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The Impact on Inclusion in a Child Care Setting

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Abstract

The purpose of this action research project was to determine commonly reported barriers impacting inclusion in a child care setting. Data was collected through qualitative survey responses via an electronic survey and a small focus group of child care providers. Analysis of the data collected suggested that low wages in child care, home child care, and other community-based settings made it difficult to recruit qualified personnel to support quality inclusion in child care. Additionally, transportation and limited funding opportunities were challenges for inclusion in child care programs.

Keywords: barriers, challenges, inclusion, child care

The Impact on Inclusion in a Child Care Setting

Early care and education for young children from birth through age five represents a variety of environmental settings and opportunities from family care, home child care with a small group of child peers, licensed child care centers with a mixture of peers in a classroom regulated by ratios, and various schedules that may or may not meet family needs part-time or full-time child care. Family choice, family and child needs are large factors, which influence a young child's out-of-home environmental care and early education experiences. To narrow the broad spectrum of early care and education settings the researcher chose to focus on licensed child care centers and home child care provider settings. The early care and education system for young children is complex due to the various care options, family schedule needs, availability of care, cost, access, and quality of care. Early care and education for young children becomes even more complex when a young child has special needs. The researcher sought to discover, what current early childhood providers feel are barriers to integrating children with special needs into a child care program setting.

Literature Review

History has unfolded an unpredictable journey of various national, state, and local interpretations, delivery, and availability of quality programing, inclusive settings, accessible and affordable services, and equitable outreach across systems, which were designed to deliver care and education for all. Awareness of the impact of quality early care and education, especially for children with special needs, has evolved over the years and research has sparked the need for national, state, and local systems to collaborate towards reducing barriers, which impede equitable access for young children, especially young children with at-risk factors such as a disability. On September 14, 2015 the U.S. Department of Health and Human Services and the

U.S. Department of Education released a *Joint Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs*.

"Inclusion in early childhood programs refers to including children with disabilities in early childhood programs, together with their peers without disabilities; holding high expectations and intentionally promoting participation in all learning and social activities, facilitated by individualized accommodations; and using evidence-based services and supports to foster their development (cognitive, language, communication, physical, behavioral, and social-emotional), friendships with peers, and sense of belonging. This applies to all young children with disabilities, from those with the mildest disabilities, to those with the most significant disabilities" (U.S. DHS & U.S. DE, 2015, p. 3).

In September 2017, a joint position paper, *Building Inclusive State Child Care Systems,* was released from Child Care Aware of America and the Division for Early Childhood (DEC) of the Council for Exceptional Children, and the Ounce. The position paper highlights acts, laws, and other most recent joint position statements from U.S. Departments and national early childhood organizations; which outline the need for quality, inclusive early childhood care and education programs. For example, the Child Development Block Grant (CCDBG) Act of 2014 embedded opportunities, as guided by the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC), which outline equitable strategies to address the need for quality child care, prioritization of services for children with special needs, training and technical assistance for child care providers, data to inform decisions, and the need for developmental screenings and referrals (Child care Aware of America, Division for Early Childhood, & the Ounce, 2017). These strategies directly align with previous joint position statements, which pronounce the need for quality, inclusive child care programs. Although the

opportunities are commonly identified, the barriers are equally commonly identified. A unique

feature of the *Building Inclusive State Child Care Systems* (September, 2017) is the

recommendation of utilizing grants,

"To build a quality infrastructure for inclusion that is predictable and sustainable, and

allows programs to prepare to welcome children with disabilities before they even step through

the door. Stable funding offers providers an incentive to pay the fixed costs associated with

providing high-quality child care, such as adequate salaries to attract qualified staff, or to provide

higher cost care, such as for infants and toddlers or children with special needs, or to locate in

low-income or rural communities" (Child care Aware of America, Division for Early Childhood,

& the Ounce, 2017, p. 6).

