



# Child Care for Children with Disabilities: Experiences of Chicago Home Providers

May 2024 | Author: Marcia Stoll



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center for research  
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This report is dedicated to the home child care providers who so generously shared their time and thoughts in our survey.

Thank you to Start Early for funding this important research.

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’s 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.

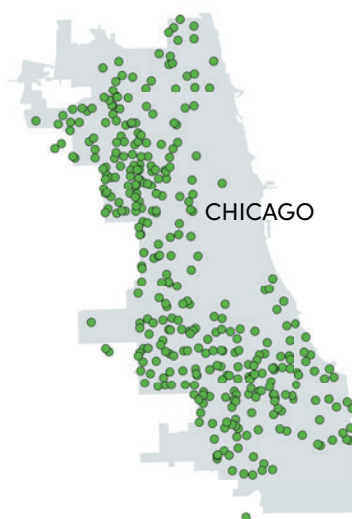
This is one of three reports that capture the experiences of families, child care home providers and centers.<sup>2</sup> This report focuses on the experiences of home-based child care providers. In June 2023, Illinois Action for Children invited 1,328 licensed home providers in Chicago to take a survey about caring for children with disabilities and developmental delays. The results follow.

## Who Responded

In total, 356 home providers from across the city of Chicago took the survey. Nine percent responded in Spanish. A large majority (92%) participate in the Child Care Assistance Program (CCAP), which funds child care for low-income families, and most receive CCAP funds for half or more of their enrolled children. Ten percent receive additional program funding that is tied to higher standards for supporting children with disabilities and developmental delays. These programs include the ExceleRate Illinois quality rating and improvement system, Head Start and Early Head Start, and the Preschool for All (PFA) and Prevention Initiative programs that are funded through the Illinois State Board of Education.

Three quarters of the providers have at least one assistant working with them, and 40% have more than one. The providers are an experienced group: 81% have worked in the early childhood field for ten years or more. Nearly half have a degree, and 36% have a degree in early childhood or child development — most commonly an Associate degree. Among providers with any college experience, 42% report having coursework, a certificate or a specialization in Special Education.

Locations of Home Provider Respondents



<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>

**TABLE 1. ABOUT THE LICENSED HOME PROVIDERS WHO RESPONDED TO THE SURVEY**

	Licensed Homes
Providers invited to take the survey	1,328
Survey responses (320 fully completed the survey)	356
Response rate	27%
<b>Providers' location in Chicago</b>	
North	23%
West or Central	21%
South	55%
<i>1 home provider lives outside of Chicago</i>	
<b>Public funding that providers receive</b>	
Child Care Assistance only	82%
Child Care Assistance only, with ExceleRate quality add-on	6%
Head Start, Early Head Start, Preschool for All or Prevention Initiative (typically in addition to Child Care Assistance)	4%
None of the above	8%
<i>In total, 92% of respondents receive CCAP funds and, among them, 84% receive CCAP for half or more of the children they serve.</i>	
<b>Whether home providers have assistants</b>	
No	26%
Yes	74%
Have 1 part-time assistant	8%
Have 1 full-time assistant or the equivalent (2 part-time)	26%
Have more than 1 full-time-equivalent assistant	40%
<b>Years that home providers have worked in child care or the early childhood field</b>	
Fewer than 5 years	9%
5 to 9 years	10%
10 or more years	81%
<b>Education level of home providers</b>	
High school or GED or less	18%
Some college	33%
Associate degree in Early Childhood or Child Development	21%
Associate degree in another field	7%
Bachelor's degree or higher in Early Childhood or Child Development	6%
Bachelor's degree or higher in another field	15%
Have coursework, certificate or specialization in Special Education (among providers with at least some college)	42%

## How Many Providers 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. If providers were not currently serving a child with a documented or possible disability or delay, they reported if they had ever done so.

At the time of the survey, 40% of home providers (140 providers) had a child enrolled with a *documented* disability or developmental delay. In total, these providers had 234 children with disabilities or delays enrolled, ranging from one to six children per provider. The median number per provider was one child. The children fell in all age groups, but particularly ages 3 to 5. (See Table 2).

Providers were aware that 152 of these children (65%) received Early Intervention or Special Education services for their disability or delay. Receipt of services for the remaining 82 children is unknown.

A somewhat smaller portion of home providers (35%) had a child enrolled who they thought *possibly* had a disability or developmental delay, primarily children ages 0 to 5. Providers report 170 such children in their care. The median was one child per provider.

- Overall, **54%** of the home providers had a child enrolled with *either* a documented or possible disability or developmental delay.
- **81%** of the providers had *ever* served a child with a documented or possible disability or developmental delay.

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

	% of Home Providers n=356
Providers currently serving a child with a <b>documented</b> disability or developmental delay	40%
Serve a child age 0-2	12%
Serve a child age 3-5	22%
Serve a child age 6 and older	16%
Providers currently serving a child with a <b>possible</b> disability or developmental delay (but child has not been diagnosed)	35%
Serve a child age 0-2	11%
Serve a child age 3-5	18%
Serve a child age 6 and older	5%
Providers currently serving a child with <b>either</b> a documented or possible disability or delay	54%
Providers who have <b>ever</b> served a child with a documented or possible disability or delay	81%
	Children
Number of children with <b>documented</b> disabilities or delays in their care	234
Median number per provider <sup>a</sup>	1
Percent receiving Early Intervention or Special Education, as far as providers are aware	65%
Total children with <b>possible</b> disabilities or delays in their care	170
Median number per provider <sup>b</sup>	1

a The median is among providers with an enrolled child with a documented disability or delay.

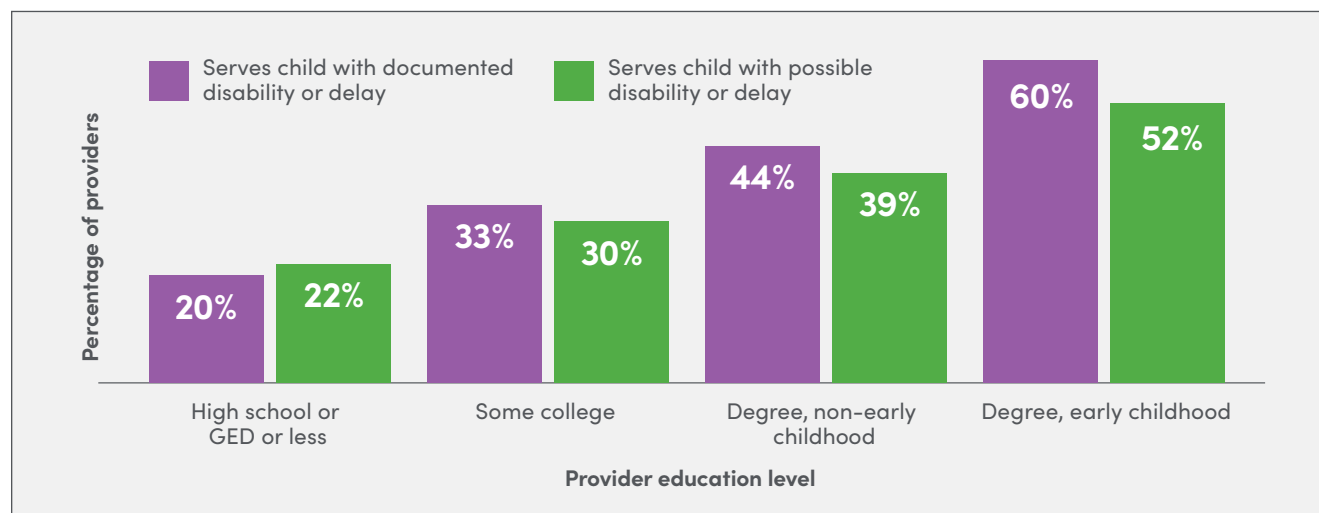
b The median is among providers with an enrolled child with a possible disability or delay.



