My staff are not trained like me. My Master's degree is in education and I specialize in special education. I know the trainings they need [to relieve] their stress. They cost."
- "The lack of funding keeps us from attending conferences that have appropriate educational classes for children with special needs... We currently can only do what is on Gateways because it is free training."

- "Most trainings cost money and we have to pay for a sub to be in the classroom for teachers to attend the trainings/conferences. Double the cost."
- "We need more funding for a quality training. We have worked with the mental health consultants before. While they come up with good suggestions and tips, often times we have already exhausted these strategies before contacting a mental health consultant."

### Staffing

Providers also described the impact of not being able to afford extra classroom staff. As described, some providers have had to turn families away. Many said children in their care were not getting the optimal amount of support. Some providers have lowered their ratios to better manage children's needs, which affects the center's revenue. Teachers have experienced burn out because of too much being asked of them. Lack of funds also prevented providers from paying higher salaries to attract staff with specialized training or special education credentials. Some providers wished they could hire specialists such as social workers or occupational therapists.

- "We are not able to provide consistent 1-on-1 support for children who would be able to function better in the classroom with more extensive support."
- "If we had more funding we could help the children better and for a longer period."
- "We need a person that has specialized training especially with children with behavior issues. An extra set of hands is nice but not enough."
- "The lack of funding for extra staff has burned out a few teachers. The children can be overwhelming to handle even when in the correct ratios. We have seen an influx of 'ouch' reports because one teacher alone cannot simply care for 3 children who need one-on-one care along with the rest of the children."

**Charging Parents for Accommodations Made.** Nearly all centers said they do not charge parents of children with disabilities extra fees to cover the cost of accommodations. Three centers said that if a child needs a one-on-one aide they ask parents to either provide the aide or cover the cost of one.

## Children’s Special Needs that Are Most Challenging for Providers

In an open-ended question, providers described which special needs of children were most difficult for them to accommodate. Some described certain behaviors or needs, while others named specific conditions.

### Many providers (24) mentioned children’s challenging behavior or social-emotional needs:

- “Challenging behaviors, seeing more younger children with social emotional problems than in previous years.”
- “Behavioral needs that impact the child’s ability to join the group and engage in group activities.”
- “Children with behavioral outbursts due to [being] overstimulated.”

### Some (9) specifically described aggressive or harmful behaviors:

- “Disruptive, safety concerning behaviors. My teachers are burnt out and overwhelmed from the screaming, kicking and biting.”
- “Severe aggressive and violent behaviors. We do not have challenges with the children with speech, or physical disabilities. It’s the social emotional.”

### Some providers specifically mentioned autism spectrum disorder (11):

- “Language and cognitive delays showcased from children that may be on the autism spectrum.”
- “Autistic children who are very energetic.”

### Others named speech-related issues and children who are nonverbal (9):

- “Sometimes when the children are nonverbal, we want to ensure we understand their needs.”
- “Children who are nonverbal and become aggressive.”

Some providers were challenged by ADHD and associated behaviors (6) or sensory-related conditions (4). Other conditions or needs mentioned include: oppositional defiance disorder, hydrocephalus, cerebral palsy, cognitive disability, physical disabilities, learning disabilities, older children in diapers, children who need room to climb, and children who are not diagnosed.

## Sources of Stress for Providers When Caring for Children with Disabilities and Delays

We listed five potential sources of stress for providers when caring for children with disabilities and asked providers to rate how stressful each was for their program. Table 9 shows the percent of providers that rated each source as “stressful” (4 or 5 on a five-point scale).

