

Caring for Children with Special Needs Survey

Institute for Child and Family Policy
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Thank you for your help with this important project! This questionnaire is designed to gather information about caring for children with special needs and **should be completed by the program director/operator**. Completion of this survey is voluntary and is completely confidential; the information provided will be seen and used only by research staff. We ask that you do not put your name or any other identifying information on this survey, reports will not include any information that will make it possible to identify you or your program. If you have any questions about this research project, you may contact Lisa Morris at 207-780-5876 or by email at lmorris@usm.maine.edu. Please return completed survey by **July 11, 2003** in the self-addressed, stamped envelope provided.

We appreciate your time. Thank you!

Program Information

We would like to begin by asking some general questions about your program.

1. Please enter your zip code: _____
2. Which of the following best describes your child care facility? *(please check one)*
 - For-profit child care center
 - Private non-profit child care center
 - Head Start Agency
 - Contracted child care agency
 - Family child care home
 - Program solely for children with special needs
 - Therapeutic program for children with and without special needs
 - Other –please describe: _____
3. For approximately how long has your center or family child care home been in existence? *(please check one)*
 - less than one year
 - 1-2 years
 - 3-5 years
 - 6-10 years
 - 10 years or more
4. How many years have you served as director of this program? _____
5. How many years have you worked in the child care field? _____
6. How many of each type of staff, if any, do you currently employ? *(please enter the number of each)*
 - _____ Lead teachers
 - _____ Teachers
 - _____ Teacher aides
 - _____ Therapeutic specialists (e.g., OT, speech)
7. What days of the week are you open and what are your hours of operation?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation							

8. Are you open (*please check one*):
- full year
 - school year only
 - summer only
 - other (please explain): _____
9. How many children is your center or family child care home licensed to serve? (*please check one*)
- 3-12
 - 13-20
 - 21-49
 - 50 or more
10. Which of the following age groups do you accept? (*check all that apply and indicate number where appropriate*)
- 0 to 2 years Licensed to accept # _____
 - 3 -5 years Licensed to accept # _____
 - school aged Licensed to accept # _____
11. Do you currently have any vacancies and if so, how many in each age category? (*check all that apply and indicate number where appropriate*)
- 0 to 2 years Number of vacancies # _____
 - 3 -5 years Number of vacancies # _____
 - school aged Number of vacancies # _____
12. Do you currently have a waiting list? (*please check one*)
- Yes No
- If yes, how many children are on the list? # _____
13. Do you have any children in your care who are receiving child care subsidies? (*please check one*)
- Yes No
- If yes, how satisfied are you with the: (*please check one in response to each question*)
- | | | | |
|---|---|------------------------------------|--|
| Payment level for children <i>without special needs</i> | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Not Satisfied |
| Payment level for children <i>with special needs</i> | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Not Satisfied |
| Promptness of payment | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Not Satisfied |
| Amount of paperwork | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Not Satisfied |
14. Can your staff administer medications? (*please check one*)
- Yes No
- Please explain:
15. Is your center handicapped accessible? (*please check one*)
- Yes No Partially
- Please explain:
16. Do you transport children for field trips or other reasons? (*please check one*)
- Yes No
- If yes, is your transportation handicapped accessible? (*please check one*)

Yes

No

Caring for Children with Special Needs

We will now ask a series of questions concerning your experience caring for children with special needs in your program. We realize that some questions may be difficult to answer due to the number of children with a variety of circumstances that we may be asking about. Please answer for the most common circumstance and feel free to comment in the spaces provided. Some of the following are not questions but statements where we ask your level of agreement.

17. Do you currently, or have you in the past, served any children with diagnosed special needs?

Yes

No

We are a program serving *only* children with special needs

Comments:

18. Do you currently, or have you in the past, served any children who you felt had special needs but did not have a diagnosis?

Yes

No

We are a program serving *only* children with special needs

Not sure

Comments:

19. In general, when you have a child in your care who you suspect may have a disability or special need, parents have been receptive to your concerns.

Strongly Agree

Agree

Somewhat Agree

Disagree

Does not apply

Comments:

20. Have you ever had a child admitted to your program and learned later that the child already had a diagnosed special need?