### By Provider Education Level

Education level appears to play a role in a provider's likelihood of serving a child with a disability or developmental delay or recognizing that a child might have one. Providers holding an Associate or Bachelor's degree in Early Childhood or Child Development were most likely to have a child with a documented disability enrolled (60% did so). They were three times more likely than providers with a high school diploma (20%), and nearly twice as likely as providers with only some college (33%). A similar relationship exists between a provider's education level and their likelihood of serving a child with a possible disability or delay. Also, among providers with at least some college, those who have coursework, a certificate or specialization in Special Education were more likely to have a child with a documented disability enrolled (51%) than providers who did not (39%).<sup>3</sup>

**FIGURE 1. PERCENT OF PROVIDERS CURRENTLY SERVING A CHILD WITH A DISABILITY OR DEVELOPMENTAL DELAY, BY PROVIDER EDUCATION LEVEL**



## Children That Providers Could Not Serve

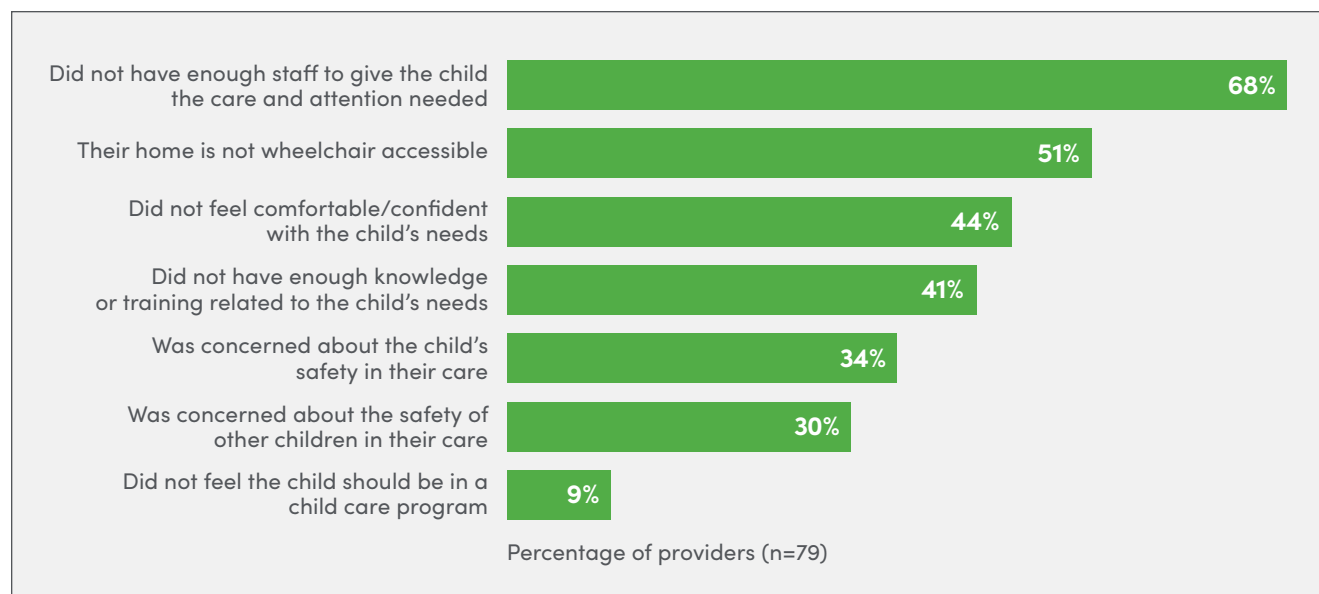
Providers were asked if they ever were *not* able to serve a child with a disability or developmental delay because they could not accommodate the child's needs. Almost a third — 31% — of providers said this was the case. About a quarter could not serve a child age 0 to 5, while 9% could not serve a school-age child.

**TABLE 3. PROVIDERS NOT ABLE TO SERVE A CHILD WITH A DISABILITY OR DEVELOPMENTAL DELAY, AND AGES OF UNSERVED CHILDREN**

	% of Home Providers n=304
Providers unable to serve a child with a disability or delay because they could not accommodate the child's needs	31%
Child was age 0-2	10%
Child was age 3-5	17%
Child was age 6 and older	9%

Providers selected the reasons they could not care for the child(ren). The most common reason, selected by two-thirds of providers, was they did not have enough staff to give the child the care and attention needed. Half of providers said the reason was that their home was not wheelchair accessible. For 44% of providers, they did not feel comfortable or confident with the child's needs. Similarly, 41% felt they did not have enough knowledge or training. Safety was an issue for a somewhat smaller group of providers: 34% were concerned about the safety of the child with the disability or delay and 30% were concerned about the safety of other children in their care. Finally, a small portion of providers — 9% — said they did not feel the child should be in a child care program.

<sup>3</sup> Chi Square tests find reported differences to be statistically significant at the .05 level.

**FIGURE 2. REASONS PROVIDERS COULD NOT SERVE CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS**  
(AMONG PROVIDERS UNABLE TO SERVE A CHILD)

Providers gave examples of children they were unable to serve. In some cases they tried to care for the child before making this determination. Their responses reflect their need for additional staff, safety concerns and need for additional training or expertise.

- “The most recent example was a newborn who was on oxygen and a feeding tube at 3 months old...this type of situation is very delicate and that infant would require very personalized care, and the entity caring for that child would need some sort of in-depth training.”
- “He was not able to feed himself so I had to feed him as well as small babies. We just needed someone for him and only him.”
- “It was a child that was diagnosed with epilepsy and I was concerned about his safety and other children in my care.”
- “The child was not verbal and would lay down most of the day. We did not know how to include her in activities and we were worried when she walked she might injure herself. Another child was violent and hurt children. Parents refused to get an evaluation. The risk became too much for our daycare and they left our care.”
- “The children were very aggressive with other children and staff. I was worried someone would get hurt. Also, we didn’t have the space to allow the children to explore because they did not like to sit down.”
- “He cried ALL DAY long. I have another kid in my care that doesn’t like noise so it was bad. He didn’t want me near him to look at him or touch him. He doesn’t sit down and he kept taking things from the kids.”
- “He needed to receive a kind of respiratory machine every such of time and I felt that he needed one-on-one care.”