**TABLE 9. PERCENT OF PROVIDERS THAT FIND THE FOLLOWING TO BE STRESSFUL FOR THEM OR THEIR STAFF IN THEIR EXPERIENCE CARING FOR CHILDREN WITH DISABILITIES OR DELAYS (RATING OF 4 OR 5 ON A STRESS SCALE OF 1 TO 5)**

	All Centers n=98	Centers by funding type	
		HS, PFA or ExceleRate n=43	CCAP alone or no funds n=55
Children’s challenging behaviors	74%	71%	75%
Balancing staff time between a child who needs extra one-on-one support and other children in their classroom	66%	68%	65%
Raising concerns with parents about their children’s development or behavior	46%	37%	53%
Managing referrals & therapy visits for the children	33%	24%	40%
Finding information or training to help support the children	27%	18%	34%

**Challenging behaviors:** Similar to the open-ended question about provider challenges, the most common source of stress was children’s challenging behaviors. Three quarters of providers consider these behaviors stressful. Providers commented that keeping staff and children safe from aggressive behavior like biting, hitting and kicking is particularly stressful, as is protecting children from self-harm. One also mentioned the challenge of children who cannot easily transition between activities: “Imagine all of the transitions in a day for a child care center.”

**Balancing staff time:** Balancing time between children who need extra one-on-one support and other children in the classroom is stressful for two-thirds of providers.

- “When there is not additional support in the classroom, supporting children who need one on one without leaving the other children who also need support is very challenging. It is difficult to meet all of the needs that this dynamic presents.”
- “The staff feel overwhelmed and overworked. We can fix this if we had additional teachers to help in the class. Due to the limited funding we can’t add more qualified teachers.”

Fewer than half of providers rated the remaining three areas as stressful, but still a significant portion did. Programs *without* HS/PFA funding were more likely to find them stressful compared to programs with HS/PFA funding:

**Raising concerns with parents:** Almost half of providers find this stressful. Providers discussed stress that comes from parents not being ready to “accept their child’s special needs” and from trying to meet with parents but parents being “too busy to attend or schedule to attend and do not show up.”

**Managing referrals and therapy services for the children:** A third of providers find this stressful, particularly due to delays in children receiving evaluations and services or children being denied services.

- “We’ve been waiting for over 6 months for Early Intervention to respond to our requests for evaluations. We are in dire need of help.”
- “Making connections with CFCs has been really stressful. Referrals are taking 6 months or more to complete. Children are aging out of the program and services are never started.”<sup>9</sup>
- “I think when children who really struggle to be regulated throughout the day get turned down for Early Intervention that really increases [staff] burnout...”

**Finding information and training:** About a quarter of providers (27 percent) consider this stressful. A couple of providers expressed the need for more resources for families.

The overarching theme within the provider comments was that teacher stress is a result of not receiving enough support to care for children with disabilities. This includes enough help in the classroom, enough materials and enough training. In regards to training, one provider said of their teachers, “They are very overwhelmed with what comes with children with disabilities, from knowing how to interact with them to basic caring.” Another provider expressed the difficulty of giving teachers the support they need: “I try my best to [equip] my center and teachers with what is needed but it’s hard when the money coming in just barely pays [for] what’s needed.”

**“I strongly believe our staff’s hearts are in the right place, but when they do not have the information and support to help meet the individual needs of the children it’s overwhelming, resulting in burn out.”**

<sup>9</sup> CFC stands for Child and Family Connections. CFC’s are the regional intake agencies for families to enter the Early Intervention system in Illinois.

## Provider Access to Information and Training

### Finding Training

As discussed, providers report that a lack of funding to pay for training and classroom coverage is a barrier to staff getting the training they need, and this lack of training contributes to teacher stress levels. We wanted to know if providers were also challenged with finding the training they needed.

Eighty percent of center administrators who took the survey said they or their staff have looked for training related to caring for children with disabilities or delays. Among them, only 39 percent said they could *usually* find the training they needed. An equal portion could *sometimes* find the training needed, and almost a quarter said it is *often difficult* to find the training. Table 10 shows that centers without HS/PFA funding were somewhat more likely to say it was difficult to find training.

