Inclusion Work Group
September 22nd, 2015; 1:30 PM
Early Learning Coalition Board Room

Board Attendees: Helene Good, Mara Zapata (via conference call), Abilio Rodriguez, Philip Gassman, Gladys Montes (via conference call)

Staff Attendees: Christine Hughes, Anabel Espinosa, Lisa Sanabria, Pamela Hollingsworth, Lucy Schrack

General Attendees: Jackie Romillo (Citrus), Rachel Spector (The Children’s Trust), (MDCPS)

I. Welcome and Introductions  Helene Good

II. Approval of Minutes  Helene Good

- H. Good called for the approval of the meeting minutes from August 25th, 2015.
  - P. Gassman moved to approve the minutes.
  - G. Montes seconded the motion.
  - Motion was passed unanimously.

III. Inclusion Work Group  Helene Good

A. Espinosa stated that the Office of Early Learning's definition of special needs is any disability defined as an exceptional student per Florida Statute 1003.01. Children that have been diagnosed with a condition or delay. The Citrus contract is approximately $880,000, this includes follow-up services not the screening process total inclusion budget is approximately 1.45 million.

- The question was asked about the internal procedure once a possible delay has been found. J. Romillo from Citrus stated that School Readiness children need to be screened within 45 days of entering the daycare. VPK children are considered private pay, so providers are not mandated to perform assessments. There are approximately 24000 children in VPK and 22000 children, birth to 5 years of age in school readiness. There are approximately 105,000 (0-5) in child care in Dade county. The question was asked if additional resources are needed to offer non-school readiness children the same type of services offered by Citrus. A. Espinosa replied that this is what they are attempting to do with the in-house inclusion team.
J. Romillo stated that once a child is identified what they are being offered (Citrus Model) is early identification and intervention program, based on ASQ performed at center, classroom support strategies or an individualized plan (coordinate referrals). They do not offer therapy. Citrus makes sure children are identified and referred to the appropriate therapy. Citrus will follow up to make sure parents have followed through with recommended therapy until services commence or parents decline services.

It was stated that the ELC focuses on reaching out to private providers that do not have information on inclusion services (head start, early head start, SR, QC). Efforts are made to have and attend fairs to provide screenings and help identify children in need.

A. Espinosa stated that the internal piece is very similar to the Citrus model. Their target is to educate teachers on dealing with special needs children, so they may provide education to these children.

The Children's Trust requires that all its providers must now serve a minimum of 10% of students with disabilities. There is a need to educate providers that they are required, under the law, to include these children. Not all providers are opening their doors to children with special needs.

The biggest challenge the ELC is facing is awareness of the referrals services that it offers. Identifying children is the biggest concern; they are reaching out to early steps to help identify them.

A. Rodriguez stated he was more concerned with children that have no access to these services and that we should target children that have not been touched by other programs. It was suggested that a map be put together by The Children’s Trust, DCF, ELC, Head Start, etc. showing the children that are being assessed so we may target those that are not. Staff will have this ready before the next meeting.

Members indicated that morning meetings better fit their schedules. Next meeting is scheduled for 9:30 AM on October 13th in the ELC Board Room.

IV. Adjourn

Helene Good