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

### Americans with Disabilities Act (ADA)<sup>4</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>5</sup>

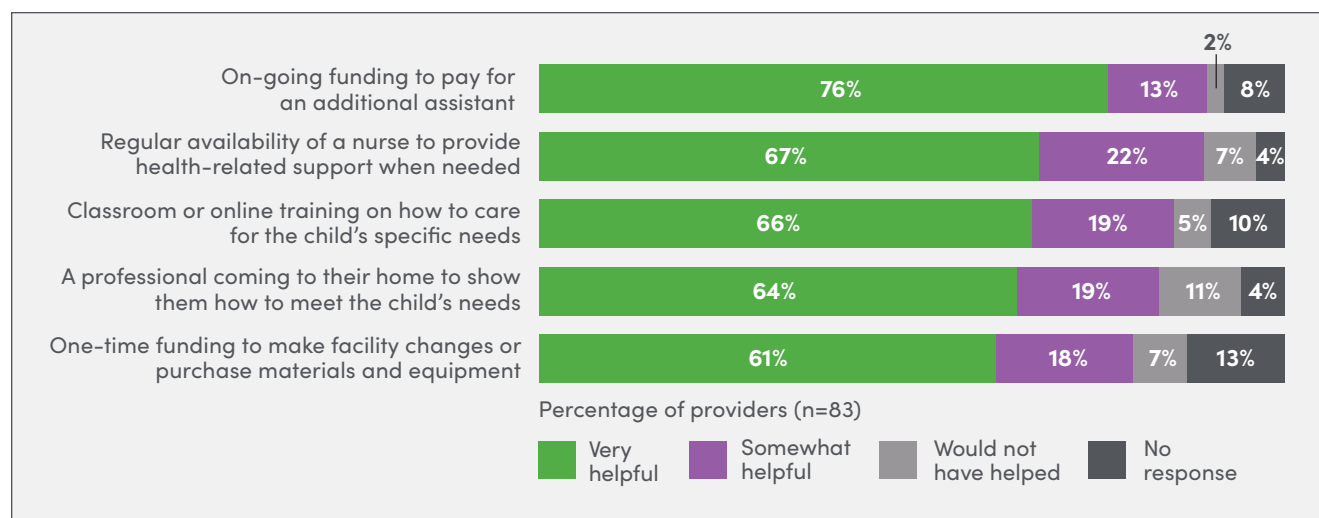
Under this law, child care and early education programs may not expel children ages 0 to 5 because of their behavior. Programs instead must draw on community resources to address the child’s behavioral needs. Only after taking documented steps to address the behavior can they, if necessary, work with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

## Supports that Would Have Enabled Providers to Accommodate Children

Providers were given a list of five resources and asked how helpful each would have been in allowing them to accommodate children they otherwise could not accommodate. Providers indicated whether the resource would have been *very helpful*, *somewhat helpful* or *would not have helped*. See Figure 3.

Given the challenges they reported with having enough staff, it is not surprising that three quarters of providers said on-going funding to pay for an additional assistant would have been *very helpful* in enabling them to accommodate a child. At least 60 percent of providers said the four other resources would have been *very helpful*. These include: regular availability of a nurse to provide health-related support, classroom or online training related to the child’s specific needs, a professional who could offer individualized training in their home, and one-time funding to purchase materials or make facility changes.

**FIGURE 3. HOW HELPFUL VARIOUS RESOURCES WOULD HAVE BEEN IN ENABLING PROVIDERS TO ENROLL CHILDREN THEY OTHERWISE COULD NOT ACCOMMODATE (AMONG PROVIDERS UNABLE TO SERVE A CHILD)**



Some providers named other resources that would have supported them in accommodating a child. These include:

- A mediator to help them talk with parents
- Someone who could visit and explain how to read the child’s IEP and IFSP<sup>6</sup>
- More materials and outdoor play equipment
- A speech therapist
- Higher pay, either in general or through a CCAP rate add-on

<sup>4</sup> <https://www.ada.gov/topics/child-care-centers/>

<sup>5</sup> <https://oecd.illinois.gov/suspension-and-expulsion-resources.html>

<sup>6</sup> IEP, or Individualized Education Program, is the agreed upon service plan for children ages three and older who are 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. IFSP, or Individualized Family Service Plan, is the comparable service plan used by Early Intervention for children ages 0 to 3. Ideally, child care providers would help support children in meeting their IEP or IFSP goals.



## Providers' Ability To Meet the Needs of Children Who Have Disabilities and Delays

The extra support that children need while in child care will vary based on the individual child and their disability or developmental delay. Providers reported some of the extra support that children in their care have needed. They include:

- Extra patience and affection
- Extra time for tasks, activities, and transitions
- Additional one-on-one play or learning time
- Physical support such as help with walking or fine motor activities
- Help with self-care activities like using the bathroom and eating
- Adaptations to the environment, such as quiet areas and simplified spaces
- Special materials including communication devices, sensory toys, adaptive eating utensils, chairs and mats
- Personalized activities to meet their developmental needs
- Help with regulating their emotions
- Help with communicating with others; extra time to express their needs
- Special diet
- Administering medicine
- Extra supervision

### Examples from providers:

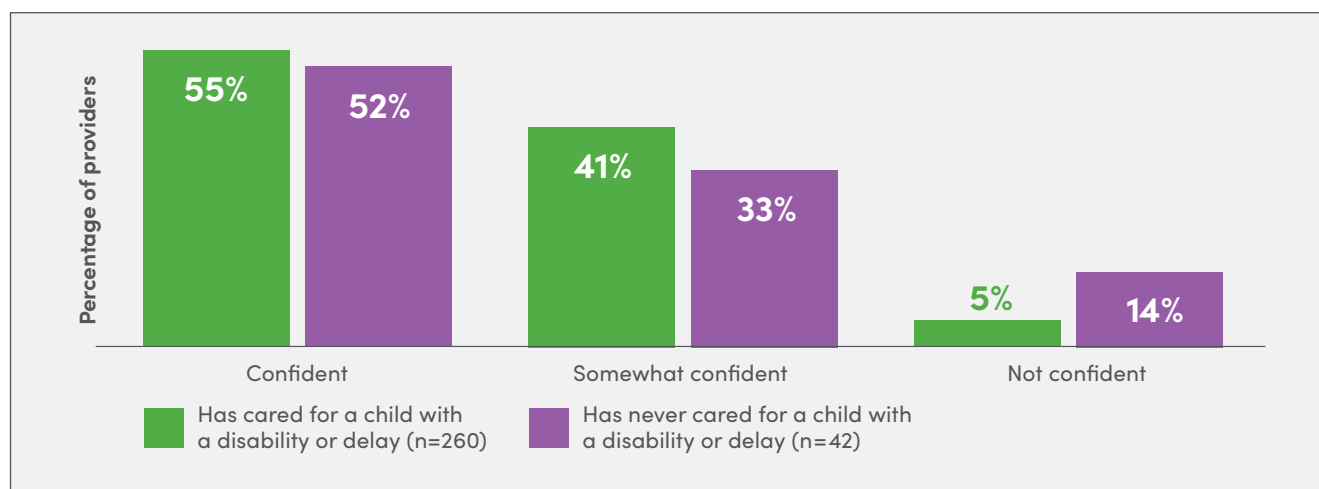
“One-on-one time with helping the child learn basic skills such as holding eating utensils or working a toy; feeding tubes for 3 meals; calming children down because [they] didn’t understand how to control their anger.”