**TABLE 10. PROVIDERS' EXPERIENCE FINDING TRAINING THEY NEED RELATED TO DISABILITIES AND DEVELOPMENTAL DELAYS**

	All Centers n=98	Centers by funding type	
		HS, PFA or ExceleRate n=43	CCAP alone or no funds n=55
Can usually find the training	39%	38%	39%
Sometimes can find the training	39%	43%	34%
It is often difficult to find the training	23%	19%	26%

We asked providers what difficulties they faced with getting training. Aside from cost, they reported the following:

**Training hours/no coverage:** Providers again commented that many trainings occur during work hours and they do not have classroom coverage so teachers can attend. One provider said, "The trainings have been available, however the work hours are conflicting." Another said staff attend mostly online training because of this.

**Training is not adequate:** Some providers say available trainings are not adequate to meet their needs. Trainings are too general and not applicable to specific children and situations. They "lack concrete strategies" or tend to offer "the already-tried strategies."

- "It's hard to find trainings on specific problems. Trainings are usually more general and you don't know until you go through it if it will cover a particular idea, or the more specific ones are for clinicians..."
- "It is hard to find training in specific disabilities."
- "Need to find quality trainings that have hands-on strategies."
- "[Need training] adapting these practices to a Montessori setting."

Other challenges with finding training are that training locations are not always convenient and it can be hard to find time outside of the classroom to search for training. One provider also mentioned the need for parent-friendly training.

Some providers have not faced challenges with finding training:

- "We have a Disabilities and Mental Health Operations Director who assists us in referral and resources."
- "State and City organizations are offering many trainings on [disabilities]."
- "We have plenty of trainings available."

### Group Training vs. On-Site Coaching

We were interested in whether providers feel on-site coaching support would be a useful complement or alternative to classroom trainings. The above comments suggest on-site coaching could be helpful for providers who find classroom trainings too general and lacking practical strategies. We asked providers if and when on-site coaching would be helpful to them with caring for a child with a disability or delay. Some commented on why it was a helpful learning style and others gave particular situations when it would be helpful.



**Helpful Learning Style:** Providers like that coaching is hands-on, and some consider it a better method for learning than classroom training. It allows for specific, real-time feedback as situations arise.

- “...A trained eye for observations is much more useful than a generic training, which might start at a basic level, or be advanced but in a different way than what we need.”

**“...Observations from a trained clinician can help SO MUCH. They validate staff in their feelings and observations, which decreases burnout, and they give targeted suggestions for the individual child.”**

- “Any situation that relates to behavior would be better if someone knowledgeable would push into the classroom and offer feedback.”

**Helpful when a child first enrolls or is evaluated:**

Coaching when a child enrolls or receives a diagnosis would help staff learn about the child’s needs. It can help staff who feel resistant or unprepared to serve a child.

- “When child begins and we do an in-house staffing, it is helpful to know what we are able to ask, accommodate, etc.”
- “Whenever we get a child that qualifies for [an] IEP.”
- “When teachers question why we are serving the children in our program, and they don’t feel they have enough knowledge to deal with the behaviors.”

**Helpful for particular needs or situations:** Providers named particular needs of children or situations when coaching would be helpful. These include when providers have difficulty managing children’s behaviors, when a communication barrier exists between the provider and child, and when children have feeding tubes or medical needs. One provider felt hands-on training “would be helpful with the day-to-day management of daily routines and schedules.”

**Needs to be intensive enough:** Some comments indicate that providers want coaching that is more intensive than other models they have experienced.

- “Our [Mental Health] consultant has been helpful in providing strategies onsite, but teachers want and need something more intensively.”
- “Yes, we need specialists to see what we see every day and give us support for all types of situations. It’s great when they come, but during the one hour observation they don’t see regular behaviors.”

Several providers did not feel on-site coaching would be helpful. One provider with a Head Start background and experience as an education coordinator seems to agree that lighter-touch coaching models are not enough. “...I’ve coached before, there was nothing better than someone at the center putting the work in daily. Any other coaching we need comes from the Developmental Therapist assigned to children with IFSP’s. The broad scale coaching model doesn’t work.”

