

Initial Report

# After School Care

Families Know Best - August 2018

# 1 - What is your place of residence?

Answer	Count
New Castle County, DE	12
Kent County, DE	4
Sussex County, DE	1
Other - Pennsylvania Resident	1
Other- New Jersey Resident	1
Other- Maryland Resident	0
Total	19

## 2 - What is your child's disability or health condition?

What is your child's disability or health condition?	Count
Autism	8
Down Syndrome	2
TBI	1
Mild intellectual disability	1
Type 1 diabetes	1
Rett syndrome	1
Genetic syndrome	1
Multiple:	4
Polymicrogyria - left hemiplegia, epilepsy , developmental delay	
High functioning Autism with history of behavioral problems and social issues	
Autism, SPD, Asthma, Malabsorption disorder, Immune Deficiencies	
Multiple disabilities, rare genetic disorder	

### 3 - What is the age of your child?

Answer	Count
0-4 years old	1
5-11 years old	8
12-21 years old	8
over 21 years old	2
Total	19

## 4 - Please identify yourself.

Answer	Count
Mother	19
Father	0
Foster Parent	0
Other (please specify)	0
Total	19

## 5 - What is your race/ethnicity? (Check all that apply)

Answer	Count
White	14
Black or African American	3
Hispanic, Latino, or Spanish Origin	0
Asian	2
American Indian or Alaska Native	0
Native Hawaiian or Pacific Islander	0
Other (please specify)	0
Total	19

6 - Do you consider your child's health insurance coverage to be adequate to meet your child's needs?

Answer	Count
Yes	15
No (please specify)	4
Total	19

6 - Do you consider your child's health insurance coverage to be adequate to meet your child's needs?

**No (please explain below): - Text**

It does cover most things, but items we need like a special needs carseat are not covered.

No coverage or providers for supplies or treatment

His primary does not cover any therapies. My secondary does help me through this

Our primary insurance does not offer adequate coverage. Our copays and deductibles would be very high and not all of her needs would be met. Medicaid fills in all the gaps.



7 - Have you ever had a need for after school care for your child?

Answer	Count
Yes	10
No	9
Total	19

## 8 - How old is your child?

How old is your child?	Count
7	1
9	2
10	1
13	1
14	1
15	1
16	1
21	2

## 9 - What is your child's disability or special healthcare need?

What is your child's disability or special healthcare need?	Count
Autism	5
TBI	1
Cognitive disability	1
Multiple:	3
Autism with ADHD	
Autism, Asthma, SPD, Immune deficiency , Malabsorption disorder	
Multiple disabilities - needs help with all activities of daily living	

10 - Were you able to find appropriate after school care for your child?

Answer	Count
Yes	4
No	6
Total	10

## 11 - What barriers prevented you from obtaining after school care for your child?

### What barriers prevented you from obtaining after school care for your child?

there aren't really programs that meet his needs. We use Bayada aides but if ours is unavailable, it's hard to get a pediatric aide during after school hours.

no appropriate providers

Challenging behaviors

Extensive waitlist

Financial and transportation and he needs a break after school and can't do traditional after care

No providers wanting to service moderate or severe ASD

## 12 - Where did you receive after school care for your child?

### Where did you receive after school care for your child?

Embrace after school program

Learning express

At Prompt & Play. My son received ABA therapy after school -- partly because he needed the therapy, but also because he needed after-school care.

private care

### 13 - Were you satisfied with the after school care your child received?

Answer	Count
Yes	4
No	0
Total	4