“I have had to hire another assistant who can solely assist them. Some examples are feeding them, carrying them around, guiding them to walk with their braces on.”

## Provider Confidence Level

Provider confidence in meeting a child’s special needs will likely vary based on the child’s individual circumstances, but we asked providers generally how confident they feel caring for a child with a disability or developmental delay. A little over half said they felt *confident* and most others felt *somewhat confident*. As we might expect, providers who had no experience caring for children with disabilities were more likely to feel *not confident* (14%) compared to providers who had experience (5%).

**FIGURE 4. CONFIDENCE LEVEL OF HOME PROVIDERS IN CARING FOR CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS, BASED ON PROVIDERS' PREVIOUS EXPERIENCE**



## What Providers Find Challenging

Providers described what they find challenging when caring for children with disabilities. Their responses fall mainly into the eight categories below.

### **Ability to give children the attention they need:**

Children with disabilities often need extra time and individualized care, and it can be difficult to provide this while also meeting the needs of other children in care. Providers feel spread too thin or have had to reduce the number of children they serve, and this affects their income.

**Not having enough staff:** Providers do not have enough help to meet children’s needs consistently. They do not have funding to hire more staff, to attract staff with livable wages, or to hire staff skilled in working with children with disabilities.

### **Managing children’s emotions and behaviors:**

Children’s behaviors, emotional outbursts, crying or mood swings are challenging. Providers do not always know how to calm the child. They have to regularly redirect some children and ensure that those with aggressive behaviors do not hurt themselves or others. Children do not always understand the provider’s instructions and need extra time and direction from the provider.

**“The problem is sometimes I just don’t understand what they want or how to calm them down when I have a house full of kids.”**

**Understanding what a child needs:** Related to the above item, providers do not always understand a child’s needs, particularly with non-verbal children, making it difficult to assist them with their emotions or behavior. Providers can be uncertain of how to talk and interact with the child or what activities will keep the child’s interest or support their development.

**Lack of cooperation from parents:** Providers find it difficult when parents are not forthcoming about their child’s disability. Parents do not always work cooperatively with the provider, and it is common for parents to disregard providers’ concerns that their child might have a developmental delay. Providers can also feel undermined by pediatricians who tell parents to “wait and see” rather than seek an evaluation.

**“I have struggled with getting the child/ children to follow directions due to [their] inability to understand or concentrate on what is being said.”**

**Helping children get needed services:** Providers do not always have enough information to help parents navigate the system of services available for children with disabilities and delays. Long wait times for children to receive an evaluation for services make it hard for providers to know how to support the children. Also, providers who transport children to the public school for therapy services can find this challenging when other children are in their care.

**Lack of a suitable facility or materials for the children:** Providers do not have or are not able to afford enough materials or the right equipment or tools. They have had to “construct makeshift apparatus,” or their home is not wheelchair accessible.

**“There are always challenges such as not enough materials, staff, and time to work one on one with diverse learners.”**

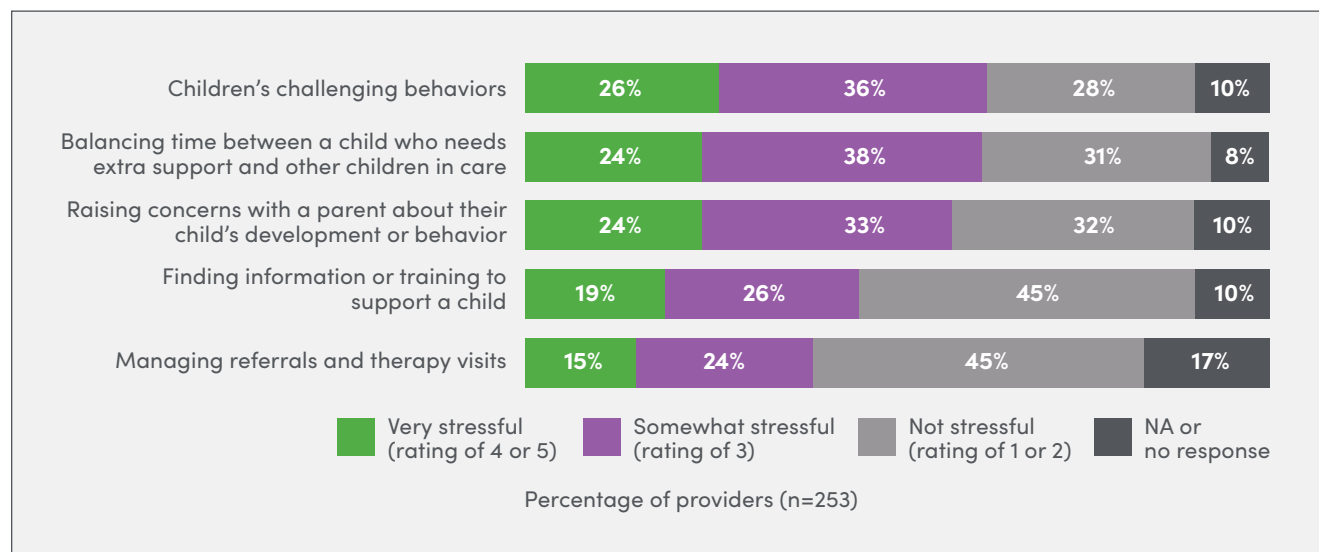
**Physical challenges:** The work can be physically challenging. For example, providers may have to lift an older child in order to change their diaper or bring a wheelchair up the stairs.

## How Stressful are These Challenges?

We asked providers to rate the level of stress they experience from some of these challenges of providing care. Among a list of five potential sources of stress, providers’ top stressors were: children’s challenging behaviors, balancing time between a child who needs extra support and the other children in care, and raising concerns with parents about their child’s development or behavior. About one quarter of providers considered these very stressful, while about 60% considered them at least somewhat stressful.

