United States Government Accountability Office

Report to Congressional Requesters

September 2024

CHILD CARE ACCESSIBILITY

Agencies Can Further Coordinate to Better Serve Families with Disabilities

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Agencies Can Further Coordinate to Better Serve Families with Disabilities

Why GAO Did This Study

Families with disabilities may face challenges finding child care that meets their needs.

GAO was asked to examine the barriers children and parents with disabilities face in accessing child care. This report addresses (1) the prevalence of children and parents with disabilities, (2) what barriers children and parents with disabilities face to accessing and participating in child care facilities and services, (3) what selected federally funded child care providers report about their ability to serve children and parents with disabilities, and (4) the extent to which HHS and Education provide informational resources about child care to families with disabilities and to child care providers about serving these families.

GAO analyzed the most recent data (2019 and 2022) from two federal surveys; held discussion groups and interviews with 35 parents and analyzed 110 responses to an online questionnaire; conducted site visits to 12 federally funded child care providers in four states selected for geographic and demographic diversity and held discussion groups with nine additional providers; reviewed relevant federal laws and regulations and Education and HHS documents and interviewed agency officials; and interviewed child care and disability stakeholders from 15 organizations.

What GAO Recommends

GAO is making one recommendation to HHS and one to Education to further coordinate with one another to promote resources designed to help parents of children with disabilities. Both agencies concurred with the recommendations.

View GAO-24-106843. For more information, contact Elizabeth Curda at (202) 512-7215 or curdae@gao.gov.
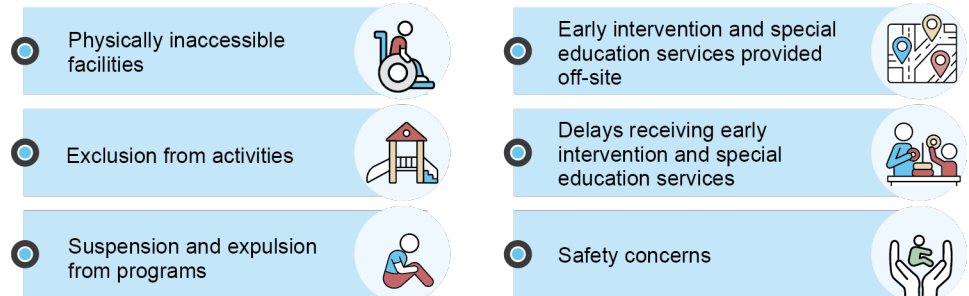
What GAO Found

An estimated 2.2 million children aged 5 and under and 3 million parents of children in this age group have a reported disability, according to GAO's analysis of the 2019 Early Childhood Program Participation Survey and 2022 Survey of Income and Program Participation data.

Families of children with disabilities and parents with disabilities—including physical, intellectual, and developmental disabilities—reported various barriers to finding and using child care programs, which affected their family's well-being. For example, when searching for child care, parents could not easily find information about programs that could serve children with disabilities. Parents with disabilities reported difficulties communicating with their child care provider and instances in which they faced exclusion or disparaging comments from staff or other parents. Parents' difficulties finding and maintaining appropriate child care resulted in some reducing their work hours, leaving their jobs, or moving their families to new locations.

Barriers to Participating in Child Care Programs Described by Parents of Children with Disabilities

- Physically inaccessible facilities
- Exclusion from activities
- Suspension and expulsion from programs
- Early intervention and special education services provided off-site
- Delays receiving early intervention and special education services
- Safety concerns

Source: GAO analysis of discussion groups and interviews with parents of children with disabilities. | GAO-24-106843

Selected federally funded child care providers made efforts to support children and parents with disabilities but faced challenges in meeting some families' needs. Some providers GAO visited made modifications to their facilities and their services, including installing playgrounds that can accommodate the use of wheelchairs and other mobility devices and using picture cue cards and assistive tablets to help nonverbal children communicate. Providers said staff shortages and funding constraints were among the challenges they faced serving children or parents with disabilities.

The Departments of Health and Human Services (HHS) and Education provide informational resources related to many of the difficulties identified by parents and child care providers, but GAO found that many parents we spoke with were unaware of relevant resources. While the agencies coordinate, they could more intentionally leverage HHS's network of state and local child care partners to disseminate information about Education's Parent Training and Information Centers. These centers are available to support parents of children with disabilities in every state. Increasing awareness of these centers can help ensure more families with disabilities have the tools they need to navigate their search for appropriate, high-quality child care.

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Abbreviations

ACF	Administration for Children and Families
ADA	Americans with Disabilities Act
CCDF	Child Care and Development Fund
CPRC	Child Parent Resource Center
Education	U.S. Department of Education
ECPP	Early Childhood Program Participation Survey
HHS	U.S. Department of Health and Human Services
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
OSEP	Office of Special Education Programs
PTI	Parent Training and Information Center
Section 504	Section 504 of the Rehabilitation Act of 1973
SIPP	Survey of Income and Program Participation

September 12, 2024

The Honorable Robert P. Casey, Jr.
Chairman
Special Committee on Aging
United States Senate

The Honorable Margaret Wood Hassan
Chair
Subcommittee on Emerging Threats and Spending Oversight
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Tammy Duckworth
United States Senate

Adequate, safe child care contributes to a family's overall well-being and many families in the United States struggle to find high-quality, affordable child care. Parents of young children with disabilities face additional challenges when trying to find child care that meets their children's needs.[1] Often, these families rely on help from some combination of extended family, early care and education providers (e.g., child care centers, family child care homes, Head Start), nurses or home health aides, as well as early intervention and preschool programs that serve children with disabilities to ensure that their children have the right care. Parents with disabilities may also face challenges finding child care that accommodates their own accessibility needs. For example, a parent with a physical disability may need certain accommodations, like a ramp, to access the space. In addition, families with disabilities and low income or those whose primary language is not English may be further limited by the availability of quality care that accepts federal child care subsidies or staff that can communicate in their primary language.

You asked us to examine the barriers children and parents with disabilities face in accessing child care. This report addresses (1) the prevalence of children and parents with disabilities, (2) what barriers children and parents with disabilities face to accessing and participating in child care facilities and services, (3) what selected federally funded child care providers report about their ability to serve children and parents with

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[1]Center for American Progress, *The Child Care Crisis Disproportionately Affects Children with Disabilities* (Washington, D.C.: Jan. 2020).

disabilities, and (4) the extent to which federal agencies provide informational resources about child care to families with disabilities and to child care providers about serving these families.

This report is limited to children aged 5 and under and parents of children in this age group.[2] This report uses and defines the following terms as:

- **Disabilities** include those that are physical, intellectual, or developmental.

- **Child care** refers to any type of early care and education settings in a mixed delivery system, including community-based providers (centers and family child care homes), schools, and Head Start programs.[3]

- **Families with disabilities** are those in which a child, parent, or both have a disability. Throughout this report, we refer to families with disabilities when the information described is relevant to both children and parents with disabilities.

To determine the prevalence of children aged 5 and under with disabilities, we analyzed data from the U.S. Department of Education's (Education) 2019 Early Childhood Program Participation (ECPP) Survey. To determine the prevalence of parents with disabilities and children aged 5 and under, we analyzed data from the U.S. Census Bureau's 2022 Survey of Income and Program Participation (SIPP). Both surveys were the most recent available at the time of our analysis. We assessed the reliability of these data by reviewing existing documentation about the data, interviewing agency officials, and performing electronic testing on required data elements. We determined that the variables we used from the data we reviewed were sufficiently reliable for the purposes of:

- estimating the prevalence of children and parents with disabilities;

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[2]We limited our scope to children in this age group to align with HHS's definition of early care and education, which includes all care and educational settings provided for children birth to age 5, before formal K-12 education begins.

[3]A mixed delivery early care and education system includes licensed center and family-based child care programs, Head Start, Early Head Start, public schools, and community-based organizations. The definition of child care for this report includes all care settings in this mixed delivery system; it is not intended to replace definitions of child care used by the Departments of Education or Health and Human Services. Child care does not include early intervention or special education services, but children enrolled in child care programs may receive these services.

- describing the demographic characteristics of families with disabilities as well as the kinds of child care programs used by children with disabilities; and

- comparing the reported experiences of looking for child care and satisfaction with child care programs for parents of children with disabilities and parents of children without disabilities.

To determine the barriers children and parents with disabilities face to accessing and participating in child care facilities and services, we obtained views from 35 parents through discussion groups and individual interviews about their experiences searching for and using child care. We also analyzed responses to an online questionnaire completed by 110 parents with disabilities about their child care experiences.

The information obtained from parent discussion groups, interviews, and our questionnaire is not generalizable to all parents. In our report, we include some illustrative quotes gathered through these parent responses. In some cases, we lightly edited the response for clarity or to remove potentially identifiable information.

To determine how federally funded child care providers are serving children and parents with disabilities, we conducted site visits to 12 child care providers in four states and conducted two discussion groups with child care providers in which we asked about their experiences serving families with disabilities. We selected states for geographic diversity and selected regions within these states that represent urban and rural areas and a diversity of demographic characteristics such as median income and racial/ethnic composition.[4] We also selected child care providers to represent the diversity of types of programs, including in-home and center-based programs, and size. For this report, federally funded child care providers are those that accepted Child Care and Development Fund (CCDF) subsidies, received federal grants, and/or operated Head Start or Early Head Start programs.[5] The information obtained from child

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[4]We conducted site visits to child care providers in Washington, D.C., Idaho, Maryland, and Tennessee.

[5]CCDF is the primary source of federal funding to states for subsidies that help families with low income afford child care so parents can work, attend school, or participate in job training.

care provider site visit interviews and discussion groups is not generalizable to all child care providers.[6]

To determine the extent to which federal agencies provide informational resources about child care to families with disabilities and to child care providers serving these families, we reviewed relevant federal laws and regulations and agency documentation and interviewed officials from Education and the Department of Health and Human Services (HHS) about dissemination of informational resources and plans for development of additional informational resources. In addition, we interviewed four state CCDF administrators and interviewed representatives from four Parent Training and Information Centers (PTI) about their use of Education and HHS resources related to child care for families with disabilities and their needs for any additional resources. We selected states that represented geographic and programmatic diversity for these interviews.[7] We assessed the agencies' efforts to provide informational resources based on agency-specific goals.

We also conducted a literature search and interviewed selected stakeholders from 15 child care and disability-focused organizations to inform all four of our research questions.

Additional details about each of these methodologies can be found in appendix I.

We conducted this performance audit from May 2023 to September 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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[6]Since we used mixed methods (unstructured interviews, semi-structured interviews, discussion groups of varying sizes, and site visits) to obtain information from parents and child care providers, we do not quantify the number that identified a certain barrier or challenge in the report unless it was noted by all parents or providers, because a non-mention may mean a participant experienced this issue, but did not say so.

[7]PTIs are resource centers funded by Education and provide direct services to families of children with disabilities. We interviewed staff from PTIs in Colorado, Idaho, Kansas, and Washington, D.C.

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Background

HHS and Education's Roles

HHS' Administration for Children and Families (ACF) administers federal early care and education programs. Education's Office of Special Education Programs (OSEP) oversees states' implementation of early intervention and special education and related services for children birth through five (see table 1).

Table 1: Federal Agency Responsibilities Related to Early Care and Education Programs and Administering Programs to Support Children with Disabilities

Department of Health and Human Services (HHS) Administration for Children and Families	Department of Education (Education) Office of Special Education Programs
• Oversees the Office of Child Care, which administers the Child Care and Development Fund (CCDF), the primary source of federal funding to states for subsidies that help families with low income afford child care so parents can work, attend school, or participate in job training. States use CCDF funds to: **Help parents identify and assess child care** through support of child care resource and referral agencies. **Inform parents and child care providers** about early intervention programs carried out under the Individuals with Disabilities Education Act (IDEA), to provide information on developmental screenings to parents as part of the intake process and to providers through training and education. **Develop strategies for increasing the supply and quality of child care for children with disabilities.** The CCDF final rule, effective April 30, 2024, requires state and territory lead agencies to use some grants or contracts to increase the supply of child care slots for children with disabilities. • Oversees the Office of Head Start, which administers Early Head Start (for expectant mothers and infants and toddlers under age 3) and Head Start (for children ages 3 to 5) from families with low income. Both programs are required to enroll at least 10 percent of their slots with children with disabilities. • Maintains Childcare.gov, a website with resources and other supports for parents, as well as technical assistance centers with resources and supports for parents and child care providers, including the Early Childhood Learning and Knowledge Center and the Child Care Technical Assistance Network.	• Oversees the implementation of Parts B and C of the Individuals with Disabilities Education Act (IDEA), which provides formula grants to state agencies and mandates that children with disabilities birth through age 21 be identified, evaluated, and if eligible, provided services, such as early intervention services. Part D of the IDEA authorizes funds for national activities to support the implementation of IDEA Parts C and B and improve outcomes for children with disabilities and their families. Part D also funds grants to organizations to support families with children with disabilities, including: **Parent Training and Information Centers (PTIs)** exist in every state and provide parents of children with disabilities with informational resources and training to understand their child's educational rights, navigate the early intervention and special education system, and advocate for their child's developmental and educational needs. PTIs must serve all parents in their defined area, and children with all types of disabilities. **Community Parent Resource Centers (CPRCs)** are found in 17 states and provide the services a PTI would provide to a specific underserved population of families of children with disabilities within a geographic area, such as parents with disabilities or English language learners. **Parent Technical Assistance Centers** are regional hubs that support PTIs and CPRCs in coordinating parent supports and disseminating evidence-based practices. • Funds technical assistance and dissemination centers such as the Early Childhood Technical Assistance (ECTA) Center, which provides technical assistance and coaching to support states' efforts to develop high-quality, effective, and

	sustainable state and local systems to implement IDEA services and supports for children with disabilities and their families.
HHS and Education jointly administer the Preschool Development Grant program. This competitive grant program supports states' efforts to (1) build or enhance a preschool program infrastructure that would enable the delivery of high-quality preschool services to children, and (2) expand high-quality preschool programs in targeted communities that would serve as models for expanding preschool to all 4-year-olds from families with low- and moderate-income.	