## Areas Where Providers Would Like More Guidance

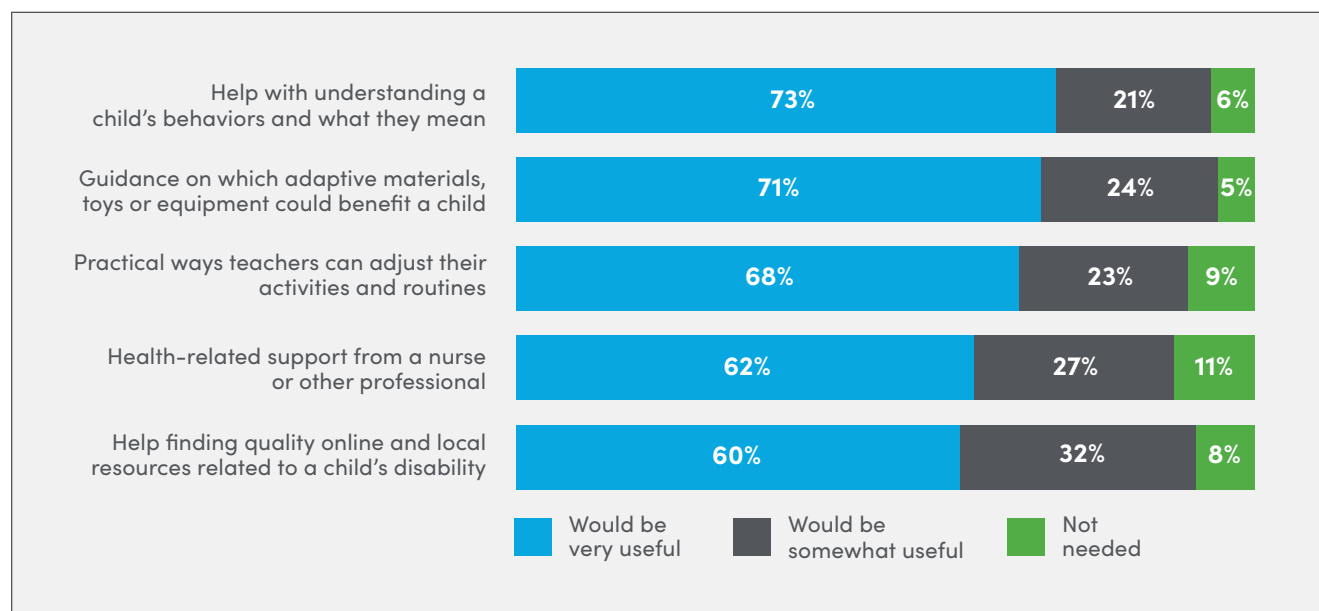
We asked providers whether more guidance and support in five areas would be useful to them. See Figure 1 for results.

For each support, at least 60 percent of providers would find it *very useful*. The most popular support, not surprisingly, was help with understanding a child’s behaviors and what they mean (73 percent would find this *very useful*). The second most popular support is guidance on which adaptive materials, toys or equipment could benefit a child (71 percent would find it *very useful*), followed by learning practical ways they can adjust their activities and routines (68 percent).

The other two items considered *very useful* by 62 and 60 percent respectively were health-related support from a nurse or other professional, and help finding quality online and local resources related to a child’s disability.

Centers ranked these supports in the same order regardless of whether their program received HS/PFA funding. Programs *without* HS/PFA funding were somewhat more likely to consider each support *very useful* (breakout not shown).

**FIGURE 1. WHAT SUPPORTS PROVIDERS WOULD FIND USEFUL IN CARING FOR CHILDREN WITH DISABILITIES**



## Helping Children Get Services They Need

When children have a disability or developmental delay, early identification and intervention can ensure the child and family get support they need and can maximize a child's outcomes. Not all disabilities or delays are obvious, and developmental screenings help detect them. Child care programs that screen children can then, as needed, refer families for a more in-depth assessment through Early Intervention (for children age 0 to 3) or the school district's Early Childhood Special Education program (for children age 3 to 5). Children can begin to receive services through these programs if they are determined to have a disability or an eligible level of delay.