Fewer providers found the remaining two items very stressful: finding information or training to support a child, and managing referral and therapy visits. Only 19% and 15% of providers rated these stressful, respectively.

**FIGURE 5. HOW STRESSFUL PROVIDERS FIND THE FOLLOWING ASPECTS OF CARING FOR CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS (ON A SCALE OF 1 TO 5, WITH 5 BEING MOST STRESSFUL)**



We invited providers to comment on any stress or burnout they experience related to caring for children with disabilities or delays. Some acknowledged the stress but said working with the children was worth it or rewarding. Others explained why they were not stressed: they had years of experience in the field or working with children with disabilities, they take time off for themselves, they could easily locate resources to pass on to the family, or the children in care received the services they needed.

Providers who did experience stress or burnout discussed mainly four reasons:

**1. Parents do not partner with the provider or accept that their child needs extra support**

- “It’s a bit stressful because once I realized that the children had a need, the parents went into denial, and in looking for a way for them to seek help [the children] surpassed the age where they could be getting support in day care.”
- “Parents need to inform the provider if their child has special needs. I understand why they may not say anything but communication is needed so that the child can be helped.”

**2. Provider does not have enough training or resources**

- “Sometimes you feel lost, because you want to help these kids but you just don’t know how or don’t have the best training...”
- “I just feel that there is not someone out there to talk to, also there is a myth that daycare providers are perfect and should know how to handle these trying situations.”
- “When your home is not equipped, having to hire extra workers and having minimum training on working with children with special needs it becomes stressful real quick!”

**3. Provider works alone or needs more help**

- “When you...work by yourself at times it can be overwhelming and tiring to assist children with behavior or special needs all day for long hours.”
- “It’s definitely not the child’s fault but it can be very overwhelming for anyone alone with a special needs child and other small children for 8 plus hours. Some people just don’t understand, I went to bed for 3 months crying and debating if I wanted to continue down this career path and it was only one kid but he was a violent nonverbal autistic kid. I was so scared for the other kids until I couldn’t allow him to hurt any of my other children so I had to let them go.”
- “It is HARD. Especially when I take the kids outside and I have to run after the kid constantly. It leaves all of the other kids vulnerable and unsupervised.”

**“Sometimes you feel lost, because you want to help these kids but you just don’t know how or don’t have the best training...”**

- “I am only 54 and the 8 months I gave my all to the 1 year old who needed extra care. I was so stressed about starting each day before it began because I didn’t know what I would be dealing with. The days seemed long and the weeks were longer. Once he started at the new center I was able to breathe again and I no longer wanted to close my daycare. I was just that tired that I wanted to close. It takes more than one person to deal with special [needs] ...kids.”

#### 4. Children do not get the services they need

- “As long as there is no system in which services are faster, all of us who are around [the] children are stressed and frustrated: the family, the provider, due to the powerlessness of not being able to have [the] children professionally evaluated.”
- “In the past I had a child with behavior concerns. I addressed them on many occasions with the parent and she tried to have the child evaluated more than once. However, because of their age, she never received any help and neither did I.”

### Providers’ Ability to Purchase Special Materials and Equipment

Some children require or may benefit from materials or special equipment that support their mobility, basic care, communication, self-regulation and learning. However, a provider’s budget may limit their ability to supply these materials or equipment.

About a third of home providers (35%) said they have purchased special materials or equipment specifically for a child or children who have a disability or

developmental delay. A similar portion of providers (36%) *wanted* to purchase materials or equipment to support a child but could not afford to. These providers offered examples of items they could not purchase:

- **Items to create a calming environment:** soft seating, a divider for their space, noise canceling headphones, weighted blankets, compression vests, and “soft play equipment to create a soothing space for children when they become over stimulated.”
- **Furniture & mobility:** Mobility furniture to help a child be independent, a chair that helps lift the child, “standing and sitting apparatus with secure seat belts,” adjustable tables and chairs, a special chair for eating, a foldup wheelchair to take in and out of the car, a walker.
- **Technology:** a touch screen computer, voice communication device, special computer equipment, iPad.
- **Equipment for the house:** installations of a wheelchair ramp, accessible bathroom fixtures, indoor gate, wheelchair elevator, adaptive utensils, thick play mats, swings with cushions, soft floor surfaces.
- **Outdoor equipment:** a stroller for larger children or special wagons, adaptive outdoor play equipment, adaptive bikes, climbing equipment.
- **Activities to support the child’s development:** manipulatives, larger books, communication board for non-verbal children, sensory table, speech therapy materials such as audio books, cd player, and headphones, therapy balls.

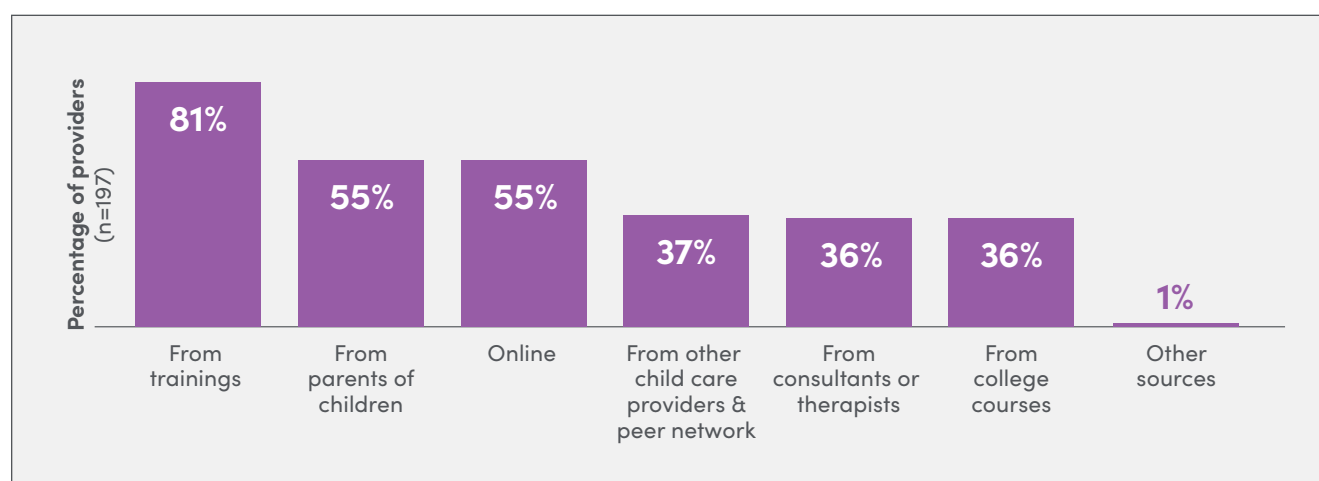
## Provider Access to Information and Training

When we asked providers who never cared for a child with a disability or developmental delay what they would need in order to do so, their top responses related to more training opportunities, greater knowledge of the resources available, and professional help or advice. This section explores providers’ ability to get the information and training they need.