Yes

No

We are a program serving *only* children with special needs

Does not apply (never served children with special needs)

Comments:

21. In the following areas, on average, at what level of severity can your program best meet the needs of children requiring these types of attention or assistance? *(Please circle the appropriate level of severity for each)*

Issue	Range of Severity	Level of Severity			
		Mild	Moderate	Severe	Cannot Accommodate
Mobility <i>(needs help walking or stair climbing, more than other children same age; wheel chairs, crutches, braces, etc.)</i>		Mild	Moderate	Severe	Cannot Accommodate
Eating <i>(needs help eating, more than other children same age; intubation)</i>		Mild	Moderate	Severe	Cannot Accommodate
Neurological/social/behavioral <i>(attentional; socially withdrawn; bullying, aggressive behavior; child rocks or does repetitive actions that can cut her /him off from others; child does not relate/respond to others)</i>		Mild	Moderate	Severe	Cannot Accommodate
Toileting <i>(needs more help than other children same age; catheterization, incontinence, wears diapers beyond age of other children)</i>		Mild	Moderate	Severe	Cannot Accommodate
Medications <i>(needs meds on regular basis; needs injection/shot on regular basis)</i>		Mild	Moderate	Severe	Cannot Accommodate
Seizures <i>(seizures that are mostly controlled by medication; intermittent seizures; frequent seizures that currently cannot be controlled by meds)</i>		Mild	Moderate	Severe	Cannot Accommodate
Mental retardation <i>(mildly, moderately, or severely retarded)</i>		Mild	Moderate	Severe	Cannot Accommodate
Speech and language <i>(articulation problems, difficulty expressing/understanding language, completely non-verbal at age when most children are verbal)</i>		Mild	Moderate	Severe	Cannot Accommodate
Asthma <i>(needs nebulizer, sometimes requires treatment at ER)</i>		Mild	Moderate	Severe	Cannot Accommodate
Allergies <i>(food allergies, pets; life-threatening allergies – severe food allergy, bee stings)</i>		Mild	Moderate	Severe	Cannot Accommodate
Eyes/ears <i>(partial blindness or deafness, blind or deaf)</i>		Mild	Moderate	Severe	Cannot Accommodate

22. Who do you often rely on **most** for information on how to best care for/accommodate a child's special need? *(please check one)*

- Parent's knowledge
- Medical or special service providers
- Formal child care training resources
- Offsite experts (i.e. hotline, Child Care +ME)
- Does not apply (no children with special needs)
- Other (please specify): _____

23. Have you ever dealt with Child Care +ME or sought other outside help in accommodating a child with special needs? *(please check one)*

- Yes**
 No
 Does not apply
 Don't know

If yes, please explain:

24. In your experience, which of the following present the greatest difficulty in accepting and caring for a child with special needs? *(please check one and comment if necessary)*

- Behavioral issues
- Physical/medical issues
- Don't know (never served children with special needs)
- Does not apply (program serving *only* children with special needs)

Comments:

25. Have you ever had to ask a child with special needs to leave your child care facility? *(please check one)*
 Yes No We are a program serving *only* children with special needs
 Does not apply (never served children with special needs) Don't know

If yes, which of the following reasons led you to this decision? (please check all that apply)

- Felt we couldn't appropriately meet the special needs of the child/ren
- Little/no support from parent of child
- Other parents complained of behavior/time devoted/disruptions to schedule, etc.
- Other (please explain): _____

Comments:

26. What are the most challenging issues in appropriately accommodating children with special needs? *(please check all that apply)*

- Not enough staff for necessary supervision
- Difficulties including children with special needs in all activities
- Disruptions to other children
- Administering medications
- Lack of training
- Child provided with assistance (e.g., Interpreter, one-on-one aide) but not for full day that child is in attendance
- Does not apply (program serving *only* children with special needs, program with no children with special needs)
- Other: (please specify) _____

27. If you were given a grant to build capacity to enable you to take disabled children or children with special needs, how would you use the funds? *(please check all that apply)*

(Please indicate your top 2 choices using 1 and 2 in the space marked "rank".)