Programs funded by Head Start, Early Head Start, Preschool for All, Prevention Initiative and ExceleRate are required to ensure children in their care receive a developmental screening and to have procedures in place to refer families to Early Intervention or Early Childhood Special Education if warranted. It is not surprising, then, that results show that HS/PFA-funded programs are more knowledgeable and experienced in helping families get services than programs without this funding.

## Developmental Screening

Nearly all HS/PFA-funded programs report that they screen either all children (86%) or some children (11%) in their care. In contrast, only 37 percent of programs without HS/PFA funding screen all children, and 25 percent screen some children.

**TABLE 11. PERCENT OF CENTERS THAT CONDUCT DEVELOPMENTAL SCREENINGS FOR CHILDREN THEY SERVE**

	All Centers n=96	Centers by funding type	
		HS, PFA or ExceleRate n=44	CCAP alone or no funds n=52
All children are screened	59%	86%	37%
Some children are screened	19%	11%	25%
No children are screened	22%	2%	38%

Providers expressed interest in expanding the number of children they screen. Eighty-one percent of programs that do not screen *any* children said they *would* like to screen children if they had the resources, and 85 percent of programs that screen only *some* children said they would like to screen *all* children if they had the resources. (Screening poses a cost to programs in terms of purchasing the screening tools and staff time and training.)

Among the 21 centers that do not screen children, 62 percent know how to refer a child for a developmental screening. However, over a third (8 centers) do not know how.

**TABLE 12. WHETHER PROGRAMS THAT DO NOT SCREEN CHILDREN KNOW HOW TO REFER A FAMILY FOR DEVELOPMENTAL SCREENING**

	All Centers n=21	Centers by funding type	
		HS, PFA or ExceleRate n=1	CCAP alone or no funds n=20
Yes	62%	100%	60%
No	38%	0%	40%

Finally, we asked providers who do screen children how confident they are with interpreting the screening results. About a quarter felt only *somewhat* confident, and a few providers felt *not confident*. Centers without HS/PFA programs were twice as likely to say they felt only somewhat or not confident with screening results. These centers may need additional training or consultation support during the screening process.

**TABLE 13. PROGRAM'S CONFIDENCE LEVEL WITH INTERPRETING DEVELOPMENTAL SCREENING RESULTS (AMONG CENTERS THAT SCREEN CHILDREN)**

	All Centers n=74	Centers by funding type	
		HS, PFA or ExceleRate n=42	CCAP alone or no funds n=32
Confident	73%	83%	59%
Somewhat confident	24%	17%	34%
Not confident	3%	0%	6%

## Referring Families to Services

Parent involvement is key to the screening process and parents decide whether to have their child evaluated further if that is the recommendation. Providers can find it frustrating when parents do not want to engage in the process or are not open to hearing that their child might need extra support with their development.

HS/PFA-funded programs were much more likely to feel confident communicating with parents about children's possible developmental delays than programs without HS/PFA funding (86% and 46% respectively felt confident). The majority of programs without HS/PFA funding felt only *somewhat or not confident*.

**TABLE 14. PROGRAM'S CONFIDENCE LEVEL COMMUNICATING WITH PARENTS ABOUT A CHILD'S POSSIBLE DEVELOPMENTAL DELAY**

	All Centers n=96	Centers by funding type	
		HS, PFA or ExceleRate n=44	CCAP alone or no funds n=52
Confident	65%	86%	46%
Somewhat confident	31%	11%	48%
Not confident	4%	2%	6%

**Children ages 0 to 3:** When screening indicates that a child age 0 to 3 is not developmentally on track, or a provider or parent otherwise suspects this to be the case, providers should refer a parent to Early Intervention for a formal evaluation. Most providers (80%) know how to do this, but 12 percent of HS/PFA programs and 27 percent of non-HS/PFA programs need more information to make a referral. HS/PFA programs were much more likely to have actually made a referral to Early Intervention than non-HS/PFA centers (79 vs 47 percent).