### Where Providers Get Information

Survey respondents get their information about caring for children with disabilities from a variety of sources, but most commonly through training (81%). Just over half get information from online sources and from parents they serve, and over a third draw on other child care providers, therapists and consultants, and college courses. A few providers named “other” sources of information. These include a family member, previous work experience, social media and the Family Resource Center on Disabilities.<sup>7</sup>

**FIGURE 6. WHERE PROVIDERS GET INFORMATION ABOUT HOW TO CARE FOR CHILDREN WITH DISABILITIES OR DEVELOPMENTAL DELAYS (AMONG PROVIDERS WHO HAVE SOME EXPERIENCE WITH THIS CARE)**



Providers also reported which source of information was most helpful to them. Training was the most helpful source, followed by parents and therapists or consultants.

**TABLE 4. PERCENT OF PROVIDERS USING THIS RESOURCE THAT FOUND IT TO BE THE MOST HELPFUL SOURCE OF INFORMATION (PERCENTAGES DO NOT TOTAL TO 100% BECAUSE MANY PROVIDERS SELECTED MULTIPLE SOURCES AS “MOST HELPFUL;” N=177)**

Training	57%
Parents	38%
Therapists or consultants	36%
College courses	24%
Online	24%
Other providers & peer network	13%

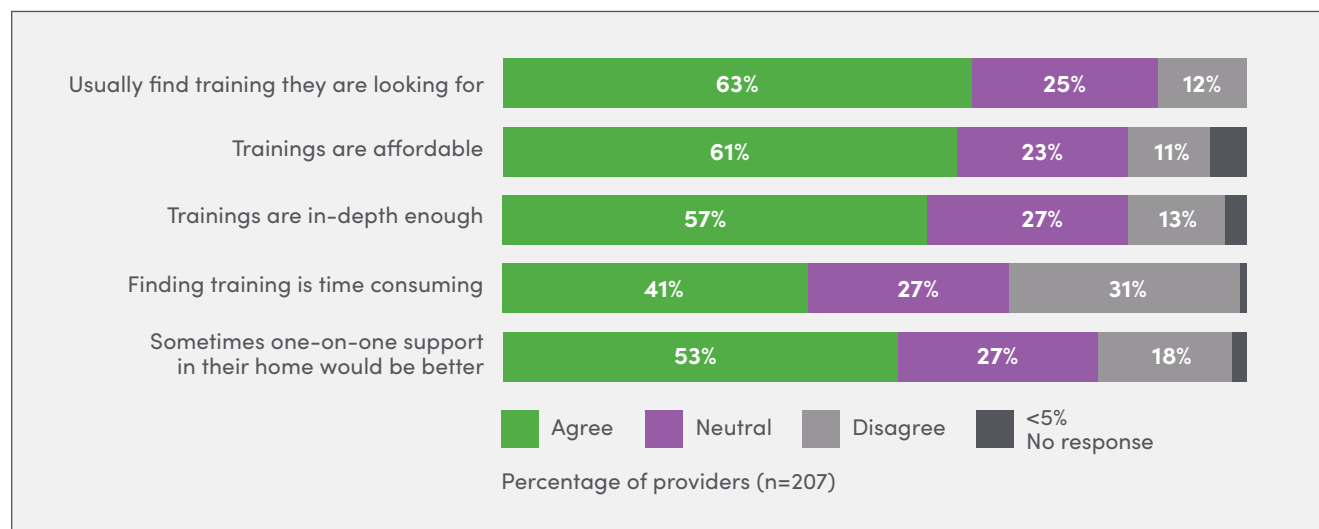
<sup>7</sup> A federally funded resource center that offers information, training and support to families of children with disabilities in the Chicagoland area.

## Providers' Ability to Get Training They Need

Access to training allows providers to develop their confidence and skills in supporting children's needs. Three quarters of the surveyed providers have looked for training related to caring for children with disabilities and delays. Over half of these providers agreed that they can usually find the training they were looking for, that training was affordable, and that the training was in-depth enough. About one quarter of providers were neutral on these statements, and 11-13% disagreed.

Though the majority of providers had positive or neutral experiences with training, 41% said that finding training is time-consuming. Additionally, six of the 20 respondents who took the survey in Spanish (30%) disagreed that trainings are in their preferred language, as did 17 additional providers who took the survey in English (their language is unknown).

**FIGURE 7. PROVIDERS' EXPERIENCE FINDING TRAINING RELATED TO CARING FOR CHILDREN WITH A DISABILITY OR DELAY (AMONG PROVIDERS WHO HAVE LOOKED FOR A TRAINING)**



Providers explained some of the difficulties they faced with getting training.

Some did not know where to look or could not find specific training they were looking for (11 comments related to this).

- "It is hard to know what agencies are out there to aid us providers."
- "Not knowing who to call or look up online."
- "It is extremely difficult to find training for children with autism."
- "There are NO resources in our community for this capacity we need!"

Others wanted more specific information than what trainings provide and to know how to apply what they learn to actual situations. (13 comments)

- "More in-depth training because in one or two hours you cannot learn everything you need to know to meet all the needs of children with special needs, coupled with the fact that not all conditions are the same."
- "More training geared to a specific individual/challenges."
- "...The difficulty comes in finding exact answers to the questions I need answered."
- "They are very in theory and do not speak or give an example of practice."
- "...Having to figure out how to incorporate an actual plan with only the knowledge that you have from a video."



Some providers said cost was a difficulty. (6 comments)

- “Do not have the funding for certain trainings. All are not free. Providers with special needs children should have priority of training at no cost.”
- “The language and the little financial help. There is almost never any financial help.”
- “Making disabilities or developmental delays training on-line acceptable and affordable.”

Other providers had problems with the time, location, and language of training or with spots filling up. (9 comments)

## Group Training vs. Individualized Support

We were interested in whether one-on-one support would be a useful complement or alternative to classroom trainings. Comments above suggest it could be helpful for providers who find classroom trainings too general and lacking practical strategies. About half of providers – 53% – feel that sometimes training is not enough and that one-on-one support in their home would be better.

Some providers named specific cases or conditions when individual support for the provider would be helpful. These include when a child has a medical condition; when providers need to learn how to use equipment such as oxygen or a feeding tube; when a child is in a wheelchair or cannot move on their own; when a child is a “sensory seeker;” and, more generally, when a child has a disability unfamiliar to the provider or a disability that is “more severe.”

A few providers feel one-on-one support would be most useful when a child with a disability first comes to their program or receives an evaluation that identifies a disability or developmental delay. Providers could use help connecting with parents, understanding the child’s needs and developing a plan for the child. “When the family agrees to an evaluation and we learn about what the child needs. This would be the best opportunity to have a therapist come to the daycare and teach the teachers what to do in all kinds of scenarios.”