Source: GAO summary of Education and HHS documents. | GAO-24-106843

Three federal laws guide HHS and Education's efforts to support children with disabilities in child care programs (see table 2).[8] In addition, Department of Justice guidance on the Americans with Disabilities Act states that child care programs must make their facilities accessible to parents with disabilities in cases where any necessary modifications to make them so are considered reasonable.

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[8]This report did not assess child care programs' compliance with these laws. On May 9, 2024 HHS finalized a rule titled *Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance* that the agency states aims to protect against discrimination on the basis of disability under Section 504 of the Rehabilitation Act. The rule went into effect on July 8, 2024 and can be found at 45 C.F.R. Part 84. This report does not assess how this rule may affect child care programs for children or parents with disabilities, as we completed our data collection before the rule was finalized.

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Table 2: Federal Laws Relevant to Inclusive Child Care for Families with Children or Parents with Disabilities

Law	Sections relevant to child care
Individuals with Disabilities Education Act (IDEA)	Makes available a free appropriate public education to eligible children with disabilities and ensures special education and related services to those children. IDEA governs how states and public agencies provide early intervention, special education, and related services.
	Infants and toddlers, birth through to 3 years, with disabilities and their families receive early intervention services under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B. Under IDEA, only children who have been identified as children having a disability under IDEA are eligible for services. States have discretion in determining eligibility criteria that make children eligible for services.
	IDEA states that infants or toddlers with a disability eligible for services under Part C should receive IDEA services in their natural environment, a setting that is typical for a same-aged infant or toddler without a disability. Children with a disability covered under Part B should receive special education and related services in the least restrictive environment, or in the same classroom as children without disabilities to the maximum extent appropriate.
	Under IDEA, an Individualized Family Service Plan (IFSP) is a written document that identifies the early intervention services needed by an infant or toddler with a disability from birth to 3 years. An Individualized Education Program (IEP) identifies the special education and related services needed by a child with a disability from ages 3 through 21. To qualify for an IEP, a child must have a disability that fits into one of 13 specified categories of disabilities that requires the need for special education. Both IFSPs and IEPs include goals and services individualized for each child.

Americans with Disabilities Act (ADA), Title III	Prohibits discrimination on the basis of disability in places of public accommodation. Under the ADA, places of public accommodation are also required to provide effective communication to individuals with disabilities. Public and private child care programs cannot exclude children with disabilities unless their presences would pose a direct threat to the health and safety of others or require a fundamental alteration of the program. Child care centers must also make reasonable modifications to their policies and practices to integrate children and parents with disabilities unless doing so would require a fundamental alteration. In addition, child care centers must also generally make their facilities accessible to all people with disabilities. Under the ADA, a disability is defined broadly as a physical or mental impairment that substantially limits one or more of a person's major life activities, having a record of physical or mental impairment that substantially limits a major life activity, or when a person could be regarded as having such an impairment.
Rehabilitation Act of 1973, Section 504	Prohibits disability discrimination by recipients of federal financial assistance in their programs and activities to ensure individuals with disabilities have an equal opportunity to participate, or benefit from, the recipients' aids, benefits, or services. Recipients of federal financial assistance, including public schools and child care centers, must comply with the requirements of Section 504. Section 504 defines a disability as a physical or mental impairment that substantially limits one or more of a person's major life activities, having a record of physical or mental impairment that substantially limits a major life activity, or when a person could be regarded as having such an impairment.

A 504 plan identifies the accommodations (such as regular or special education and related aids and services) needed by a student with a disability so they can have the same opportunities for learning and participation in school activities as their peers without disabilities. |

Source: GAO summary of Department of Health and Human Services and Department of Education documents. | GAO-24-106843

Inclusive and Self-Contained Child Care Programs

HHS and Education share the vision that "all children with disabilities should have access to high-quality inclusive early childhood programs regardless of type of disability, level of services and supports needed, race and ethnicity, language, and geographic and economic circumstances."[9] For preschool-aged children, Education and HHS encourage states to develop a mixed-delivery approach, in which parents can choose from the full range of high-quality early care and education settings. These include community-based child care providers, schools,

[9]Department of Health and Human Services and Department of Education, *Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs* (Washington, D.C.: Nov. 2023).

Head Start programs, and family child care homes.[10] The agencies also encourage states and communities to consider the diverse and comprehensive needs of children and their families and ensure that their needs are fully met regardless of the setting in which they receive preschool services. This includes ensuring children and families have access to inclusive early childhood programs with early intervention and early childhood special education services.

Inclusive settings include children with disabilities in early care and education programs that they would participate in if they did not have a disability, together with their peers without disabilities. In these settings, children with disabilities are supported to participate in all learning and social activities, facilitated by individualized accommodations and differentiated interventions and instructions where appropriate.

In contrast, in self-contained early care and education settings, children with disabilities are taught separately from their peers without disabilities, usually by a special education teacher.[11]

As one member of the IEP team that makes decisions about a child's placement in early care and education settings, parents of children with disabilities may choose to send their children to self-contained programs instead of inclusive programs because they believe their children will receive more personalized care for their specific needs. For example, a parent of a deaf child may opt to send their child to a program that specializes in deaf education rather than to an inclusive program where their child may be the only child with a disability and where teachers may not have specialized training to meet the needs of deaf children.[12] There are many factors that influence parent decisions about where their child receives care, including availability, affordability, accessibility, and quality.

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[10]Department of Health and Human Services and Department of Education, *Dear Colleague Letter on Mixed Delivery Systems for Preschool* (Washington, D.C.: Feb. 26, 2024).

[11]For IDEA data collection purposes, a self-contained special education program includes less than 50 percent nondisabled children, according to Education officials.

[12]Such specialized training or needs may include fluency in American Sign Language or a communication system such as Cued Speech, and/or early intervention approaches such as speech-language pathology audiology services.

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Millions of Families in the United States Include a Young Child or a Parent with a Reported Disability

An estimated 2.2 million children aged 5 and under in the United States have a reported disability (about 10 percent) and 3 million parents of children in this age group have a reported disability (about 12 percent), according to our analysis of 2019 ECPP and 2022 SIPP data (see fig. 1).[13] We did not detect a difference in the prevalence of children with disabilities across racial groups, but we did detect a difference in the prevalence of White and Asian parents with disabilities.[14] We detected a higher prevalence of disabilities among families with lower incomes, compared to those with higher incomes.[15]
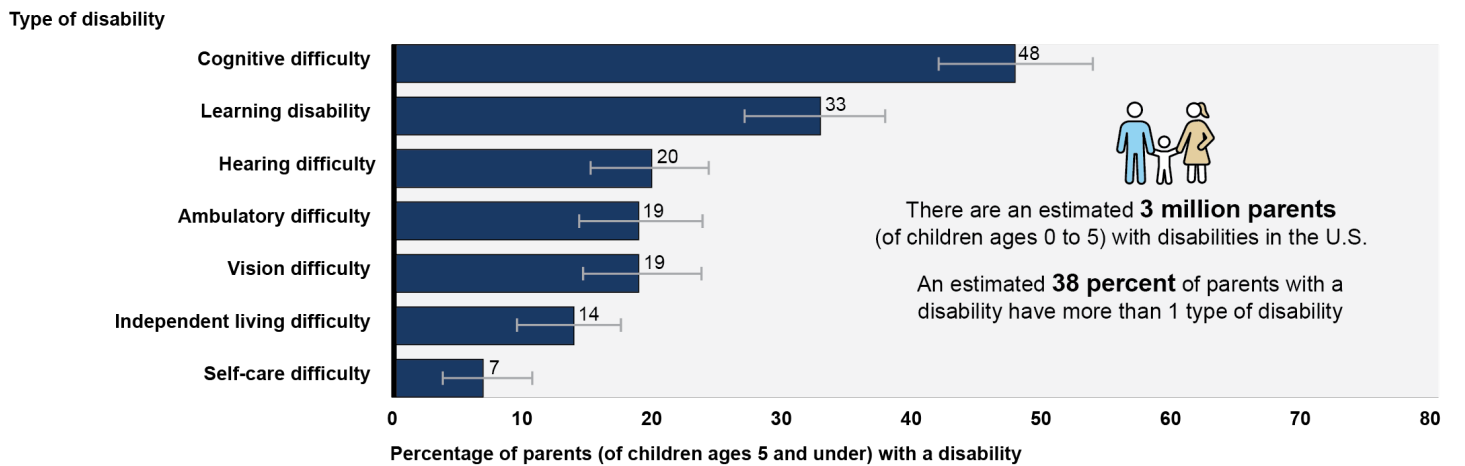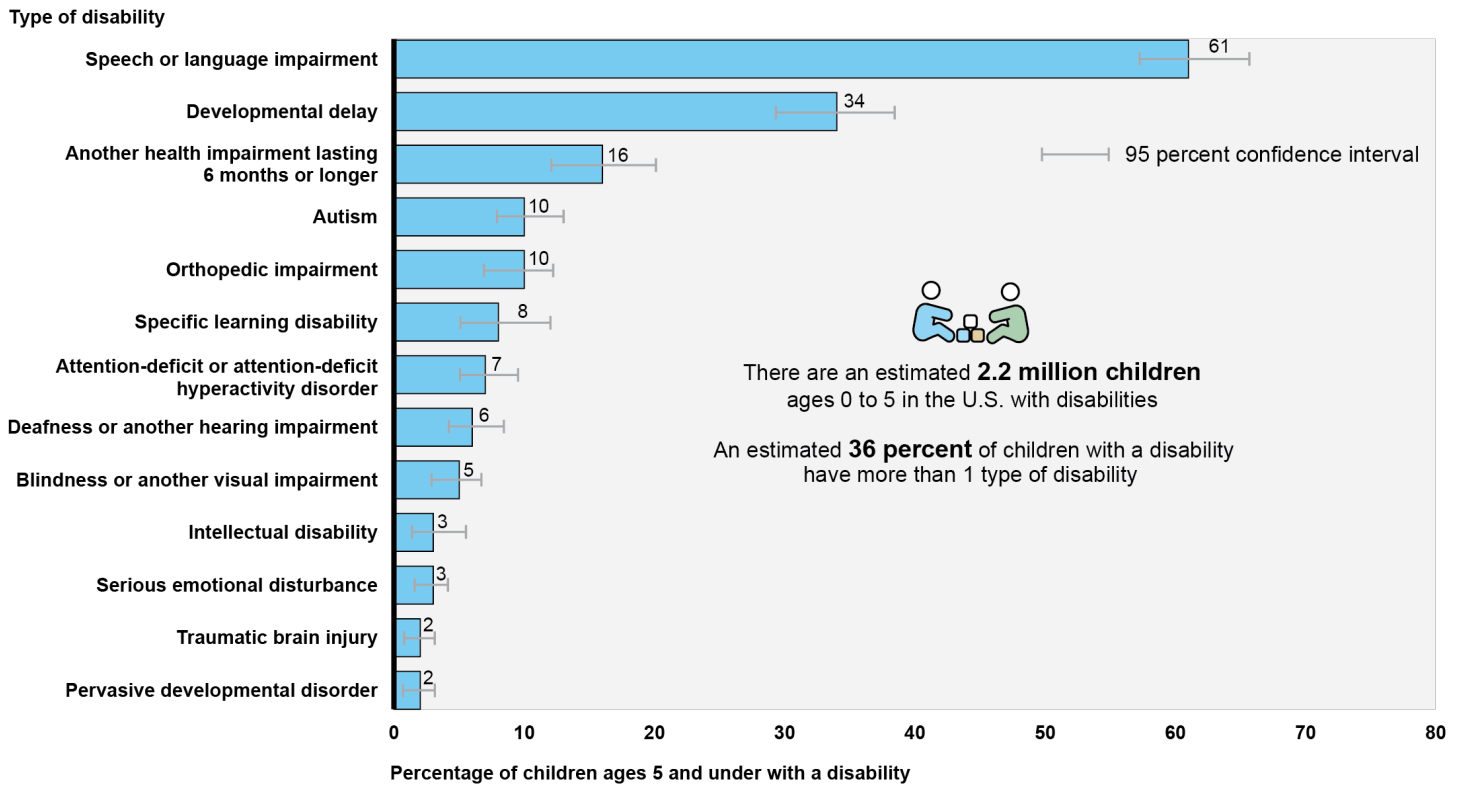
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[13]A child is identified as having a disability in the ECPP data if their parent indicates they have a specific learning disability, an intellectual disability, a speech or language impairment, a serious emotional disturbance, deafness or another hearing impairment, blindness or another visual impairment, an orthopedic impairment, a developmental delay, a traumatic brain injury, autism, a pervasive developmental disorder, attention-deficit disorder or attention-deficit hyperactivity disorder, or another health impairment lasting 6 months or longer. In the SIPP data, a parent is identified as having a disability if they answer yes to having at least one of the six disability types Census asks about across surveys to measure disability: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. For our analysis, we consider a parent to have a disability if they answered yes to at least one of the six disability types or indicated they have a learning disability. If it is a two-parent household, both parents' disability status was examined and counted.

Because the ECPP and SIPP data follow a probability procedure based on random selections, the samples are only one of a large number of samples that might have been drawn. Since each sample could have provided different estimates, we express our confidence in the precision of our particular sample's result as a 95 percent confidence interval or margins of error (the half-width of this interval). This is the interval that would contain the actual population value for 95 percent of the samples we could have drawn.