**TABLE 15. DOES PROGRAM KNOW HOW TO REFER A FAMILY TO EARLY INTERVENTION TO GET A FORMAL ASSESSMENT FOR A CHILD AGE 0 TO 3?**

	All Centers n=94	Centers by funding type	
		HS, PFA or ExceleRate n=43	CCAP alone or no funds n=51
Yes, they know how and have done this	62%	79%	47%
Yes, they know how	18%	9%	25%
No, would need more information	20%	12%	27%

**Children ages 3 to 5:** Findings were similar in terms of providers' knowledge and experience referring a family of a 3- to 5-year-old to the school district or other professional to get a formal assessment. In this case, only 5 percent of HS/PFA programs said they needed more information in order to make a referral compared to 29 percent of non-HS/PFA centers.

**TABLE 16. DOES PROGRAM KNOW HOW TO REFER A FAMILY TO THE SCHOOL DISTRICT OR ANOTHER PROFESSIONAL TO GET A FORMAL ASSESSMENT FOR A CHILD AGE 3 TO 5?**

	All Centers n=95	Centers by funding type	
		HS, PFA or ExceleRate n=44	CCAP alone or no funds n=51
Yes, they know how and have done this	61%	82%	43%
Yes, they know how	21%	14%	27%
No, would need more information	18%	5%	29%

**Mental Health Consultation:** Mental health consultants are one resource available to assist providers in assessing a child's development and whether a referral to Early Intervention or Early Childhood Special Education might be needed. Head Start and PFA or Prevention Initiative programs are funded to have mental health consultants available to their teachers. Centers in Illinois without HS/PFA funding can access mental health consultants through Caregiver Connections. This program is run through local Child Care Resource and Referral agencies, which in Chicago is Illinois Action for Children.

Providers reported whether they know how to contact a mental health consultant to discuss developmental concerns or get help with a referral, and if they ever had done so. Again, nearly all programs with HS/PFA funds knew about this resource and most had used it. However, more than half of centers without HS/PFA funds (52%) would need more information to contact a mental health consultant, and only 19 percent had ever done so.

**TABLE 17. DOES PROGRAM KNOW HOW TO CONTACT A MENTAL HEALTH CONSULTANT TO DISCUSS DEVELOPMENTAL CONCERNS AND HELP A FAMILY WITH REFERRALS?**

	All Centers n=96	Centers by funding type	
		HS, PFA or ExceleRate n=44	CCAP alone or no funds n=52
Yes, they know how and have done this	47%	80%	19%
Yes, they know how	23%	16%	29%
No, would need more information	30%	5%	52%

## Collaboration with Early Intervention or Early Childhood Special Education

**Early Intervention:** Parents whose children qualify for Early Intervention can choose where they want services provided, including at their child care center if the center is willing. Most centers have had a therapist from Early Intervention or another program at their site.

**TABLE 18. DO THERAPISTS FROM EARLY INTERVENTION OR ANOTHER PROGRAM EVER PROVIDE SERVICES TO CHILDREN AT THEIR SITE?**

	All Centers n=95	Centers by funding type	
		HS, PFA or ExceleRate n=43	CCAP alone or no funds n=52
Yes	93%	95%	90%
No	7%	5%	10%

Early Intervention specialists who work with children at the child care center are a potential resource for the center. Ideally, they and the child's teacher share information regularly about the child's progress (with parent permission), and the specialist provides the teacher with suggestions for working with the child. We asked centers whether the therapists who come to their program discuss the child's needs with program staff and share helpful information and strategies for working with the child. Most programs (90%) said this does occur. However, about 40 percent of programs wished there was more opportunity for it and 10 percent said it does not happen.