Others said they would benefit from real-time guidance during children’s tantrums or challenging behavior.

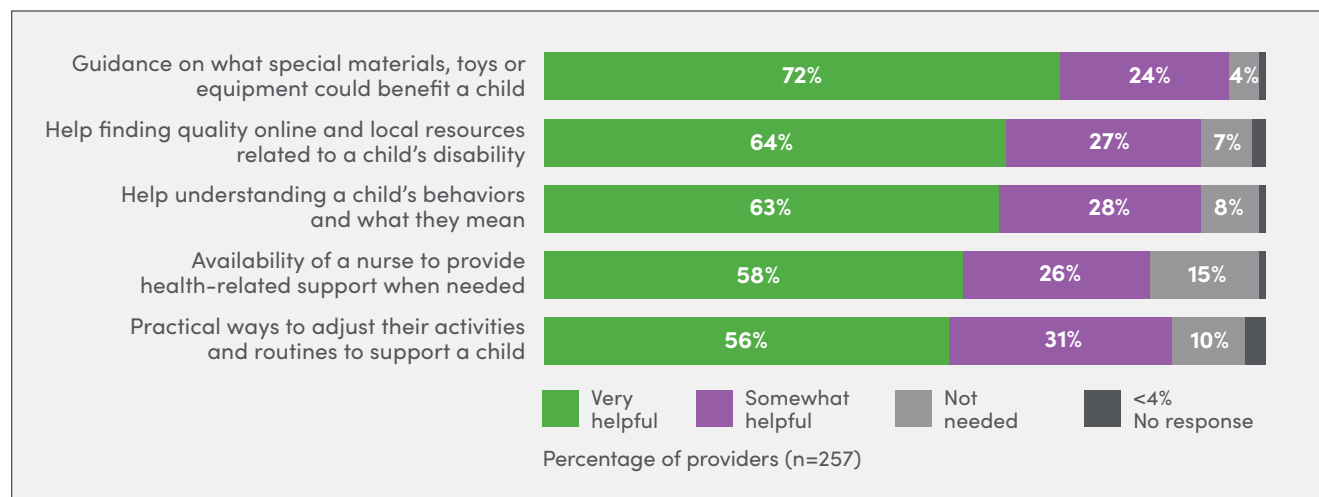
Finally, some providers said they learn better through one-on-one support, feel it would be more specific to their situation, and would give them more confidence.

- “The coaching/support would be able to point out things maybe I’m missing or explain and give examples of what to do in certain situations. Also easier to remember when I see hands-on things versus reading it online during a training.”
- “That would provide me with additional support and the confidence I need to care for children with disabilities or developmental delays.”

**“[Having] the theory is not enough to support a child with disabilities. Every day is different and I need support for ideas to use with the child or what materials I can offer that child.”**

## Areas Where Providers Would Like More Guidance

We asked providers whether more guidance and support in five areas would be useful to them. Figure 8 shows that over half of providers would find each of the listed supports *very helpful*. The most popular support was guidance on what special materials, toys or equipment could benefit a child (72% would find this *very helpful*). The next most popular supports were help with finding quality online and local resources related to a child’s disability (64% would find this *very helpful*) and help with understanding a child’s behaviors and what they mean (63%). Slightly less popular were having a nurse available to provide health-related support, and guidance on practical ways to adjust their activities and routines to support a child.

**FIGURE 8. WHAT PROVIDERS WOULD FIND HELPFUL IN MEETING THE NEEDS OF CHILDREN WITH DISABILITIES AND DEVELOPMENTAL DELAYS (AMONG PROVIDERS WHO HAVE SOME EXPERIENCE WITH THIS CARE)**

## 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 the support they need and can maximize a child's outcomes. A child care provider may be first to recognize that a child has a delay in their development and can connect the family to resources and support.

**Speaking with parents about possible developmental delays.** Conversations with parents about potential developmental delays are sensitive and sometimes a challenge for providers, as noted in their earlier comments. Most providers who have cared for a child with a disability or delay (82%) said they have experience with such conversations, but comments suggest some would like more guidance. As previously stated, one provider would like a mediator to help them talk with parents, and another said "We need a guide book on how to talk to families."

Among providers without experience caring for a child with a disability, only 43% said they would be comfortable talking with a parent about a possible delay. Another 41% would be somewhat comfortable, and 15% would be uncomfortable.

**Developmental screening.** Not all disabilities or delays are obvious, and developmental screenings can help detect them. Our results find that screenings are not common practice among the home providers surveyed — only 17% have screened a child. However, 73% know how to screen or how to refer a family to a place that conducts screenings. Conversely, 27% do not know how to screen or how to refer a child for screening. (See Figure 9.)

Providers who know how to screen do not always feel confident with interpreting the screening results. As one might expect, those with experience conducting a screening were more likely to feel confident than providers without experience (60% vs. 31% respectively). Providers may need additional training or consultation support during the screening process.

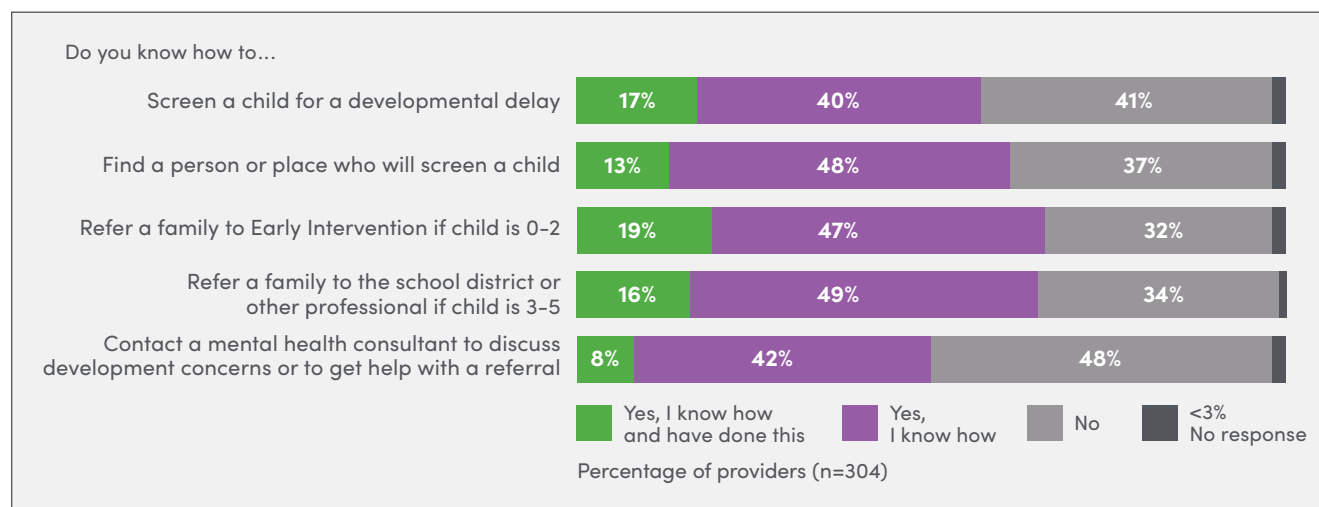
**Referring Families to Services.** Providers who have screened a child or otherwise suspect a child may have a disability or developmental delay can refer the family for an in-depth assessment to Early Intervention (for children ages 0 to 3) or their school district's Early Childhood Special Education program (for children ages 3 to 5). If a disability or delay is identified, children can then begin to receive services through these programs.