[14]An estimated 7.5 percent of children identified as Asian or Pacific Islander have a disability, according to our analysis of ECPP data (95 percent margin of error of +/-3.6 percent). This percent is not statistically different from other racial/ethnic groups. Due to the small number of Asian or Pacific Islander children whose parents completed the survey (496 total) and with disabilities (30), we could not determine whether this lower prevalence in the data reflects a real difference that could not be detected due to the limited sample size. An estimated 4 percent of parents identified as Asian alone have a disability, according to our analysis of SIPP data (95 percent margin of error of +/- 2.4 percent), which is statistically lower than the overall prevalence and the prevalence among parents who are White only (13 percent with a 95 percent margin of error of +/-1.85 percent). It should be noted there were a small number of Asian only respondents to the survey (238 total) and with disabilities (13).

[15]An estimated 17 percent (+/- 4.4 percent) of children in families with a household income $20,000 or lower have a disability compared to 7 percent (+/- 1.6 percent) of children in families with a household income over $100,000. An estimated 17 percent (+/- 3.2 percent) of parents in households with incomes in the lowest income quartile had a disability compared to 7 percent (+/- 2.1 percent) in the highest income quartile.

Figure 1: Estimated Total Number of Children Aged 5 and Under and Parents of Children Aged 5 and Under with Disabilities, and Estimated Percentages of These Children and Parents with Each Type of Reported Disability, 2019 and 2022

Type of disability

Type of disability	Percentage
Speech or language impairment	61
Developmental delay	34
Another health impairment lasting 6 months or longer	16
Autism	10
Orthopedic impairment	10
Specific learning disability	8
Attention-deficit or attention-deficit hyperactivity disorder	7
Deafness or another hearing impairment	6
Blindness or another visual impairment	5
Intellectual disability	3
Serious emotional disturbance	3
Traumatic brain injury	2
Pervasive developmental disorder	2

⊢—⊣ 95 percent confidence interval

There are an estimated **2.2 million children** ages 0 to 5 in the U.S. with disabilities

An estimated **36 percent** of children with a disability have more than 1 type of disability

Percentage of children ages 5 and under with a disability

Type of disability

Type of disability	Percentage
Cognitive difficulty	48
Learning disability	33
Hearing difficulty	20
Ambulatory difficulty	19
Vision difficulty	19
Independent living difficulty	14
Self-care difficulty	7

There are an estimated **3 million parents** (of children ages 0 to 5) with disabilities in the U.S.

An estimated **38 percent** of parents with a disability have more than 1 type of disability

Percentage of parents (of children ages 5 and under) with a disability

Source: GAO analysis of Department of Education's 2019 Early Childhood Program Participation (ECPP) Survey and Census Bureau's 2022 Survey of Income and Program Participation (SIPP). | GAO-24-106843

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Note: 2019 ECPP and 2022 SIPP data were the most recent data at the time of our analysis. The disability types in the figure are based on the measures of disability in the two surveys. Since these data are based on probability samples, we express our confidence in the precision of the particular sample's results as a 95 percent confidence interval. This interval is represented by the whiskers for each bar. For the estimated total number of children with disabilities, the interval is 2.0 to 2.4 million (31.2 to 40.3 percent for those with a disability who have more than one type of disability). For the estimated total number of parents with disabilities, the interval is 2.6 to 3.4 million (32.4 to 44.5 percent for those with a disability who have more than one type of disability).

Our estimate of 2.2 million children aged 5 and under with disabilities may underestimate the prevalence of disability among young children because diagnosing a disability at a young age is challenging and families may face obstacles obtaining a diagnosis. Nearly a quarter of a million parents of children under 3 are at risk of a substantial developmental delay, according to our analysis of ECPP data.[16] It can be difficult to diagnose developmental delays or disabilities in young children due to the range of ages that can be considered typical for meeting developmental milestones. Some parents we interviewed reported challenges in obtaining developmental screenings for their children when they expressed concerns. There can be extra hurdles in getting children from bilingual families evaluated and accurately diagnosed because providers struggle with differentiating between difficulties learning a second language and potential delays or disabilities. This leads to both under-and over-identification of bilingual children with developmental language disorders.[17]

[16]This estimate has a 95 percent confidence interval of 172,400 to 318,803. In addition, many children with identified developmental disabilities receive a more definitive diagnosis, like autism spectrum disorder, after beginning school. Among children ages 3 to 17, an estimated 17 percent have a reported disability.

HHS National Institutes of Health, "How are learning disabilities diagnosed?" (Washington, D.C.: Sep. 11, 2018), accessed May 31, 2024, https://www.nichd.nih.gov/health/topics/learning/conditioninfo/diagnosed and "When do children usually show symptoms of autism?" (Washington, D.C.: January 31, 2017), accessed May 31, 2024, https://www.nichd.nih.gov/health/topics/autism/conditioninfo/symptoms-appear#:~:text=Many%20parents%20are%20not%20aware,developmental%20problems%20before%20that%20age.

Mary E. Cogswell, Eric Coil, Lin H. Tian, Sarah C. Tinker, A. Blythe Ryerson, Matthew J. Maenner, Catherine E. Rice, and Georgina Peacock, "Health Needs and Use of Services Among Children with Developmental Disabilities—United States, 2014–2018," *Morbidity and Mortality Weekly Report*, vol. 71, no. 12 (2022): 453–458.

[17]Brianna L. Yamasaki and Gigi Luk, "Eligibility for Special Education in Elementary School: The Role of Diverse Language Experiences," *Language, Speech, and Hearing Services in Schools*, vol. 49, no. 4 (2018): DOI: https://doi.org/10.1044/2018_LSHSS-DYSLC-18-0006.

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Limited availability and high costs of developmental screenings may prevent children, particularly those in families with low income, from receiving a timely diagnosis. Education and HHS actively promote universal developmental screenings for children under 5 years old. However, only one-quarter of parents who reported their child was attending a child care program reported receiving formal testing for developmental or learning problems from their child care program, according to our analysis of ECPP data.[18] When government-funded screening programs are not available, some families encounter challenges with the cost of private screening services. Parents we interviewed described instances where their child had to wait for months or even years to be evaluated for a disability by their state or county (for children under 3) or their school district (for children over 3).[19] Some parents we spoke to indicated that parents who can afford to may choose to pay out of pocket for a private evaluation rather than wait, whereas other families with low income may not be able to afford to pay for private evaluations.

In Parents' Own Words: Evaluation and Diagnosis Delays

"My son wasn't diagnosed with autism until he was 4 and a half. A lot of that was due to wait lists, even though I lived near [a big city] and all these places, it was about an 8 month wait list with nothing available at that critical time when he's kicked out of daycare."

"For us, getting her assessed was delayed by about a year and a half, and we had to call several times trying to get assessments. I mean, it was an awful process. It took forever to go through and it was very, very delayed. So I would say that was really awful."

Source: Participants in GAO discussion group for parents of children with disabilities. | GAO-24-106843

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[18]The 95 percent margin of error is +/- 2.19 percent.

[19]The responsibility for providing services under IDEA rests with states and school districts. Under Part C of IDEA, states must provide early intervention services to any child under the age of 3 who is found to have a disability or is at risk of having a developmental delay, as defined by the state's criteria. In some states, counties administer Part C services. Meanwhile, Part B of IDEA provides grants to states to assist them in providing special education and related services to eligible children with disabilities ages 3 through 21. GAO, *Special Education: Additional Data Could Help Early Intervention Programs Reach More Eligible Infants and Toddlers,* GAO-24-106019 (Washington, D.C.: Oct. 2023); *Special Education: Varied State Criteria May Contribute to Differences in Percentages of Children Served*, GAO-19-348 (Washington, D.C.: April 2019).

Families with Children or Parents with Disabilities Reported Various Barriers to Finding and Using Child Care Programs

Parents from families with disabilities told us they faced barriers in searching for, securing, and using child care programs for their children. Parents' difficulties finding and maintaining appropriate child care—whether they or their children had a disability—affected various aspects of families' well-being. Some parents had to leave their jobs, and some families had to move. Parents shared how the challenge finding appropriate child care affected many facets of their lives (see textbox).

In Parents' Own Words: Effect of Barriers in Finding and Using Child Care on Families with Disabilities

"I stay up until 2 in the morning looking for child care opportunities, writing to anyone and everyone. Sending emails to lawyers, sending emails to and leaving phone messages for the superintendent. This is our life."

"So I think we push families. Someone in the family has to take a step down from their career, from their dreams, to help their child. And that's just not something that you anticipated in becoming a parent."

"Access to child care for kids with disabilities is an equity issue for those of us that choose to or need to work to earn a living. It's about equity for the kid, and also, for the parent to be able to participate in this life, and the world."

"When daycare is closed we have to take off work. As a result, many families we know can't take vacation to rest and are faced [with] mental burnout. I know moms that have checked themselves into a mental health facility just so they could get a pause and rest. I have also considered it."

"I feel as if I was asking for too much. But I think that has been my greatest challenge: not feeling included."

"We need more help: from a hardworking, loving, caring father. I am physically / emotionally broken down and I have no idea where to turn to."

Source: Participants in GAO discussion groups for parents of children with disabilities and parents with disabilities, and respondents to GAO's questionnaire for parents with disabilities. | GAO-24-106843

Parents said They Resorted to Personal Networks to Find Accessible Child Care and Faced a Shortage of Programs

Parents of children with disabilities told us about various barriers to identifying and enrolling their children in appropriate child care (see fig. 2).

Figure 2: Barriers to Identifying and Enrolling in Child Care Programs Described by Parents of Children with Disabilities
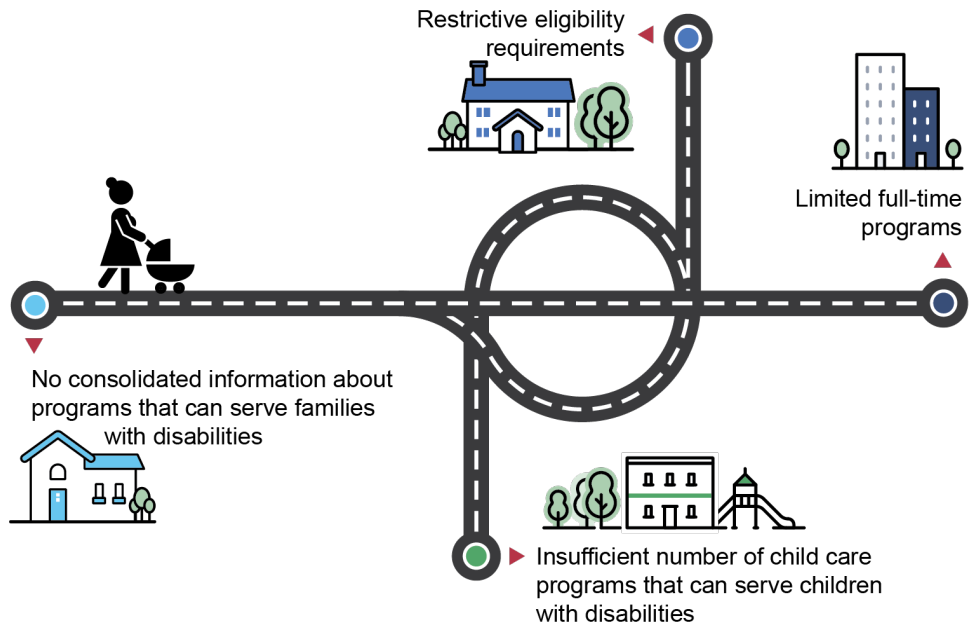
Restrictive eligibility requirements

Limited full-time programs

No consolidated information about programs that can serve families with disabilities

Insufficient number of child care programs that can serve children with disabilities

Source: GAO analysis of discussion groups and interviews with parents of children with disabilities. | GAO-24-106843

- **No consolidated information about programs that can serve families with disabilities.** Parents of children with disabilities said because they could not find consolidated information about child care programs that could serve their children, they relied on personal and social networks to identify programs that could meet their family's needs. One parent described going on a "wild goose chase" cold calling programs.

In Parents' Own Words: No Consolidated Information

"Resources and information about child care for children with disabilities is really hard to track down, and you're usually doing it at a time when you don't have a lot of energy to give. The process of getting good information and resources for your child is time consuming and relies on information networks. It is very anxiety producing because you never feel like you know what is best; you tend to stumble on to resources even when you are proactively seeking them out."

Source: GAO interview with parent of a child with disabilities. | GAO-24-106843

Parents with disabilities said they also relied on their personal networks when looking for child care options that could support their needs. Of the 110 parents with disabilities who completed our questionnaire, 67 said they faced challenges looking for child care outside their home that they believed were related to their disabilities.

- **Insufficient number of child care programs that can serve children with disabilities.** Parents of children with disabilities said they faced difficulties finding slots in both inclusive and self-contained special education programs for their children with disabilities. Parents described long wait lists, sometimes of years, and long commutes to programs, and some resorted to moving to find the child care their family needed.

  As we have previously reported, families face challenges finding child care due to high costs and limited available spots equipped to serve their needs. While the child care shortage affects all families, those with children with disabilities can be left with even more limited options than those without disabilities, according to literature we reviewed (see fig. 3). An estimated 27 percent of parents of children with disabilities said they had a lot of difficulty finding the type of child care they wanted for their child compared to 18 percent of parents of children without disabilities, according to our analysis of ECPP data.[20]

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[20]The 95 percent margin of errors are +/-5.5 percent and +/-2 percent. These estimates are significantly different at the 95 percent confidence level.

Types of Child Care Used by Families with Children or Parents with Disabilities

Children and parents with disabilities use all types of child care. According to our analysis of ECPP data, an estimated 70 percent[a] of children aged 5 and under with disabilities participate in a child care program or arrangement, and nearly:

- 25 percent[b] use at least one kind of care by a relative;

- 16 percent[c] use at least one kind of care in a private home by someone not related to them; and

- 50 percent[d] use at least one program not in a relative's home, such as a child care center, preschool, or prekindergarten program.

An estimated 18 percent of children with disabilities use more than one type of child care compared to 12 percent of children without disabilities.