- | | Rank |
|---|-------|
| <input type="checkbox"/> Specialized training | _____ |
| <input type="checkbox"/> Hire additional staff | _____ |
| <input type="checkbox"/> Hire therapeutic staff | _____ |
| <input type="checkbox"/> Building accessibility | _____ |
| <input type="checkbox"/> Equipment | _____ |
| <input type="checkbox"/> Other: | _____ |
| (please specify) _____ | |

28. What are the benefits of including children with special needs in your program? *(check all that apply)*

- Seeing a child overcome challenges
- Learning about disabilities
- Feeling a part of a team helping a child
- Encouraging/helping parents under stress
- Offering all the children a chance to learn about differences
- Does not apply (never served children with special needs)
- Other (please explain): _____

Comments:

Special Services for Children with Special Needs

We will now ask about children in your care receiving special services such as speech therapy, occupational therapy, physical therapy, etc. and how this is most often conducted. Again, please answer for the most common circumstance if you have multiple children receiving services and feel free to comment in the spaces provided.

29. When children receive special services such as speech or occupational therapy, how is this **usually** handled? *(Please check the most frequent situation)*

- We have never served children receiving special services
- Our staff provides services on the premises
- Specialists from an outside agency provide services at our location
- Children are transported by us to specialist's office or other outside location
- Parents transport children to special services
- Children receive these services at home
- Other: (please specify): _____

30. When a child receives special services from someone other than your own staff, that specialist communicates regularly with your staff concerning the child's needs/progress.

- Strongly Agree Agree Somewhat Agree Disagree Does not apply

Comments:

31. When a child receives assistance through Child Development Services (CDS), the child's case manager communicates regularly with your staff concerning the child's needs/progress.

- Strongly Agree Agree Somewhat Agree Disagree Does not apply

Comments:

Training Received/Desired

We will now ask about training you and your staff may have received or would like to receive in order to care for children with special needs. Please feel free to enter topics we may not have included.

32. What areas, if any, have you and your staff already received specialized training in? *(please check all that apply)*

- Administering medications
- Special needs in general
- Specific disabilities
- Behavioral issues
- Performing routine special health procedures (e.g. Intubation, catheterization, nebulizer)
- Inclusion
- Communication with parents surrounding special needs
- Other (please specify): _____

33. In what areas would you **most** like you and/or your staff to receive additional specialized training?
(please check all that apply)
- Administering medications
 - Special needs in general
 - Specific disabilities
 - Behavioral issues
 - Performing routine special health procedures (e.g. Intubation, catheterization, nebulizer)
 - Inclusion
 - Communication with parents surrounding special needs
 - Other (please specify): _____

34. In order to receive training, what supports would you need? *(please check all that apply)*
- None
 - Substitute staff
 - Work release time
 - Tuition reimbursement
 - Expert (such as Child Care +ME) comes to my site
 - Other (please specify): _____

Parents of Children with Special Needs

We will complete the survey by asking about your experience with parents of children with special needs. Again, we understand that all families are different, but please consider the most common circumstance when answering the questions. If you have not served children with special needs, please answer "does not apply".

35. In your experience, compared to other parents, *parents of children with special needs* seem to have higher levels of stress in balancing work and family. *(please check one)*
- Strongly Agree Agree Somewhat Agree Disagree Does not apply

Comments:

36. In your experience, compared to other parents, *parents of children with special needs* experience more child-related work disruptions. (e.g. Calls from child care provider, transporting child to appointments/services, medical or other emergencies) *(please check one)*
- Strongly Agree Agree Somewhat Agree Disagree Does not apply

Comments:

37. In your experience, *parents of children with disabilities that affect their behavior* experience greater stress and work disruptions than parents of children with physical/medical disabilities. *(please check one)*
- Strongly Agree Agree Somewhat Agree Disagree Does not apply

Comments:

38. On average, how many times per month do you need to call *parents of children with special needs* at work about their child? #_____/month or
Don't know Does not apply
39. On average, how many times per month do you need to call *parents of children without special needs* at work about their child? #_____/month or
Don't know Does not apply
40. Please include any additional comments or include here anything else you wish to tell us about families with children with special needs and the issues they face in working and meeting the needs of their children.

Thank you so much for your time!