**TABLE 19. DO THERAPISTS DISCUSS THE CHILD'S NEEDS WITH CENTER STAFF AND SHARE HELPFUL INFORMATION OR STRATEGIES FOR WORKING WITH THE CHILD? (AMONG CENTERS THAT HAVE HAD THERAPISTS ON SITE)**

	All Centers n=87	Centers by funding type	
		HS, PFA or ExceleRate n=40	CCAP alone or no funds n=47
Yes	51%	53%	49%
Yes, but wish there was more opportunity for it	39%	38%	40%
No	10%	10%	11%

**Early Childhood Special Education:** Children ages 3 to 5 who are eligible for Early Childhood Special Education services through the school district (in this case Chicago Public Schools) do not typically have the option to receive services at their child care program. The child receives services at a public school location. Parents may choose to enroll their children into one of the district’s own preschool programs so their child can receive services and preschool at the same setting. This option does not work for all parents, including parents who need longer child care hours than what public schools offer. In these cases, children can spend part of the day receiving therapy services at the public school and the other portion of the day at the child care center.

We asked providers how the school district’s Early Childhood Special Education services could work better for them and children in their care. The top response was improved collaboration between centers and the district. Some want more two-way communication in general, while others want better communication specifically about the progress a child is making; effective strategies and activities implemented by CPS that they could try at the center; more guidance for center teachers on how to support the child; and more information about the process for connecting families. Providers also stated their desire for a direct contact person with whom they could communicate and develop a relationship.

- “There is a pretty big disconnect between CPS and the center. I have worked in other communities where there has been more of a cooperating partnership to create continuity between the 2 programs to better support the child. CPS has been hard to navigate and has not been receptive in the past.”

**“Because preschool children attend school for half day, it would be great that the other half of the day we could support that child the same way, by knowing their style and habit with the child.”**

- “More communication about [children’s] progress at services.”
- “Help guide and support the teachers on what to do with the child to improve abilities while the child is in care.”
- “It would be great if we knew what the process is in our school district for helping parents get the information for special education services.”

The second most common provider recommendation was for the school district to offer early Childhood Special Education services at the child care program, similar to the Early Intervention model.<sup>10</sup> Benefits of this model include more opportunities for information sharing between center teachers and specialists, fewer transitions for children, and parents being more likely to continue with services.

- “They could send the service providers to our sites to conduct the services and share feedback with the child’s teacher.”
- “[We would] not have to transport children out to get services. It’s already hard for them, and transitioning back and forth is hard.”
- “[Would like if] therapists come to the program vs having the program walk the children to CPS at very odd hours.”
- “Yes, if they continued providing the services at the centers would help parents in continuing the services.”

Finally, providers talked about other ways Special Education services could be more accessible to children:

- *More timely evaluations:* “Appointments are so far out”
- *More access to transportation:* “Many students have not accessed services they are eligible for due to lack of transportation.”
- *Expanded eligibility:* “Often IEPs for our preschool aged children are denied, and we have to go back a few years later to receive them. It seems counterintuitive to wait when we see the delay already. It is like we are waiting for them to fail worse before helping them.”
- *Full-day services:* “Inclusion into their system, not half a day.”

<sup>10</sup> To learn more about efforts in Illinois to integrate Early Childhood Special Education services into child care settings, see: Strengthening Early Childhood Inclusion (November 2021) found at <https://www.startearly.org/app/uploads/2021/11/Strengthening-Early-Childhood-Inclusion-Report-11.15.21.pdf> and Advancing Preschool Inclusion in Community-Based Early Childhood Education Settings (Dec. 2022), found at <https://www.isbe.net/Documents/IL-Inclusion-Report.pdf>.



## Final Words from Center Providers

We asked providers if they had any final comments.

**“Please provide resources and funding for these families, because there’s a great need.”**

“The topic is one that we will continue to struggle with, and we are seeing more children with developmental and behavioral delays than in previous years.”