According to our analysis of SIPP data, parents with disabilities who have children aged 5 and under also use all types of child care. However, we could not derive specific estimates of the types of care used by parents with disabilities. Census Bureau officials do not consider 2022 SIPP type of child care data to be reliable for precise estimates and have not published estimates using these data.

[a]The 95 percent margin of error is +/- 6.0 percent.
[b]The 95 percent margin of error is +/- 4.2 percent.
[c]The 95 percent margin of error is +/- 4.1 percent.
[d]The 95 percent margin of error is +/- 6.0 percent.
[e]The 95 percent margins of error are +/- 4.2 and +/- 1.2 percent. These estimates are significantly different at the 95 percent confidence level.

Source: GAO analysis of Department of Education's 2019 Early Childhood Program Participation (ECPP) Survey and Census Bureau's 2022 Survey of Income and Program Participation (SIPP). | GAO-24-106843

Figure 3: Multiple Factors Limit Child Care Options for Parents of Children with Disabilities

Child care options available ⟶

| Limited supply of child care programs | Programs in proximity to the family/where transportation is available | Affordable programs, including those that accept child care subsidies | Programs equipped to serve families with disabilities |
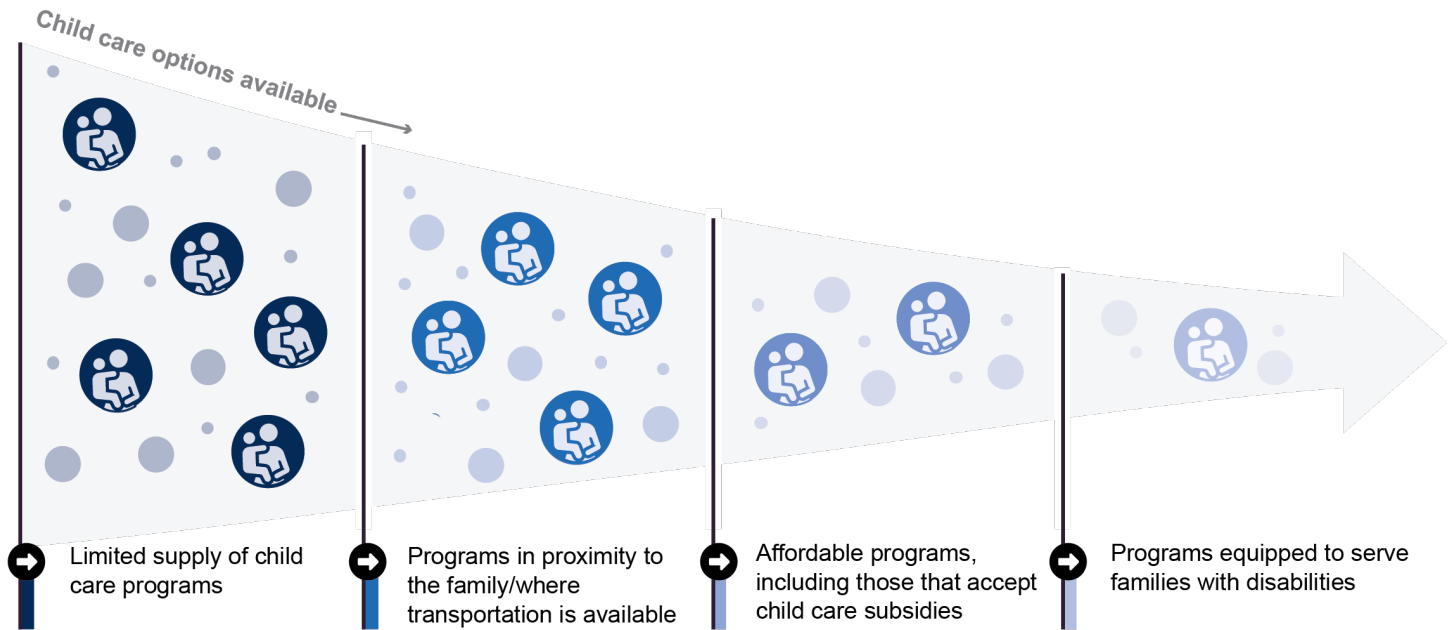
Source: GAO analysis of literature. | GAO-24-106843

In some cases, even if there were available child care programs, parents said programs expressed reluctance to admit their children with disabilities once the program learned about the severity of their child's disability or their needed accommodations. Other programs told parents they were unable to care for their children. In some instances, child care programs were reluctant to retain children already attending once they had been diagnosed with a disability, according to parents.

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In Parents' Own Words: Child Care Programs' Reluctance to Admit or Retain Children with Disabilities

"We had some intake conversations with some places that on their website would use words like inclusion or like regardless of disability—and then you would talk to them about my specific child, and they were very uninterested in him being there."

"It's very difficult when you have these complex situations, you're told over and over again, we're not able to accommodate you. And you just have to find the program…you feel lucky and you're like, thank goodness you'll take my kid and you know, and it's difficult to find the best based on that."

"I think from the start, the child care shortage is so tough, and you're told to kind of get on wait lists the moment you find out you're pregnant, and then in our case like when our daughter got her IEP, the place she was in, they're like we don't do IEPs, find someone else for her if you want us to do anything special. But we just waited how many years to get in here."

Source: Participants in GAO discussion groups for parents of children with disabilities. | GAO-24-106843

- **Limited full-time programs.** Parents said that child care programs they identified that could serve their children with disabilities were often not full time. As a result, parents pieced together care across multiple settings or sought support from family members. In other instances, parents had to reduce their work hours or leave their jobs. An estimated 36 percent of parents of children with disabilities who attend a child care program said their child care covers work hours very well compared to 53 percent of children without disabilities, according to our analysis of ECPP data.[21]

- **Restrictive eligibility requirements.** Parents said that many child care programs required that children be toilet trained to attend or continue attending by a certain age. This requirement automatically excluded children with disabilities who were not toilet trained, for example some with autism or visual impairments.

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[21]The 95% margins of errors are 8.0 percent and 2.5 percent. These estimates are significantly different at the 95 percent confidence level.

Families with Disabilities Said They Experienced Multiple Barriers Related to the Physical Facilities and Services Offered by Child Care Programs, Such as Exclusion from Activities or Expulsion

Parents told us that, once enrolled, their children with disabilities or the parents themselves faced barriers participating in child care programs. Figure 4 depicts the barriers to participation parents described for their children with disabilities.

Figure 4: Barriers to Participating in Child Care Programs Described by Parents of Children with Disabilities

- Physically inaccessible facilities
- Exclusion from activities
- Suspension and expulsion from programs
- Early intervention and special education services provided off-site
- Delays receiving early intervention and special education services
- Safety concerns
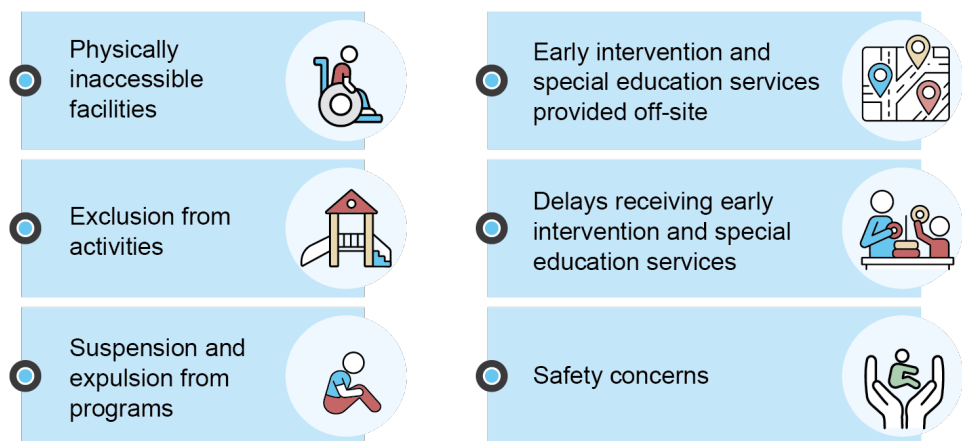
Source: GAO analysis of discussion groups and interviews with parents of children with disabilities. | GAO-24-106843

Barriers Related to Physical Facilities – Children and Parents with Disabilities

Parents reported difficulties with using the physical facilities at their child care programs for both themselves and their children. Some children were unable to access certain physical spaces such as playgrounds or certain rooms at their child care program, according to their parents. Of the 110 parents with disabilities who responded to our questionnaire, 15 said they were unable to visit their children's child care class due to the inaccessibility of the building or parking.

Barriers Related to Services Offered – Children with Disabilities

Parents of children with disabilities described the following barriers related to the services offered by their child care programs:

- **Exclusion from activities.** Parents described instances in which their children with disabilities were excluded from certain activities at their child care program. In some instances parents described, children were excluded from academic activities such as reading and writing instruction; in others they were excluded from extracurricular activities such as cooking and swimming.

In Parents' Own Words: Children with Disabilities Excluded from Activities

"It was a really hard needle to thread because on the one hand, we were wanting them to be a little more flexible with him in some circumstances, but at the same time, didn't want him to be wandering the room while there was some sort of instructional activity taking place. But they were totally willing to let him do that to avoid having a difficult [activity] prompt a melt down."

"[T]hey kind of let him do his own thing in the daycare. And so like, that's not great for his development for Down syndrome, because if he gets up and wanders around, he needs to be corrected, but they don't always correct him on that.…I'm not going to be like you're not doing enough for [him] because I feel just lucky that they let [him] in the door, which is also really wrong."

- **Suspension and expulsion from programs.** Parents said their children with disabilities were asked to leave their child care program, including for behaviors that could be related to their disabilities. Some children were formally suspended or expelled, while others were informally suspended as parents were repeatedly asked to come pick up their children during program hours due to behavioral issues. Some of these parents opted to leave their programs. Suspensions and expulsions can be disruptive to parents' work schedules and, in cases of expulsion, parents can be left unable to find new child care programs with available slots.

  Children with developmental disabilities who have behavior issues are at increased risk of expulsion.[22] According to HHS and Education, suspension and expulsion for a young child could interfere with the process of identifying and addressing underlying issues which may include disabilities. Expulsion can result in disabilities remaining undiagnosed and children not receiving the evaluations or referrals needed to obtain services. For example, the source of challenging behavior may be communication and language difficulties, skills that can be improved through early assessment and intervention services. In these cases, appropriate evaluation and follow-up services are

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[22]Georgianna M. Achilles, Margaret J. McLaughlin, and Robert G. Croninger, "Sociocultural Correlates of Disciplinary Exclusion Among Students with Emotional, Behavioral, and Learning Disabilities in the SEELS National Dataset," *Journal of Emotional and Behavioral Disorders*, vol. 15, no. 1 (2007): DOI:10.1177/10634266070150010401.

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critical, but less likely to occur if the child is expelled.[23]

Disruptive and Challenging Behaviors

Disruptive behavior problems such as noncompliance, temper tantrums, and aggression may accompany neurodevelopmental and mental health disorders among young children, according to research. Children with disruptive behaviors may experience exclusionary discipline practices, such as expulsion, that remove them from the structured learning environment. Children with disabilities are more likely to be expelled from early care and education settings than they are from kindergarten through 12th grade, particularly Black boys. Research suggests that the race of the child care provider and child may affect the extent to which a provider perceives the child's behavior as disruptive and uses exclusionary discipline practices. HHS and Education have identified preventing and limiting expulsion and suspension policies in early childhood settings as a critical issue for ensuring the safety and wellbeing of young children, and explicitly so for children with disabilities.

Exclusionary practices may contribute to adverse outcomes for children with disabilities, including delaying or interfering with the process of identifying and addressing underlying disabilities, according to research. In addition, research suggests that the early identification and prevention of disruptive behavior problems is linked with positive outcomes in children's development.

- **Early intervention and special education services provided off-site.** Parents said their children with disabilities often had to receive their early intervention or special education services like speech and occupational therapy off-site during child care hours, rather than having their services provided at their child care program. In some cases, this was because child care providers did not allow such services to be provided on-site.

  According to Education and HHS, models that allow children to receive their early intervention and special education services in their

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[23]Department of Health and Human Services and Department of Education, *Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings* (Washington, D.C.: Nov. 7, 2016).

child care program are less disruptive and more effective, because they allow child care providers and teachers to learn best practices from therapists and to implement them in their classes. In addition, onsite service delivery is less disruptive for parents of children with disabilities, who otherwise have to pick up and drop off their child for each appointment outside of the child care program, often during parents' work day.

- **Delays receiving early intervention and special education services.** Parents described instances in which they were unable to secure services for which their children were deemed eligible after receiving a diagnosis of a disability or a developmental delay.[24] One parent said they were on a wait list for almost a year for a behavioral health technician to accompany their child to school. Delays like these affect children's ability to participate in their child care program, especially for those who require intensive support like a one-on-one aide. Some parents said they paid out of pocket for these services, while others said they were not able to afford them or went into debt to pay for them.

In Parents' Own Words: Paying Out of Pocket for Services

"For every single service that we qualify for there are no service providers in the state that have availability. So even though now we could get speech therapy through the state's public program, there's not a single provider in the city participating in the program, so we still have to pay out of pocket for speech therapy, physical therapy, occupational therapy. There's, like, maybe one place that has a wait list of two years. I'm like, no, we need to do speech therapy now, not in two years, so we're just having to pay out of pocket."