System capacities and family priorities for inclusive early care and education settings

vary. A study conducted by Horn and Hurley (2010) focused on identifying viewpoints of

families of young children with disabilities and professionals working in inclusive early

childhood programs; specifically to identify beliefs and values of inclusive early childhood

programs. In this study, program meant the people supporting children in the environment of a

school district. The program professionals had experiences from an itinerant model, a team

teaching model, and/or an integrated activities model. Families had experience with an itinerant

model and a team teaching model (Horn & Hurley, 2010). These models represented a

collaboration of resources, partnerships, and experiences. The need for high quality early

childhood programs resonated throughout the study. "Respondents valued personnel who

ensured that children with disabilities actively participate in classroom routines and activities. As

one early childhood special educator explained, what we don't want is our children to be in the

corner and all the other children doing something" (Horn & Hurley, 2010, p. 346). This

statement directly aligned to the *Joint Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs*' definition of inclusion, which intentionally stated the need for all children to have a sense of belonging and friendships with peers. As supported by the study, in order for professionals to successfully implement quality inclusion, professional development related to competencies, adaptations, and accommodations for young children with special needs was "critical for program personnel to foster collaboration among families, teachers, administrators, and other professionals" (Horn & Hurley, 2010, p. 345).

Participants in the Horn and Hurley (2010) study reflected upon their value of high quality inclusive preschool environments within a school district program. Carpenter and Diamond (2000) focused on inclusive preschool programs and the effects of children's prosocial behaviors. This study did not, as explicitly as Horn and Hurley (2010), define the preschool program but referenced teachers versus providers. The hypothesis of this study was that children enrolled in inclusive preschool classes would have an increased knowledge of helping others, have an increased awareness of children with disabilities, and be more prone to helping others in comparison to children not in an inclusive classroom (Carpenter & Diamond, 2000). The results of their study confirmed their hypothesis as typically developing children enrolled in the inclusive preschool classroom learned from teachers demonstrating and prompting prosocial behaviors. "A majority of the older children in this study said that they learned to help from adults. Asking a child to help a classmate is one way that teachers may teach and reinforce these behaviors" (Carpenter & Diamond, 2000, p. 89). To obtain such positive results qualified staff, as stated in *Building Inclusive State Child Care Systems* (September, 2017) would be needed which is often limited in child care due to the barrier of limited funding available to attract and retain such teachers.

Qualified staff were identified as a necessary resource in the studies done by Horn and Hurley (2010) and Carpenter and Diamond (2000) but the studied environment was specifically in preschool, which had connections to a public school system and their resources. These studies did not narrow down to child care. A study conducted by Allred, Bennett, Bingham, Burnham, Essa, and Martin (2008) recognized the need for a study on the inclusion of children with special needs in child care. Their study was conducted through a statewide survey which was distributed to licensed family child care providers and child care center staff via a distribution list made available by the licensing agencies. The survey was made available to providers over a six to 12 month period of time, which had to account for staff turnover. Their represented response rate, with consideration for (N=45%) teacher turnover, (N=17%) directors, and (N=21%) family child care providers' turnover during the six to 12 month period of time, was "354 directors, 1,577 teachers, and 408 licensed family child care providers" (Allred, Bennett, Bingham, Burnham, Essa, & Martin, 2008, p. 173). There were three different surveys sent to specifically address child care center directors, teachers, and licensed family child care providers. In the preliminary analyses, "sixty-seven percent of directors, 60% of teachers, and 19% of licensed family child care providers reported inclusion" (Allred, Bennett, Bingham, Burnham, Essa, & Martin, 2008, p. 175). Furthermore, the study indicated "having disability-specific coursework increases the odds that the director oversees an inclusive child care center. The larger the center, the more likely children with disabilities were included" (Allred et al., 2008, p. 175).

The same result occurred for surveyed child care teachers. "Disability-specific coursework for teachers was a strong and significant predictor of inclusion in the classroom. The second significant variable was total group size of classroom; the larger the group size, the more likely that children with disabilities were included in the class" (Allred et al., 2008, p. 177). As

for family child care providers, there were two strong variables as predictive of the director and

teacher respondents, "disability-specific coursework was the most robust predictor of inclusion.