“It is our responsibility to provide an inclusive program, and we are happy to do so. I just wish there was more support for programs like ours that never say no to a child with developmental delays or special needs.”

**“A better system is needed.”**

**“This program year we have had an uptick of many children who require one-on-one support and staff are not trained in specialized care.”**

**“I would love all resources pertaining to children with disabilities.”**

**“We do this because we love it. Especially for the children with special needs.”**

**“Thank you for reaching out as it has become very overwhelming to service and support staff caring for children with various needs.”**

“We’ve provided childcare services for over 22 years. We’ve never seen this number of children with special needs. I talk with directors from other programs & we’re all struggling. We need more resources and paraprofessionals. If kids needed paraprofessionals in public school, we need them in ECE programs as well. We also need additional funding to pay these people.”

**“We want to help these young learners...We need qualified staff to be available when one-to-one care is needed if we are expected to try and care for students with severe behavioral needs. For children with other disabilities, we want to have more knowledge and the proper set up to accommodate.”**

**“Thanks for caring.”**

“The teachers can always benefit from trainings and awareness, however with the increasing number of children with autism and children with challenging behavior is at an all time high, the ability to provide child care has become more than a program inclusion issue. Children are being stressed to be included, other children’s anxiety has increased, teachers’ stress levels has increased and they are leaving the profession no matter how much we pay.”

**“PLEASE HELP! It’s so disheartening to not be able to support children and it feels like we’re all alone and the system is really failing all of us and them.”**

## Appendix

### Program Funding: Requirements and Supports for Children with Disabilities<sup>11</sup>

Child care centers have different requirements and receive different supports for serving children with disabilities depending on their funding source.

**Child Care Assistance Program (CCAP):** Centers receiving CCAP payments have no additional requirements related to serving children with disabilities. A small number of centers paid through contracts (vs vouchers) can receive a 20% rate add-on for children with documented disabilities to help cover costs such as equipment or training. The vast majority of centers are not paid through contracts and, therefore, are not eligible for these extra funds.

**ExceleRate Illinois quality rating and improvement system:** Silver- and gold-rated programs receive a 10% and 15% rate add-on respectively for CCAP children (with or without disabilities). These programs are required to establish policies and procedures for supporting inclusion of children with disabilities, ensure children receive developmental screening, and refer families for a formal assessment if needed. Gold-rated programs must work collaboratively with Early Intervention and Early Childhood Special Education to support children with their development goals.

**Head Start/Early Head Start (HS/EHS):** Programs are required to fill 10% of their slots with children with documented disabilities or developmental delays. They must modify their program to ensure children's full participation; screen all children for developmental delays; refer families as needed to Early Intervention and Early Childhood Special Education and partner on the delivery of these services; and support families through this process. Programs are funded to provide teachers with regular professional development and job-embedded coaching, mental health consultation, and support and leadership from a disability services coordinator.

**Preschool for All (PFA) and Prevention Initiative (PI):<sup>12</sup>** Chicago child care centers that receive PFA or PI funding through the Department of Family and Support Services follow a program model similar to the Head Start model described above. Programs are not required to serve a certain number of children with disabilities but, according to policy, they may not deny a child because of their disability and must have strategies in place to recruit children with disabilities.

<sup>11</sup> You can find a summary of Illinois early childhood program requirements related to serving children with disabilities in the Systems Scan Summary prepared for the 2017 Illinois Early Childhood Inclusion Summit here: <https://www.livebinders.com/play/play?id=2165119>.

<sup>12</sup> Details on the requirements of programs receiving Head Start, Early Head Start, PFA and PI funding through the Chicago Department of Family and Support Services can be found in the Chicago Early Learning manual: [https://www.chicago.gov/content/dam/city/depts/fss/supp\\_info/ChildrenServices/CELUpdates2020/CELSManualJanuary2020.pdf](https://www.chicago.gov/content/dam/city/depts/fss/supp_info/ChildrenServices/CELUpdates2020/CELSManualJanuary2020.pdf)



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