Source: Participant in GAO discussion group for parents of children with disabilities. | GAO-24-106843
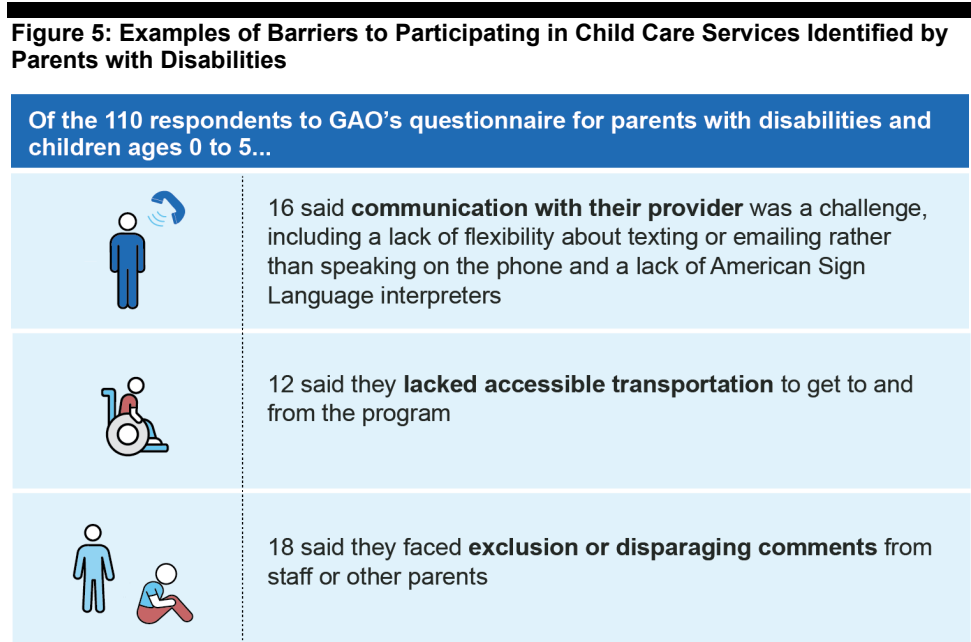
- **Safety concerns.** Parents shared examples in which their children with disabilities experienced neglect or physical harm in their child care programs. One parent described their child repeatedly sitting in a soiled diaper for up to two and a half hours. Another described their child with a physical disability being harmed by another child, leading the family to leave the program. One parent said their child returned home after long bus rides from her program really cold or really hot,

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[24]In our recent work, 46 out of 50 states reported that a lack of qualified service providers was one of the top three challenges of administering early intervention programs. GAO, *Special Education: Additional Data Could Help Early Intervention Programs Reach More Eligible Infants and Toddlers*, GAO-24-106019 (Washington, D.C.: Oct. 2023).

and one time had an injury to her finger. As a result of these safety concerns, this parent searched for a different child care program even though theirs was specialized for their deaf child's unique needs and met the family's need for full-time care.

Barriers Related to Services Offered – Parents with Disabilities

Parents with disabilities described ways in which communication challenges, unavailable accessible transportation to child care programs, and feeling unwelcome prevented them from participating in their child's care program (see fig. 5).

Figure 5: Examples of Barriers to Participating in Child Care Services Identified by Parents with Disabilities

Of the 110 respondents to GAO's questionnaire for parents with disabilities and children ages 0 to 5...

16 said **communication with their provider** was a challenge, including a lack of flexibility about texting or emailing rather than speaking on the phone and a lack of American Sign Language interpreters

12 said they **lacked accessible transportation** to get to and from the program

18 said they faced **exclusion or disparaging comments** from staff or other parents

Source: GAO analysis of questionnaire for parents with disabilities. | GAO-24-106843

Note: Parents with disabilities and children up to age 7 were eligible to complete the questionnaire and were asked to reflect on the time when their children were aged 5 and under.

In addition, parents with disabilities shared concerns about stigma and bias. Parents with disabilities can be reluctant to share their disability status or ask for accommodations for fear of being seen as unable to care for their child, according to parents we spoke with and disability stakeholders we interviewed. One parent who completed our questionnaire said they did not disclose their disability "for fear of discrimination." Another parent with a disability we interviewed explained that they felt the need to tell their child care providers that if their child had dirt under her fingernails it is because she was playing in the dirt before school, not because the parent's disability rendered them unable to bathe and care for the child, for fear of termination of parental rights. One parent

said their child care provider threatened to call child protective services when the parent was late for pick up from the bus stop. Parents with disabilities are more likely to have child welfare system involvement and termination of parental rights compared to parents without disabilities.[25]

Selected Federally Funded Providers Described Efforts to Support Children and Parents with Disabilities, but Reported Challenges Meeting Some Families' Needs

Selected Providers Modified Their Facilities and Services to Support Families with Disabilities

The 12 child care providers we visited and spoke with during discussion groups modified their facilities and services to support children and parents with disabilities. These modifications included general practices that the providers changed for all children and parents to create more inclusive environments as well as individualized accommodations made for those with disabilities.

Facility Modifications

Child care providers we visited showed us examples of physical features of their facilities that can accommodate children or parents with certain disabilities, including entrances, hallways, bathrooms, and playground equipment (see fig. 6).

[25]Tim Booth, Wendy Booth, and David McConnell, "The Prevalence and Outcomes of Care Proceedings Involving Parents with Learning Difficulties in the Family Courts," *Journal of Applied Research in Intellectual Disabilities*, vol. 18, no. 1 (2005): DOI: https://doi.org/10.1111/j.1468-3148.2004.00204.x.

Figure 6: Examples of Child Care Facilities that Can Accommodate Children or Parents with Certain Disabilities

Reserved parking for those with disabilities or special needs

Wide hallways to accommodate use of wheelchairs and other mobility assistance devices

Wide playground equipment to accommodate use of wheelchairs and other mobility assistance devices

Source: GAO (photos). | GAO-24-106843

Service Modifications

Examples of general modifications for all children included:

- **Universal developmental screenings.** All providers we visited reported assessing all children's developmental progress using tools such as the Ages & Stages Questionnaires.[26] One provider explained that regularly and openly screening every child for delays and disabilities helps ensure parents do not feel that their child is being singled out.

- **Staff training on and implementation of strategies to support children with disabilities.** Providers reported offering trainings to staff on topics such as providing accommodations for children with disabilities and inclusive classroom practices. At one center, teachers incorporated activities from occupational therapists into their classrooms for all children. These activities included practicing grabbing items with fingers to help children develop fine motor skills. Providers also altered the classroom environment to reflect best practices for children with disabilities that benefit all children in the

[26]The Ages & Stages (ASQ) is a set of questionnaires about children's development that can be completed by a child's parents or caregivers to screen for any areas of concern related to communication, physical ability, social skills, and problem-solving skills.

classroom. These practices included, limiting sensory inputs, using visual schedules and picture cues, and providing "cozy corners" or other places for children to recover from difficult transitions or events.

- **Communication with parents.** Providers reported ways they tailored their communications to be sensitive to parents of children with disabilities. One provider referred to visits from specialists as "appointments" instead of "therapy" to avoid common stigmas around the term, while another told us they used the term "support" rather than "services." Providers also reported offering support for all families rather than targeting those with disabilities by sharing information about early intervention and child development and offering parent support groups. One provider gave all families a bag with developmental games to support children's speech development.

Examples of individualized supports for children and parents with disabilities that child care providers shared with us included:

- **One-on-one supports.** Providers described providing one-on-one attention to children with disabilities who needed more individualized care, such as hand feeding a child with motor development issues and learning to care for a child that used a feeding tube. Providers also purchased supplies to support children's individual needs, including pressure therapy tools, such as weighted blankets or compression vests, for children with behavioral issues, and picture cue cards and assistive tablets to help nonverbal children communicate.

- **Supports for bilingual and immigrant families.** Providers described efforts they had made to support English learners and those from immigrant backgrounds, which also include children with disabilities. One center that works primarily with immigrant and refugee families described how their "whole family" approach of assisting families in accessing supports and services related to healthcare, domestic violence, income instability, food and nutrition, and clothing can be especially beneficial to children with disabilities.

- **Individualized coaching for families.** Providers described individualized coaching for families, including coaching on navigating early intervention services or preparing for individualized education program (IEP) meetings.

- **Supporting parents with disabilities.** Providers reported providing parents with disabilities with various accommodations to meet their needs. Examples included assisting parents with mobility challenges

loading their children into their vehicles or offering hybrid meetings with captions for deaf parents when requested.

Selected Providers Also Reported Various Challenges Supporting Families with Disabilities, Including Resource Constraints and Difficulties Communicating with Families

The 12 child care providers we visited and those who participated in our discussion groups said resource constraints, difficulties communicating with families, and limited training led to challenges with supporting families with disabilities, particularly if children had disruptive or challenging behaviors or complex medical conditions (see fig 7).

Figure 7: Challenges Described by Child Care Providers Serving Families with Children or Parents with Disabilities

	Resource constraints	• Shortage of child care staff and specialists • Unmet training needs • Space constraints • Funding constraints
	Difficulties communicating with families	• Having sensitive conversations about disabilities • Engaging with parents with disabilities
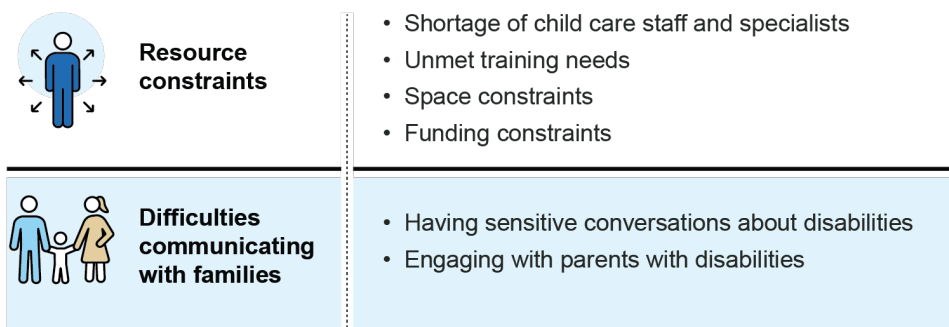
Source: GAO analysis of discussion groups and interviews with child care providers and interviews with child care and disability experts. | GAO-24-106843

Resource Constraints

The 12 child care providers we spoke with reported a variety of resource constraints related to staff capacity, physical facilities, and funding:

- **Shortage of child care staff and specialists.** All providers we visited reported having limited staff to provide individualized support or one-on-one care to children with disabilities, particularly those with disruptive or challenging behaviors. Growing workforce shortages during the pandemic exacerbated the existing child care shortage.[27] Staffing constraints may particularly affect care for children whose disabilities manifest as perceived violent behavior. According to one provider we visited, not having additional staff constrained their ability to care for a child with intellectual disabilities who had explosive

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[27]GAO, *Child Care: Selected States Are Taking Steps to Sustain Program Changes Implemented with Covid-19 Funding*, GAO-24-106258 (Washington, D.C.: March 2024); GAO, *Child Care: Subsidy Eligibility and Use in Fiscal Year 2019 and State Program Changes During the Pandemic*, GAO-23-106073 (Washington, D.C.: March 2023).

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tantrums and needed individualized attention. As one provider in a discussion group explained, some children need one-on-one support for safety reasons, but this pulls a teacher away from caring for other children.

Providers also reported unmet needs in accessing specialists such as speech and occupational therapists, which hindered their efforts to care for children with disabilities. For example, one provider explained that limited access to specialists prevented their program from being able to provide therapy as intensively as some IEPs require.

- **Unmet training needs.** Providers said staff needed training on the following topics that would help them better meet the needs of families with disabilities:

  o supporting children with challenging behaviors related to their disability;

  o supporting English-language learners with disabilities; and

  o supporting children with trauma histories and disabilities (see sidebar).

  Providers indicated that training in the form of hands-on coaching tends to be more helpful than topical professional development trainings, but that it can be hard to find.

- **Space constraints.** Providers said that space constraints made it difficult for them to provide accommodations to children with disabilities. For example, a rural provider located in the basement of a family home had an entrance with stairs that children and parents who require mobility aids were not able to use. To avoid potential fire safety concerns, the provider explained that they were not able to care for children who used wheelchairs or who had other mobility challenges (see fig. 8). Stakeholders we interviewed noted that space constraints may be more prevalent for in-home providers.

Figure 8: Examples of Child Care Facilities with Limited Access to Those with Impaired Mobility
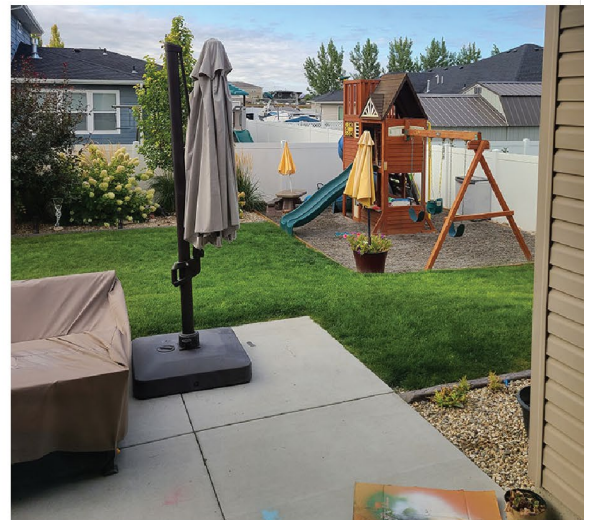

Stairs leading to multipurpose room

Emergency exit below ground that would require children with mobility issues to be able to lift themselves or have the provider lift them out in an emergency

Narrow bathroom that could not fit a wheelchair

Uneven surfaces in and around playgrounds limit access for children in wheelchairs

Source: GAO (photos). | GAO-24-106843

- **Funding constraints.** Providers cited funding constraints as an underlying challenge to serving families with disabilities. Most child care programs operate on narrow profit margins, according to a 2021 Treasury Department report.[28] Providers we visited said they used supplemental COVID-19 child care funds to try to address staff recruitment and retention challenges, but that these were not permanent solutions.[29] These providers provided additional pay to staff through short-term wage enhancements or bonuses. One provider explained that these temporary increases in wages are a one-time solution to a problem that requires continued funds.

  Providers shared that it is costly to make physical accommodations. One provider explained that they were only able to build an accessible playground because of the $150,000 in supplemental COVID-19 child care funds they received.[30] Another provider said they used some of these funds for facility improvements.