Total number of children in care was the second significant variable in the model; family

providers with a larger number of children in their care were more likely to include children with

disabilities" (Allred et al., 2008, p. 177).

Resources, both program financial revenues and providers' educational obtainment, have

been predictors to influence inclusive early childhood programs. An unexpected finding by

Allred et al. (2008) was the consideration of group size; such as more children, a larger group

size, has a ratio requirement of more staff. Therefore if the group is larger there would be more

staff present. This was also found across the family child care respondents as having more

children would require an assistant provider. Specifically, "group size is a proxy for another

variable that was not included in the survey. More research is needed to help understand and

clarify this unexpected finding" (Allred et al., 2008, p. 178). As found by Allred et al., (2008),

"the centers and classrooms with larger numbers of children were more likely to include children

with disabilities may be explained by interaction with another factor" (p. 177). A larger group

size would also correlate to increase program revenue which would allow for an additional staff

salary and an opportunity to employ a provider who has had disability-specific coursework.

Policies, laws, and joint position statements have influenced inclusion; decreasing

barriers for inclusion, but barriers still exist. The U.S. Department of Education released a *Dear*

Colleague Letter on January 9, 2017 to "reaffirm the position of the U.S. Department of

Education that all young children with disabilities should have access to inclusive high-quality

childhood programs where they are provided with individualized and appropriate supports to

enable them to meet high expectations" (p. 1). There have been several recent joint position

statements supporting the need for high quality inclusive early childhood programs, yet data has shown inclusive early childhood programs are slow to become a common practice.

In reflection of the growth of inclusive early childhood settings for children ages three through five years of age, inclusion data from 1985 to 2012 showed an increase in inclusive practices by only 5.7% (Barton & Smith, 2015). Barton and Smith (2015) conducted the 2014 Preschool Inclusion Survey, which built upon a survey from the early 1990s. The 2014 national survey "defined inclusive preschool programs as those in which children aged 3 to 5 with Individual Education programs (IEPs) receive special education and related services in settings where at least 50 percent of their peers do not have IEPs" (Cate, deFosset, Smith, & Whaley, 2014, p. 2).

The 2014 Preschool Inclusion National Survey was "sent in January, 2014 to IDEA/619 Preschool Coordinators in all 61 U.S. states and territories. The email included a letter asking the 619 Coordinators to send the survey link to local administrators to their states or territories" (Barton & Smith, 2015, p. 1). The survey respondents, totaling 238, represented rural, suburban, urban, and remote settings; including school district special education preschool coordinators and administrators, Head Start administrators, and early childhood special education teachers and consultants. Survey participants were asked, "To identify and describe challenges to preschool inclusion in their program, community, or state, and to suggest solutions that they were implementing or thought would address the challenge" (Barton & Smith, 2015, p. 1).

The survey resulted in eight identified challenges, with attitudes and beliefs as the largest ranked challenge at a response of 29.8%. Fiscal and contracting policies was the second most commonly identified challenge at a response of 18.9%. Approval of private and non-public policies was the third most common response of 15.5%. Following challenges included

transportation policies, differing curricula, personnel policies, program quality, and conflicting policies between district and non-district programs (Barton & Smith, 2015).

The researcher found a history of studies, data, and national joint position statements to support the need for quality inclusive early childhood settings, from a legal and best practice approach. Much of the research have focused on inclusive preschool early childhood settings for children ages three through age five. Beyond the preschool setting, primarily nestled within a school district, challenges and barriers for high quality inclusive child care settings have not been as commonly researched.

Methods

Including children with special needs in child care, whether in a licensed child care center or a home child care program, presents challenges and opportunities. In the 2016-2017 year a state in the Midwest was offered national technical assistance from early childhood special education experts. The purpose of the technical assistance was to assist the state in their identified goals; being: to develop and disseminate a cross-sector policy statement that provides guidance on implementing high-quality inclusive practices across early childhood settings and services, provide input and feedback to the Quality Rating and Improvement System (QRIS) redesign team on how to effectively assess inclusion at all levels of the QRIS system, and to gather data to identify supports needed to implement high-quality inclusion across the state.