Results show that approximately one third of home providers do not know how to refer a child to Early Intervention or Early Childhood Special Education. The majority of providers do know how, but relatively few (16-19%) have actually made a referral.

**Mental Health Consultation:** Mental health consultants are one resource available to help a provider determine whether and how to refer a family to Early Intervention or Early Childhood Special Education. Providers can access mental health consultants through their local Child Care Resource and Referral program, which in Chicago is Illinois Action for Children.

Only a small portion of home providers surveyed (8%) have contacted a mental health consultant. Half do know how to contact one if they want to discuss developmental concerns or get help with a referral, but nearly half do not know how.

**FIGURE 9. PROVIDERS' KNOWLEDGE AND EXPERIENCE WITH HELPING FAMILIES CONNECT TO SERVICES**

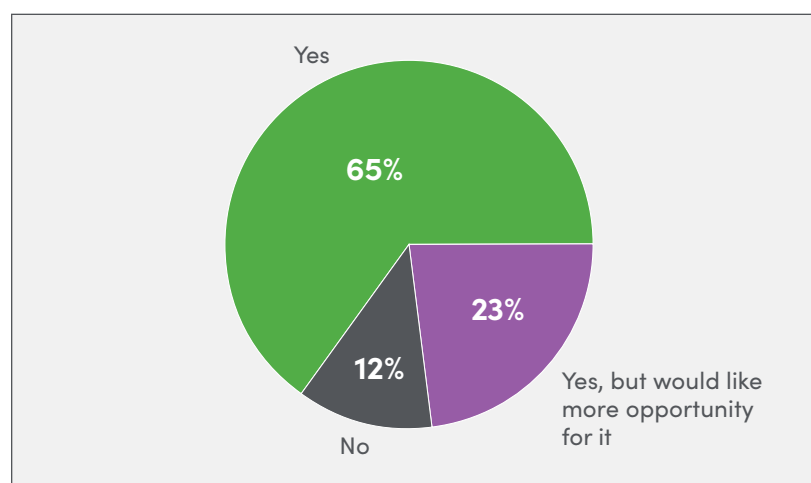


### Collaboration with Early Intervention Specialists

Once a child age 0 to 3 qualifies for Early Intervention services, parents can choose where they want services provided, including at the child care home if the provider is willing. Early Intervention specialists who work with children at the child care home are a potential resource for providers. Ideally, they and the provider share information regularly about the child’s progress (with parent permission), and the specialist offers the provider suggestions for working with the child.

This seems to be the experience among the 53% of home providers who have had therapists from Early Intervention or another program at their child care program. The large majority (88%) said the therapists gave them helpful information or strategies for working with the child. However, 23% wished there was more opportunity for this, and another 12% said this type of collaboration did not happen.

**FIGURE 10. HAVE THERAPISTS GIVEN PROVIDERS HELPFUL INFORMATION OR STRATEGIES FOR WORKING WITH THE CHILD? (AMONG PROVIDERS WHO HAVE HAD THERAPISTS AT THEIR HOME; N=130)**



## Challenges with Helping Children Get Services

Providers can run into challenges with helping children get needed services. The main ones they reported were lack of parent support, wait times for services, their own lack of information, and challenges with having specialists in their homes.

**Lack of parent support:** The most common challenge, cited by 33 providers, was a lack of support from parents. As discussed, providers find it difficult when parents are not receptive to having their child assessed and do not follow through on referrals or services. One provider says, “Families are hesitant and afraid. They fear a child will be labeled. They may still be in the denial stage of getting to know their child and what their child needs. This makes it hard to have any conversations with the parents.”

**Families’ wait times for evaluations or services.** The second most common challenge, reported by 16 providers, is the length of time families must wait to get evaluated or receive services. In particular, providers mentioned the wait time for Early Intervention evaluations, the lack of therapists available, and how delays mean children miss out on services. One provider felt the wait was particularly long for Spanish-speaking families and that it was inequitable that low-income families have to wait while other families can access services through private pay or private insurance.

**Providers’ need for more information and resources.** Ten providers said they do not have enough information to help a family get services. Some mentioned the difficulty of even getting a call back from programs: “Contacting the right people and if you get through...the turnaround time for them actually getting back to you.”

**Difficulty having therapists at their homes.** Four providers described challenges with therapists in their homes. These related to lack of space and scheduling. One provider says, “Having therapists come in to the childcare program can be disruptive, especially if the therapists are inconsistent with the appointment days and times. That is disrespectful to the provider, the program, and the other children attending the program. It is also an issue if there isn’t adequate space for the child to be seen privately.”

Finally, providers mentioned the challenges of children aging out of services even though they still need help, being told the child is too young for services, and the language barrier for providers or families who speak Spanish.

**“Families are hesitant and afraid. They fear a child will be labeled. They may still be in the denial stage of getting to know their child and what their child needs. This makes it hard to have any conversations with the parents.”**

## Final Words from Home Providers

We asked providers if they had any final comments.

“For the past 30 years I have enjoyed working with kids of all kinds, children with delayed learning abilities, down syndrome, blind, it has been a joy to see them grow and learn at their own pace.”

“My experience was positive because the family found the help they needed for their son.”

“The reality is that we need a lot of support and knowledge to help these kids so they can develop [to] their maximum potential.”

“It was all right once I understood their needs, then it was fine.”

“Please, let’s get them all the help the family needs [so] the child can live a joyful life.”

“I would like them to give us more help with materials, information, and support for the children in our program ... Because with 2 children with autism in my program it is difficult for me to offer everything they need.”

“I just need help finding resources.”

“These families and childcare providers need more help from professionals. If it takes a village to raise a child, it takes a village and a half for a child with disabilities and developmental delays.”

“You have to have open arms, love and patience with the kids who have disabilities.”

“I wish we had more support and programs that guided us on how to help parents.”

“We love on the child like every other child.”

“Working with children with different abilities is quite a challenge, but it is gratifying when you see the product of your efforts reflected in them.”

“Offer support to parents to assist with care of their children, because if everyone isn’t working together it won’t benefit the child.”

“I wish more therapists would push into our program and teach us strategies.”



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