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[28]Department of the Treasury, *The Economics of Child Care Supply in the United States* (Washington, D.C.: Sept. 2021).

[29]Congress appropriated $52.5 billion in supplemental CCDF funds through the CARES Act, enacted in 2020, the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021, and the American Rescue Plan Act (ARPA) of 2021. States, territories, and tribal nations received a total of $13.5 billion in CARES Act and CRRSA funding for child care. States, territories, and tribal nations had until September 30, 2022, to obligate these funds and had until September 30, 2023, to expend them. ARPA funding included $24 billion in child care stabilization funds and $15 billion in supplemental CCDF funds. States, territories, and tribal nations had until September 30, 2022, to obligate the stabilization funds and had until September 30, 2023, to expend them. States, territories, and tribal nations had until September 30, 2023, to obligate the supplemental CCDF funds and have until September 30, 2024, to expend them.

[30]Nearly half of the supplemental COVID-19 funding for child care (approximately $24 billion) was allocated to states by the American Rescue Plan Act of 2021 to award directly to child care providers. The purpose of these grants was to support the stability of the child care sector during and after the COVID-19 pandemic. Providers had wide discretion to determine how best to use these funds, including on personnel costs; rent or mortgage payments; insurance; facility maintenance and improvements; training and professional development related to health and safety practices; and mental health supports for children and early educators. GAO, *Child Care: Selected States Are Taking Steps to Sustain Program Changes Implemented with Covid-19 Funding,* GAO-24-106258 (Washington, D.C.: March 2024).

Some states have created more permanent ways to provide financial support to child care programs serving children with disabilities (see sidebar).

As a result of these resource constraints, providers said they have had or would have difficulties serving children with disruptive or challenging behaviors or with complex medical conditions They shared instances of not enrolling or removing children from their program. One provider described their efforts to care for a child whose behavior was physically harming teachers. After consulting with experts and hiring a part-time aide to work with the child without seeing improvements in the child's behavior, the director decided that the child could not remain at the center without full-time individualized attention from a specialist, which the center could not provide. The director noted that this was a difficult case because their center was unable to meet this child's needs despite having more access to resources than most. Another provider similarly noted that that they were unable to care for children who exhibited challenging behaviors because they could not afford to provide one-on-one care.

Providers said they have had or would have challenges caring for children with medically complex conditions. A discussion group participant stated that "the physical challenges sometimes, even for my staff that is seasoned, are difficult," and a provider we visited that said it was well-resourced to care for many children with intellectual disabilities stated that they did not have the resources to adequately care for children with complex medical conditions. The manager of another program reflected on concerns about her staff, describing a decision to turn away a child who had seizures because the manager did not want to put their staff in the position of potentially "losing a child." The manager was also concerned that staff could lose their job or future child care job opportunities if a child were to die while under their care.

Difficulties Communicating with Families	Providers reported difficulties communicating with families on topics related to disability:

- **Having sensitive conversations about disabilities.** Providers described challenges interacting with parents or other family members when recommending a child for evaluation for potential disabilities. For example, one provider shared that a family removed a child from their program after becoming angry that the provider suggested the child could have a developmental delay. Another provider shared that their efforts to encourage a family to have a child evaluated for autism caused an ongoing rift in the relationship with this family. A provider in one discussion group explained that "trying to ensure that we're communicating with parents in a way that they understand, that they have time to process" can be one of the most challenging aspects of supporting parents of children with potential disabilities.

- **Engaging with parents with disabilities.** Providers were unaware of how many parents whose children they cared for had disabilities. Providers we visited generally did not have standardized methods for inquiring about the need for accommodations among parents. Providers stated that it would be helpful to have additional training and resources on communicating with parents with disabilities.

HHS and Education Provide Informational Resources for Parents and Child Care Providers on Relevant Topics, but Many Parents Are Unaware of Potential Resources

HHS and Education Provide Informational Resources for Parents and Child Care Providers on Many Identified Challenges

HHS and Education have developed or funded a range of informational resources for families and child care providers related to some of the challenges we identified (see table 3 for examples of these resources; a more comprehensive list of resources can be found in app. II). For example, HHS's Childcare.gov's webpage on services for children with disabilities includes information to help educate parents on their child's rights under IDEA and eligibility requirements for early intervention services. Education's Early Childhood Technical Assistance Center offers tools in English and Spanish for providers to use in planning intervention sessions with parents of children with disabilities, including guidance on how to build trust with parents and be sensitive to their cultural beliefs and values. Education provides information about child care to parents of children with disabilities through Parent Training and Information Centers (PTI) and Community Parent Resource Centers (CPRC). These centers provide a variety of services to parents of children with disabilities such as educating parents about their children's rights and protections under IDEA. In some cases, center staff may accompany parents to IEP meetings.

Table 3. Examples of Informational Resources Developed or Funded by HHS or Education about Child Care for Families with Children with Disabilities

Agency	Informational resource
HHS	Child Care Technical Assistance Network (CCTAN) provides resources to child care providers on promoting/developing inclusive environments and building relationships with families. Resources include an Infant/Toddler Resource Guide; a topic page on creating inclusive environments for infants and toddlers (available in English and Spanish); and resources for promoting inclusion of children with disabilities in child care settings through state Child Care and Development Fund quality initiatives and rating systems.
	Childcare.gov's Services for Children with Disabilities webpage provides resources for parents to help them advocate for their child. Resources include information to help parents understand their child's rights under the Individuals with Disabilities Education Act (IDEA); Centers for Disease Control and Prevention (CDC) resources on developmental screening and early intervention; Social Security and other financial supports for children with disabilities; Education's Parent Training and Information Centers (PTI) and Community Parent Resource Centers (CPRC); state developmental screening, special education, and early intervention services; and supports for military families.
	Early Childhood Learning and Knowledge Center (ECLKC) is Head Start's online resource hub and provides information for programs on Head Start policy and regulations including the Head Start Program Performance Standards (HSPPS). ECLKC also includes links to information on child care policy and regulations including the Child Care and Development Fund (CCDF) regulations and state licensing standards. ECLKC's training and technical assistance resources focus on working with children with disabilities, developing curriculum, family engagement, parenting, children's physical and mental health, and other topics that support inclusive early childhood programming. The ECLKC and all its resources are in the public domain and available to non-Head Start child care programs, as well.
	National Center for Early Childhood Development, Teaching, and Learning (NCECDTL) advances best practices in child development and teaching and learning practices that are culturally and linguistically responsive. The Center's work includes professional development for the early childhood workforce, evidence-based curriculum, intentional teaching and home visiting practices, information on effective transitions of children from one activity to the next, developmental screening and on-going assessment, practice-based coaching, supporting children with disabilities and suspected delays, and improving practices based on data.
	National Center on Parent, Family, and Community Engagement (NCPFCE) provides training and technical assistance for Head Start and Early Head Start staff who work with families, including professional development in the areas of staff-family relationship building; family employment, career pathways, and financial stability; equity and inclusiveness in family engagement; and parent leadership, advocacy, and transitions.
Education	Center for Parent Information and Resources (CPIR) serves as a central resource for PTIs and CPRCs that serve families of children with disabilities, as well as the general public. The website lists all the PTIs and CPRCs by state. These centers provide information and training to families of children with disabilities on their rights under the IDEA and other relevant laws and ways to participate effectively in their child's education and development.
	Early Childhood Technical Assistance (ECTA) supports State IDEA Part C and Part B, section 619 programs in developing more equitable, effective, and sustainable state and local systems that support access and full participation for young children with disabilities and their families.
	National Center for Pyramid Model Innovations (NCPMI) assists states and programs in their implementation of sustainable systems for the implementation of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children within early intervention and early childhood programs. NCPMI focuses on promoting the social, emotional, and behavioral outcomes of young children birth to 5, reducing the use of inappropriate discipline practices, promoting family engagement, using data for decision-making, integrating early childhood and infant mental health consultation, and fostering inclusion.

Source: GAO analysis of Department of Health and Human Services (HHS) and Department of Education (Education) documents and interviews with agency officials. | GAO-24-106843

Some challenges families and child care providers face are structural and cannot be addressed with informational resources alone. For example, parents in neighborhoods without open full-time child care slots and child care providers facing staffing shortages and funding constraints will not overcome these challenges with information alone. However, HHS and Education are making efforts to provide information on applying for grant resources like Preschool Development Grants that might help providers in addressing some of these structural barriers. According to HHS officials, states can also target other federal funding (e.g., Title I funds) toward strengthening their early care and education system or invest their own state education or other funds to address these challenges.[31] HHS officials said that the Office of Child Care has also launched two new projects focused on developing technical assistance for states to improve inclusion of children with disabilities in child care settings and integration between child care programs and IDEA Part C services.

HHS recently launched a new webpage with resources to help child care providers better engage parents with disabilities.[32] In June 2024, HHS's Office of Head Start released a new set of online resources for child care providers as part of Head Start's Early Childhood Learning and Knowledge Center platform. This webpage and its related resources aim to help child care providers in both Head Start and non-Head Start programs foster trusting and respectful partnerships with parents and caregivers with disabilities. It includes information on topics such as learning differences parents with disabilities may have, use of inclusive language, bias and ableism considerations, accessibility key practices, communication and conversation planning, and links to state and national organizations with relevant resources and expertise, among other topics. For example, the webpage provides tips on what to do before, during, and after an interaction with parents with disabilities, such as the provider identifying their goals for the interaction beforehand while being open to the family's goals, asking about parents' communication preferences during the interaction, and regular check-ins in with parents afterwards. HHS launched the webpage in June 2024. HHS plans to leverage existing

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[31]Title I, Part A (Title I) of the Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act (ESEA), provides supplemental financial assistance to school districts for children from low-income families. Its purpose is to provide all children significant opportunity to receive a fair, equitable, and high-quality education, and to close educational achievement gaps by allocating federal funds for education programs and services.

[32]According to Education officials, the agency does not directly communicate with parents with disabilities in child care settings.

monthly workgroups with Education's Office of Special Education Programs to cross-promote the new set of resources for child care providers across the two agencies' websites for providers and families.

Some Providers and Parents are Unaware of Available Resources Despite Agencies' Outreach Efforts

Education and HHS have overlapping interests in disseminating information about child care and special education services to parents of children with disabilities and child care providers, and the agencies coordinate to disseminate these resources. For example, HHS and Education's 2023 Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs includes a robust list of resources to support inclusion and uses icons to differentiate those that would be most helpful to child care providers.[33] Agency officials said they are engaging in a variety of outreach efforts to disseminate their policy statement and related resources to their primary audiences, including state administrators of early childhood programs and services, school personnel, and early childhood program personnel. Education and HHS staff also serve together on informal interagency workgroups that focus on supporting family engagement and ensuring that families with disabilities have information about necessary services and supports, according to Education officials. In addition, Education has made several efforts to increase awareness about PTIs and to inform parents of children with disabilities about services the centers offer, according to Education officials. For example, Education directs families to PTIs on several of its websites, including its website devoted to parent concerns—the Center for Parent Information and Resources or www.parentcenterhub.org—its early childhood and education website.

Despite agencies' outreach efforts, some parents of children with disabilities and providers remain unaware of resource centers such as PTIs that could help families with disabilities overcome barriers to finding and using child care. We heard in discussion groups that many parents were unaware of their states' PTIs and how to access this support.[34] Child care providers we interviewed were also unaware of their local PTI as a resource they could refer parents to. Although PTIs are not intended to serve child care providers, providers are well positioned to share information about the PTIs with families of children with disabilities.

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[33]Department of Health and Human Services and Department of Education, *Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs* (Washington, D.C.: Nov. 2023).

[34]Some parents who participated in our discussion groups were unfamiliar with their state's PTI, even after we read them the names of the organizations within their states in which PTIs are housed.

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Education and HHS's 2023 Joint Policy Statement on Inclusion of Children with Disabilities states that the responsibility for ensuring young children with disabilities and their families are included in high-quality early childhood programs is shared by federal, state, and local governments, and child care providers, among other entities involved in early childhood education. According to the Policy Statement, part of this responsibility involves educating families with disabilities about their rights under IDEA.

Education and HHS's coordination efforts are not fully leveraging HHS's network of state Child Care and Development Fund (CCDF) administrators and local partners, for example Head Start programs and child care providers that accept child care subsidies, to disseminate information about PTIs to parents of children with disabilities and child care providers who serve those children. For example, Education officials told us that PTIs develop relationships with their state's CCDF administrators to disseminate information about PTIs, but our discussions with CCDF administrators indicate more coordination is needed. All four state CCDF administrators we interviewed said they do not collaborate with PTIs in their role. As a result, parents of children with disabilities who receive CCDF subsidies in certain states may not be aware of Education's resources to help them. State CCDF lead agencies are required to disseminate information to parents and child care providers about using CCDF subsidies, and to the general public about programs carried out under section 619 and Part C of IDEA, according to HHS officials.[35] State CCDF lead agencies could strengthen their existing dissemination of special education services and resources to include information about PTIs.

Education officials said that the PTIs are funded to provide training and information to parents of children with disabilities and that federal funding for PTIs does not include providing services to child care providers. However, existing agency collaboration efforts could be leveraged to increase awareness and use of PTIs. More intentionally leveraging HHS's network of state and local partners, including CCDF administrators and local Head Start programs, presents an opportunity to better disseminate information about PTIs to families with disabilities. For example, HHS could send periodic reminders to CCDF administrators about sharing information on PTIs with parents and providers in their network. They

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[35]HHS officials said states are required under CCDF to disseminate information to parents and child care providers about programs carried out under section 619 and Part C of IDEA. PTIs are designed to support these efforts.

could also encourage CCDF administrators to adopt a simple mechanism, such as a link to their state's PTIs in their email signature. Education could work with HHS to leverage planned efforts to promote HHS's new set of online resources for child care providers serving parents and families with disabilities to also promote PTIs to HHS's state and local partners. These efforts could lead to increased awareness of resources that parents have said they need in their search for quality child care for their children with disabilities.