These three goals were initiated simultaneously with a constant touch-point of state and federal policies as examined in a crosswalk document to determine potential barriers and opportunities for inclusive practices across early childhood education services. Many of the most current federal joint position statements and policies, which highlight the history of federal laws relevant to the rights of individuals with disabilities, were mentioned above in the literature

review. From the identification of legal support towards inclusive educational settings and

previous perspectives of inclusion within preschool settings for children ages three through age

five, the researcher sought to discover challenges and opportunities for inclusion within licensed

child care centers and home child care for children of all abilities ages birth through age five.

The state team included early childhood professional perspectives from the departments

of education and human services, and a state-level non-profit agency, which focused on

supporting families of children with special needs. The roles represented within the state team,

including the researcher, were early childhood special education consultants for birth through

age five (N = 4), early childhood special education coordinators for Part B and Part C (N=2),

early childhood administrative consultant (N=1), early childhood education consultants (N=2),

Head Start consultant (N=1), child care program manager (N=1), a non-profit organization

focused on access for special needs in supporting family partnerships, training, and support

services (N=1), and national early childhood special education technical assistance contacts

(N=3).

The state team developed a 27 question electronic survey that included yes/no/unsure

multiple choice response options; ranking response options which ranged from not at all a

barrier, somewhat a barrier, frequently a barrier, and N/A or Unsure; and open text response

fields as applicable. The state team utilized the Preschool Inclusion National Survey (Barton &

Smith, 2015), as mentioned in the literature review, as a survey model. See Appendix A for the

survey details. The survey was sent in May 2017 with a survey completion request of June 2017.

Survey participants had two weeks to complete the survey.

Participants

The survey was sent out to the statewide field of licensed child care centers, licensed

home child care providers, and Child Care Resource and Referral consultants via a distribution

list from the licensing agency. The email distribution list details were anonymous to the state

team. Survey participants were informed of an Early Childhood Inclusion Team, which was

created when the state was selected to participate in national inclusion project in the 2016-2017

year. The state team developed a survey, *Barriers to Inclusion for Children Ages Birth to Five*,

for the purpose of gathering stakeholder voices and insight to the import topic of inclusion for

infants, toddlers, and preschoolers. A link to the survey was provided within the email request.

Data Collection

Within a two-week period of time there were four hundred and fifty-nine (N=459) survey

responses. Of these responses there were home child care providers (N=231), child care center

directors (N=117), Child Care Resource and Referral Consultants (N=24), Head Start Director or

Disabilities Coordinators (N=13), Child Care Center Teacher or Assistant (N=11), Early Head

Start or Head Start Teachers (N=3), and responses identified as "other" (N=60). The "other"

responses varied from blended roles, for example, a child care center director who also held a

role as a preschool teacher. There were 27 questions within the child care survey and survey

participants began skipping questions. There was a N/A or Unsure response option for questions

which led to a hypothesis of survey burnout as questions had blank responses as the survey

progressed.

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Findings

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Qualitative Data Analysis

Basic demographic questions began the survey; such as respondents were asked to

indicate the child age population served. Respondents, inclusive of the "other" responses, were

asked whether they served birth through age five (N=351), served only children ages three

through age five (N= 96), or served only children birth through thirty-six months of age (N=1).

There were (N=11) blank responses which correlated to respondent roles within Child Care

Resource and Referral (N= 3), child care center director (N= 1), child care center

teacher/assistant (N= 1), other (N= 5), and home child care provider (N=1).