Conclusions

Millions of families in the United States include a child aged 5 or under, or a parent, with a disability. Many struggle to find high-quality, affordable care. In addition, parents with disabilities may face challenges finding child care close to home that accommodates their own needs. Some of these challenges are structural and cannot be addressed with informational resources, such as an insufficient number of open child care slots being available in a family's neighborhood, or child care providers facing staffing shortages and funding constraints.

However, some challenges, such as parents not knowing where to find information about child care in their state, can be addressed with awareness of informational resources. HHS and Education have developed and disseminated a variety of resources to help parents of children with disabilities find and use child care programs that can serve those children. Nevertheless, some of these resources remain unknown to and unused by parents, and HHS and Education are missing an opportunity to better coordinate and leverage existing resources, such as communication through state CCDF administrators, to disseminate information about PTIs to parents of children with disabilities. Increasing the number of families with disabilities who are aware of PTIs and the services they offer through expanded outreach can help ensure more families with disabilities are aware of their rights and have the tools they need to advocate for their children and navigate their search for appropriate, high-quality child care for children with disabilities.

Recommendations for Executive Action

We are making the following two recommendations to HHS and Education:

The Secretary of Health and Human Services should further coordinate with the Department of Education to leverage existing and planned information-sharing mechanisms to more fully promote Parent Training and Information Centers and other resources designed to help parents of children with disabilities with HHS's state and local child care partners. (Recommendation 1)

The Secretary of Education should further coordinate with the Department of Health and Human Services to leverage existing and planned information-sharing mechanisms to more fully promote Parent Training and Information Centers and other resources designed to help parents of children with disabilities with HHS's state and local child care partners. (Recommendation 2)

Agency Comments

We provided a draft of this report to the Secretaries of HHS and Education for review and comment. In written comments, which are reproduced in appendix III and IV respectively, both agencies concurred with our recommendations. HHS said the agency will disseminate information about Parent Training and Information Centers and other resources for serving children and families with disabilities through training and technical assistance resources and websites, share this information with CCDF administrators, and leverage the Head Start Collaboration Office to disseminate information to Head Start agencies in their state. Education said the agency will coordinate with HHS in making resources from Parent Training and Information Centers available to HHS's state and local child care partners. Both agencies also provided technical comments, which we incorporated, as appropriate.

We are sending copies of this report to the Secretary of Health and Human Services and the Secretary of Education, and appropriate congressional committees. In addition, this report is available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or curdae@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix II.

Elizabeth Curda
Director, Education, Workforce, and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

Objectives	This report examines (1) the prevalence of children and parents with disabilities, (2) what barriers children and parents with disabilities face to accessing and participating in child care facilities and services, (3) what selected federally funded child care providers report about their ability to serve children and parents with disabilities, and (4) the extent to which federal agencies provide informational resources about child care to families with disabilities and to child care providers about serving these families.
Scope	This report is limited to children ages 0 to 5 and parents of children in this age group.[1] In this report:

- Disabilities include those that are physical, intellectual, or developmental.

- Child care refers to any type of early care and education settings in a mixed delivery system, including community-based providers (centers and family child care homes), schools, and Head Start programs.

- Families with disabilities are those in which a child, parent, or both have a disability.

Methodology

Data Analysis

Early Childhood Program Participation Survey	To determine the prevalence of children ages 0 to 5 with disabilities, we analyzed data from the U.S. Department of Education's 2019 Early Childhood Program Participation (ECPP) Survey. ECPP is a nationally representative survey that is administered as part of the National Household Education Surveys Program. The ECPP survey collects data about children from birth through age 6 who are not yet enrolled in kindergarten. The ECPP asks detailed questions about children's participation in relative care, nonrelative care, and center-based care arrangements. It also asks about the main reason for choosing care; what factors were important to parents when choosing a care arrangement; and the primary barriers to finding satisfactory care. The 2019 survey was the most recent available at the time of our analysis.

[1]We limited our scope to children in this age group to align with HHS's definition of early care and education, which includes all care and educational settings provided for children birth to age 5 before formal K-12 education begins.

In the ECPP data, a child is identified as having a disability if their parent indicates they have a specific learning disability, an intellectual disability, a speech or language impairment, a serious emotional disturbance, deafness or another hearing impairment, blindness or another visual impairment, an orthopedic impairment, a developmental delay, a traumatic brain injury, autism, a pervasive developmental disorder, attention-deficit disorder or attention-deficit hyperactivity disorder, or another health impairment lasting 6 months or longer. ECPP also asks parents about whether their child is at risk of a substantial developmental delay. Our analysis was limited to children between the ages of 0 and 5.[2]

Any differences noted between estimates of children with and without disabilities derived from the ECPP are statistically significant unless otherwise noted.

Survey of Income and Program Participation

To determine the prevalence of parents with disabilities and children ages 0 to 5, we analyzed data from the U.S. Census Bureau's (Census) 2022 Survey of Income and Program Participation (SIPP). SIPP is a nationally representative longitudinal survey that provides comprehensive information on the dynamics of income, employment, household composition, and government program participation. SIPP is also a leading source of data on economic well-being, family dynamics, education, wealth, health insurance, child care, and food security. The survey includes several years of interviews from individuals, yielding monthly data about changes in household and family composition and economic circumstances over time. The 2022 data were the most recent available at the time of our analysis.

In the SIPP data, a parent is identified as having a disability if they answer yes to having at least one of the six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.[3] For our analysis, we considered a parent to have a disability if they answer yes to at least one of the six disability types or if they indicated they have a learning disability. We included parents with learning disabilities in our definition and analysis of parents with disabilities because those with intellectual or

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[2]ECPP is based on a probability sample, and analyses should account for the complex sample design. Following the survey's user's guide information on variance estimation, we used the appropriate person weight and accounted for the complex sample design using survey software and the jackknife variance replication methodology.

[3]These are the six disability types Census asks about across its federal surveys to measure disability prevalence.

developmental disabilities are included in the scope of this report. As a result, our estimate of the number of parents with disabilities may differ from Census'.

Our analysis was limited to parents who indicated they had children between the ages of 0 to 5. During the initial interview, each sampled dwelling unit (household) is assigned a unique identifier, and all sample members in the household are assigned a unique person number when they first enter the SIPP panel. We identified parents of each child aged 0 to 5 within the same sampled household through relationship identifiers that determined the person number of the first parent and the person number of the second parent. For households with more than one parent, in instances where both had disabilities, we counted both in our estimate of the prevalence of parents with disabilities since our unit of analysis was the parent and not the family or household.

Following guidance from Census, we limited our disability data to the December wave, while accounting for annual data when examining income.[4]

Data Reliability

To assess the reliability of ECPP and SIPP data, we conducted a data reliability assessment of variables included in our analysis. We reviewed technical documentation, including the sampling methodology and nonresponse bias analyses, conducted electronic data tests for completeness and accuracy, including frequency checks and select comparisons to published estimates, and contacted knowledgeable agency officials with specific questions about the data. We determined that the variables we used from the data we reviewed were sufficiently reliable for the purposes of estimating the prevalence of children and parents with disabilities, the demographic characteristics of families with disabilities, describing the kinds of child care programs used by children with disabilities, and comparing the reported experiences of looking for child care and satisfaction with child care programs for parents of children with disabilities and parents of children without disabilities.

Obtaining Parents' Views

To identify the barriers children and parents with disabilities face to accessing and participating in child care facilities and services, we

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[4]SIPP is based on a probability sample, and analyses should account for the complex sample design. Following the survey's user's guide information on variance estimation, we used the appropriate person weight and accounted for the complex sample design using survey software and Fay's modified balanced repeated replication method of variance estimation.

conducted eight virtual discussion groups and held individual interviews with a total of 35 parents. We also collected written information from 110 parents with disabilities via an online questionnaire.[5]

To identify eligible individuals for our discussion groups, interviews, and questionnaire, we distributed links to online background questionnaires via stakeholders we interviewed, who shared the links through mailing lists and social media platforms. As individuals responded to our questionnaires, we reviewed their responses and invited parents of children up to age 7 who indicated that they or their child had a disability to participate in the groups. While our study is focused on children ages 0 to 5, we included parents whose children were up to age 7 because some parents of children with disabilities did not learn of their child's disability and understand its impact on their child care experiences until their children entered kindergarten.[6] Parents with disabilities had the opportunity to provide written input even if they could not participate in a discussion group. One discussion group consisting of parents with disabilities was comprised of representatives from a parent advocacy group.

We analyzed the discussion group transcripts, interview documentation, and questionnaire responses to identify and synthesize themes that were consistently shared across these evidence sources. The parent quotes included in the report are illustrative examples of key themes identified in our evidence assessment. In some cases, we lightly edited the response for clarity or to remove potentially identifiable information.

The barriers described by parents are not generalizable to all parents. The virtual format of our discussion group and questionnaires may have prevented parents with certain types of disabilities or more severe disabilities from participating.

Obtaining Child Care Providers' Views

To describe what selected federally funded child care providers report about their ability to serve children and parents with disabilities we obtained child care providers' views through site visits to 12 federally

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[5]Five of the discussion group participants were parents with disabilities who also completed the online questionnaire.

[6]Since the questionnaire was distributed by stakeholders, we do not know how many parents it reached. We had 270 responses to the questionnaire, 110 of which were complete responses from eligible parents.

funded child care providers in four states and two virtual discussion
groups with a total of nine additional providers.

For this report, federally funded child care providers are those that
accepted Child Care and Development Fund subsidies, received federal
grants, and/or operated Head Start or Early Head Start programs.

We conducted site visits in Idaho, Maryland, Washington, D.C., and
Tennessee. These locations corresponded with three of the four regions
in which Education's Parent Technical Assistance Centers are
organized.[7] For each site visit, we targeted a mix of home- and center-
based child care providers of small (0 to 20 children), medium (21-100
children), and large (100+ children) sizes who served localities of varying
median household income, racial and ethnic composition, languages
spoken, and urbanicity. We also selected a rural locality to visit in each of
the three regions.

To identify eligible individuals for our provider discussion groups, we
distributed a link to an online background questionnaire via stakeholders
we interviewed and during the National Association for the Education of
Young Children's (NAEYC) annual conference in November 2023. We
invited providers to participate in discussion groups if their response
indicated they served children ages 0 to 5, were federally funded, and
were available during our scheduled groups.

We analyzed the site-visit interview documentation and discussion group
transcripts to identify and synthesize key themes shared by providers.
The challenges described by providers are not generalizable to all
providers. Providers who accepted our requests to visit likely represent
programs that were able to more effectively serve families with disabilities
compared to those that declined our requests.

Review of Agency Informational Resources

To determine the extent to which agencies provide informational
resources about child care to families with disabilities and providers about
serving those families, we reviewed relevant federal laws and regulations
and relevant Education and Department of Health and Human Services
(HHS) documents and interviewed officials from both agencies about the
informational resources they provide to families with disabilities and
providers serving those families. We also interviewed staff of four Parent

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[7]We visited both Maryland and Washington, D.C. in Education's region A to ensure the
inclusion of at least one rural provider from this region.

Training and Information Centers (PTIs) and four state Child Care and Development Fund (CCDF) administrators about their experiences with families with disabilities and their use and dissemination of Education and HHS' informational resources.[8] We selected PTIs and CCDF administrators in states that overall represented geographic and programmatic diversity. For example, we selected CCDF administrators in states where children with disabilities are and are not prioritized for child care subsidies. We also used information gathered in our discussion groups and interviews with parents and child care providers to identify informational needs for these groups.

To identify where gaps exist in informational resources about child care, we compared the informational resources we identified from Education and HHS with barriers parents of children with disabilities faced in finding and using child care and challenges that providers faced in serving families with disabilities identified in objectives 2 and 3. We noted for which barriers the agencies did not have relevant informational resources on, or which target audience (parents or providers) was unaware of available resources. We then followed up with agency officials to confirm whether they had informational resources to address the barriers we identified as having gaps or had conducted outreach to target audiences we found were unaware of these resources. We assessed the agencies' efforts to provide informational resources based on agency specific goals, for example educating families with disabilities about their rights under IDEA.

Interviews and Literature Search

To address all our research objectives, we conducted interviews with stakeholders from 15 child care and disability focused organizations.[9] We also conducted a literature search in ProQuest and EBSCO to identify relevant publications such as peer reviewed papers, government reports, think tank and nonprofit publications, and legislative materials published between 2013 and 2023.

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[8]We interviewed staff from PTIs in three states (Colorado, Idaho, and Kansas) and Washington, D.C. We interviewed CCDF administrators from four states: Arizona, Illinois, Massachusetts, and New York.

[9]We interviewed representatives from: American Association of People with Disabilities, The Arc of the United States, All Our Kin, Center for American Progress, Center for Law and Social Policy, Division for Early Childhood, Early Childhood Technical Assistance Center, IdahoSTARS, Idaho Voices for Children, Little Lobbyists, Lurie Institute for Disability Policy/National Research Center for Parents with Disabilities, National Association for the Education of Young Children, Proud Parents, Vermont Department for Children and Families, and a legal scholar with expertise in disabilities.

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We conducted this performance audit from May 2023 to September 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Resources and Websites That Provide Information on Support Services Related to Child Care for Families with Children or Parents with Disabilities Offered by the Departments of Education (Education) and Health and Human Services (HHS)

Federal agency providing information / resource	Resource center or website	Examples of available information	Information pertains to parents, child care providers, or both
Education	The Center for IDEA Early Childhood Data System (DaSy) assists states to collect, report, and analyze high-quality Part C and Part B Section 619 data by helping states build a strong data infrastructure, use data for program improvement and accountability, and develop leaders to build a data culture with active partner engagement.	• Individualized technical assistance • Cross-state technical assistance • Webinars and presentations • Learning modules • Videos and publications • Tools, toolkits, and guides • Maps of national status of Individuals with Disabilities Education Act (IDEA) early childhood data systems for Part C and Part B	Both
Education	Center for Parent Information and Resources (CPIR) serves as a central resource for Office of Special Education Programs (OSEP)-funded parent centers that serve families of children with disabilities and youth with disabilities. CPIR also serves as a resource to the general public, providing information about disabilities and the IDEA in plain language. CPIR lists all the OSEP-funded Parent Training and Information Centers in states and communities that provide families of children with disabilities and youth with disabilities training and information on their rights under the IDEA and other relevant laws, ways to participate in their child's education and enhance their development and build self-advocacy skills.	• Parent center locator • Regional parent technical assistance centers map • CPIR webinars • CPIR resource library (English and Spanish) • List of parent centers and parent technical assistance centers	Both

Appendix II: Resources and Websites That
Provide Information on Support Services
Related to Child Care for Families with
Children or Parents with Disabilities Offered by
the Departments of Education (Education) and
Health and Human Services (HHS)

Education	Early Childhood Intervention Personnel Center for Equity (ECIPCE) works to increase the capacity of institutions of higher education and professional organizations and associations to prepare a racially, ethnically, culturally, and linguistically diverse generation of professionals who can advance equity in early childhood intervention.	• Grant writing tools • Scholar programs	Providers
Education	Early Childhood Personnel Center (ECPC) assists states in building and implementing comprehensive systems of personnel development in early childhood, for all personnel serving young children with disabilities and their families. Resources include curriculum modules, a video library of practices in early intervention and special education, and crosswalks of national personnel standards.	• Curriculum modules • E-learning lessons and videos • Presentations • Service coordination resources • Video library	Providers
Education	Early Childhood Technical Assistance (ECTA) supports State IDEA Part C and Part B, section 619 programs in developing more equitable, effective, and sustainable state and local systems, that support access and full participation for every young child with a disability and their family. ECTA has a page on their web site with resources for families.	• Resource service delivery and distance learning • Research and reference portal • Research grants database	Both
Education	IRIS Center develops and disseminates online resources about evidence-based instructional and behavioral practices to support the education of all children, particularly those with disabilities.	• Modules • Case studies • Fundamental skill sheets • Video vignettes	Providers
Education	National Center on Accessible Educational Materials for Learning (AEM Centers) provides technical assistance, coaching, and resources to increase the availability and use of accessible educational materials and technologies for learners with disabilities across the lifespan.	• AEM center webinars • AEM center videos • The Accessible Learning Experience podcast	Both
Education	National Center on Deaf-Blindness (NCDB) works with state deaf-blind projects and other partners to improve educational results and quality of life for children who are deaf-blind and their families.	• Learning resources • Services and organizations • Family events • Key topics for families	Both

Education	National Center for Pyramid Model Innovations (NCPMI) assists states and programs in their implementation of sustainable systems for the implementation of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children within early intervention and early childhood programs. NCPMI focuses on promoting the social, emotional, and behavioral outcomes of young children birth to 5, reducing the use of inappropriate discipline practices, promoting family engagement, using data for decision-making, integrating early childhood and infant mental health consultation, and fostering inclusion. NCPMI has developed resources to support family engagement and for use by families.	• Webinars • Training modules • State training directory • Resource library	Both
Education	STEM Innovation for Inclusion in Early Education Center (STEMIE) focuses on developing and enhancing the knowledge base on engagement in STEM learning opportunities for young children with disabilities and implement technical assistance and professional development to increase engagement for young children with disabilities in STEM opportunities. STEMIE has developed resources specifically for use by families.	• Video demonstrations • Storybook conversations • Routine explorations	Both
HHS	The ADA National Network provides information, guidance, and training on how to implement the Americans with Disabilities Act (ADA). The network consists of 10 Regional ADA Centers located throughout the United States and an ADA Knowledge Translation Center which provides technical assistance about Titles II and III of the ADA.	• Publications and videos • Trainings • Regulations and standards • ADA web portal	Providers
HHS	LifeCourse Nexus is a community of learning that brings people together to work towards transformational change within organizations, systems, and communities to support "good lives for all people." The LifeCourse Nexus provides workshops and technical assistance to shape and support innovation in policy, practice, procedure, and culture.	• Library of resources • Workshops • Charting the Life Course	Both

**Appendix II: Resources and Websites That
Provide Information on Support Services
Related to Child Care for Families with
Children or Parents with Disabilities Offered by
the Departments of Education (Education) and
Health and Human Services (HHS)**

HHS	The Early Childhood Learning and Knowledge Center (ECLKC) is Head Start's online resource hub. It provides information for programs on Head Start policy and regulations including the Head Start Program Performance Standards. ECLKC also includes links to information on child care policy and regulations including the Child Care and Development Fund (CCDF) regulations and state licensing standards. ECLKC's training and technical assistance resources focus on working with children with disabilities, developing curriculum, family engagement, parenting, children's physical and mental health, and other topics that support inclusive early childhood programming. The ECLKC and all its resources are in the public domain and also available to non-Head Start child care programs.	• Training and technical assistance centers • National Center on Early Childhood Development, Teaching, and Learning • National Center on Health, Behavioral Health, and Safety • National Center on Parent, Family, and Community Engagement • National Center on Program Management and Fiscal Operations	Both
HHS	Childcare.gov's Services for Children with Disabilities webpage provides resources for parents to help them advocate for their child. Resources include: information to help parents understand their child's rights under IDEA; U.S. Centers for Disease Control (CDC) resources on developmental screening and early intervention; Social Security and other financial supports for children with disabilities; Education's PTIs and Community Parent Resource Centers (CPRCs); state developmental screening, special education, and early intervention services; and supports for military families.	• State resource locator • Child care locator	Parents
HHS	The National Center on Parent, Family, and Community Engagement (NCPFCE) provides training and technical assistance for Head Start and Early Head Start staff who work with families, including professional development in the areas of: staff-family relationship building; family employment, career pathways, and financial stability; equity and inclusiveness in family engagement; and parent leadership, advocacy, and transitions.	• Professional development trainings • Innovation lab • Parenting tip and activities • Events	Both
HHS	The Child Care Technical Assistance Network (CCTAN) provides resources on inclusive environments and building relationships with families. Resources include an Infant/Toddler Resource Guide, a topic page on creating inclusive environments for infants and toddlers (available in English and Spanish), and resources for promoting inclusion of children with disabilities in child care settings through state CCDF quality initiatives and rating systems.	• Capacity building self-assessment tool • Expulsion policy assessment tool	Providers

**Appendix II: Resources and Websites That
Provide Information on Support Services
Related to Child Care for Families with
Children or Parents with Disabilities Offered by
the Departments of Education (Education) and
Health and Human Services (HHS)**

HHS	The Community of Practice for Supporting Families with Intellectual & Developmental Disabilities (IDD) provides states with training, technical assistance, shared learning, state-specific and cross-state support, products, innovation roundtables and related supports for planning and implementation of strategies designed to influence systems change on behalf of individuals with IDD within the context of their families. States receive assistance in using Charting the LifeCourse as a tool for enhancing the capacity of family members (including the individual with IDD) to reframe their understanding and expectations for a "good life" in order to plan, problem-solve, navigate and advocate for integrated supports that they need.	• Templates and tools • Innovations webinar series • Events	Providers
HHS	Child Care Aware of America (CCAoA) is a research and advocacy group that houses a child care search engine to help families find child care. CCAoA has also provided information about health and safety, curriculum, and developmentally appropriate practices in early care and education settings.	• Child care search engine • Technical assistance request • State by state resources	Both
HHS	National Center for Early Childhood Development, Teaching, and Learning (NCECDTL) advances best practices in child development and teaching and learning practices that are culturally and linguistically responsive. The center's work includes professional development for the early childhood workforce, evidence-based curriculum, intentional teaching and home visiting practices, effective transitions of children from one activity to another, developmental screening and ongoing assessment, practice-based coaching, supporting children with disabilities and suspected delays, and improving practices based on data.	• Inclusion Lab mobile app • Videos and webinars • Events • Individualized professional development plans	Both
HHS	National Research Center for Parents with Disabilities at Brandeis University conducts research and provides training and technical assistance to improve the lives of parents with disabilities and their families, particularly racial and ethnic minority parents.	• Parenting tip and strategies • ADA workshops • Research briefs • Webinars • Interactive map of current state legislation	Parents

HHS	Transition Supports for Parents with Intellectual and Developmental Disabilities Partnership at the Georgetown University Center for Excellence in Developmental Disabilities (UCEDD) implements an action plan for Washington, D.C. to support parents with intellectual and developmental disabilities (IDD) in transitioning their children through various life stages. The project team provides technical assistance to 11 members of the Transition Implementation Partnership, identifying policies and practices that create barriers for parents with IDD when accessing services for their children.	• Assistive technology • Education and Early Intervention • Health information • Individual, family, and sibling support	Both
HHS	Early Hearing Detection and Intervention (EHDI), funded by the Health Resources and Services Administration (HRSA), identifies children who are deaf or hard of hearing (D/HH) to help them meet language milestones. The EHDI system awards grants to 59 states and territories to support screening, diagnosis, family support, medical services, and early intervention services for children who are D/HH and their families, as well as training for health professionals.	• Diagnosis • Early intervention • Family support • Health services • Screening	Both
HHS	Family Leadership in Language and Learning Center (FL3), funded by HRSA and run by the organization Hands & Voices, aims to increase family engagement and leadership, and strengthen family support in EHDI care system, so that families can optimize the language, literacy, and social-emotional development of their D/HH children. The FL3 Center offers resources to parents and caregivers of D/HH children, including technical assistance, training and education, evidence-based best practices, and other services. The FL3 Center also has a Resource Toolbox to connect parents to resources on Diversity, Equity, Inclusion, and Accessibility guidelines, family-to-family support, and other topics for D/HH families.	• Diversity, Equity, Inclusion & Accessibility • Family-to-family support • Language and literacy skills development • Social-emotional skills development	Parents

Source: GAO analysis of Department of Health and Human Services and Department of Education documents and interviews with agency officials. | GAO-24-106843

Appendix III: Comments from the U.S. Department of Health and Human Services

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED – CHILD CARE ACCESSIBILITY: AGENCIES CAN FURTHER COORDINATE TO BETTER SERVE FAMILIES WITH DISABILITIES (GAO-24-106843)

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity to review and provide comments on the Government Accountability Office's (GAO) draft report.

Recommendation 1
The Department of Health and Human Services should further coordinate with the Department of Education to leverage existing and planned information-sharing mechanisms to more fully promote Parent Training and Information Centers and other resources designed to help parents of children with disabilities with HHS's state and local child care partners.

HHS Response
HHS concurs with GAO's recommendation to continue to collaborate with the Department of Education to share information with our state and local early care and education partners about the Parent Training and Information Centers and other resources designed to help parents of children with disabilities. ACF will disseminate information about PTICs and other resources for serving children and families with disabilities through our training and technical assistance resources and websites, share this information with CCDF administrators, and leverage the Head Start Collaboration Office to disseminate information to Head Start agencies in their state.

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

THE ASSISTANT SECRETARY

August 19, 2024

Via E-Mail
Ms. Elizabeth Curda
Director, Education, Workforce, and Income Security Issues
Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20548

Dear Ms. Curda:

Thank you for the opportunity for the U.S. Department of Education (Department) to respond to the Government Accountability Office's (GAO's) draft report: "Child Care Accessibility: Agencies Can Further Coordinate to Better Serve Families with Disabilities" (GAO-24-106843). As the Assistant Secretary for the Office of the Special Education and Rehabilitative Services (OSERS), I am pleased to respond for the Department. The Department's response to the one recommendation in GAO's draft report is below.

GAO's draft report identifies the Individuals with Disabilities Education Act (IDEA) as a Federal program that serves families with disabilities. IDEA eligibility is based on a child's (not parent's) disability. Under IDEA Part C, States make available services to eligible infants and toddlers with disabilities from birth to age three and their families. Under Part B, states make available services to eligible children with disabilities ages three through 21. IDEA services are not childcare; however, some IDEA Part C and IDEA Part B preschool services may be offered in a range of early care and education settings, which can include the home, childcare or other community-based settings. The Department has coordinated on early childhood programs with the U.S. Department of Health and Human Services.

Recommendation: The Department should further coordinate with the Department of Health and Human Services [HHS] to leverage existing and planned information-sharing mechanisms to more fully promote Parent Training and Information Centers and other resources designed to help parents of children with disabilities with HHS's state and local early care and education partners.

Response: The Department agrees with the recommendation to the extent that the Department will coordinate with HHS to provide HHS with links to existing resources from the Department's Parent Training and Information Centers that support parents of children with disabilities to assist HHS in making these resources available to HHS's state and local childcare partners.

We have enclosed the Department's technical comments for GAO's consideration. We appreciate GAO's work on improving childcare to better serve families of children with disabilities and GAO's incorporating our technical comments as you finalize the draft report.

Sincerely,

Glenna L. Wright-Gallo

Glenna Wright-Gallo
Assistant Secretary
Office of Special Education
and Rehabilitative Services

cc: Kristen Jones, Assistant Director, EWIS

Enclosure

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact	Elizabeth Curda at (202) 512-7215 or curdae@gao.gov
Staff Acknowledgements	In addition to the contact named above, Kristen Jones (Assistant Director), Jessica Mausner (Analyst in Charge), Britany Evans, Kelly Rolfes-Haase, and Adam Windram made significant contributions to this report. Caroline Christopher, Serena Lo, and Sonya Vartivarian provided methodological support and conducted statistical analyses. Other contributors were MacKenzie Cooper, Mikayla Ferg, Myra Francisco, Margaret Hettinger, Abby Marcus, Michael Murray, Mimi Nguyen, James Rebbe, Joy Solmonson, and Curtia Taylor.