Table 1

Child Age Population Served

Which of the following age groups does your program serve?	Birth to 5 years	3 years to 5 years (only)	Birth to 36 months (only)	Blank responses
	N=351	N=96	N=1	N=11

In the analysis of responses the researcher identified responses based on comparable

roles, child care center director and home child care provider, versus ages served. The purpose of

focusing on the roles was to identify variances between program settings. Respondents were

asked, do you currently have children with disabilities in your program? In an effort to

mainstream responses, a definition of disabilities was provided. The provided definition of

disabilities was a child with a medical diagnosis, a child receiving services from an outside

organization such as Early ACCESS or school district, or a child who has a physical or mental

condition that limits any life activity.

There were one-hundred seventeen (N=117) responses from child care center directors.

Seventy percent (N=82) responded they do have a child currently enrolled in their child care

program who has a disability. Twenty-four percent (N=29) responses from child care center

directors responded they do not have a child currently enrolled in their child care center who has

a disability. There were five (N=5) respondents who were unsure and one (N=1) blank response

from child care center director responses. These responses indicated the majority of responding

child care center directors had children with disabilities enrolled in their program. The home

child care providers responded with a majority not having children with disabilities enrolled in

their program; being (N=146) or sixty-three percent. Seventy-two (N=72) home child care

providers responded to have children with disabilities enrolled in their program; being thirty-one

percent. There were (N=12) home child care providers who responded as unsure whether or not

they had a child with a disability enrolled in their program. There was one (N=1) blank response.

All Head Start Directors or Disabilities Coordinator's (N= 13) responded as having a child with a

disability enrolled in their program.

Table 2

Number of Respondents Who Have Children with Disabilities in their Program

	Child Care Center Directors N=117 Total Responses	Home Child Care Providers N=231 Total Responses	Head Start Directors or Disabilities Coordinators N=13 Total Responses
Do you currently have children with disabilities in your program?	Yes (N=82)	Yes (N=72)	Yes (N=13)
	No (N=29)	No (N=146)	No (N=0)
	Unsure (N=5)	Unsure (N=12)	Unsure (N=0)
	Blank (N=1)	Blank (N=1)	Blank (N=0)

If a child was identified as having a special need and the child receives services from an

outside organization such as Early ACCESS or school district they would have an Individualized

Family Support Plan (IFSP) or an Individualized Education Plan (IEP). A difference between an

IFSP and an IEP is the age of the child supported. An IFSP would be for a child from birth up to

age three and the child would receive supports through Early ACCESS. A child who is three-

years of age and older, and has an identified special need, would have an IEP and would be

supported through the school district. Respondents were asked, do you have any enrolled

children with an IFSP or IEP? More child care center directors responded they did have a child

with an IFSP or IEP (N=66) in comparison to (N=39) child care center directors who responded

they did not have a child enrolled who had an IFSP or IEP. There were ten (N=10) child care

center directors who responded unsure and two (N= 2) who did not respond. The home child care

providers responded similarly as (N=56) responded yes, they had a child with an IFSP or IEP

enrolled in their program, while (N=146) responded no. There were twenty-nine (N=29) home

child care providers who responded as unsure. All Head Start Directors or Disabilities

Coordinator's (N= 13) responded as having a child with an IFSP or an IEP enrolled in their

program. Continue adding table information to every graphic

Table 3

Number of Respondents who have Children Enrolled who have an IFSP or IEP

Do you have any enrolled children with an IFSP or IEP?	Child Care Center Directors N=117 Total Responses	Home Child Care Providers N=231 Total Responses	Head Start Directors or Disabilities Coordinators N=13 Total Responses
	Yes (N=66)	Yes (N=56)	Yes (N=13)
	No (N=39)	No (N=146)	No (N=0)
	Unsure (N=10)	Unsure (N=29)	Unsure (N=0)
	Blank (N=2)	Blank (N=0)	Blank (N=0)

Respondents were offered an opportunity for an open text response for the question, if a family would like to enroll a child with a disability, you would likely: enroll the child, enroll the child as long as additional supports are available, or not enroll the child because my program is not able to support their needs. Child care center director respondents were split on this question. Fifty-six (N=56) child care center director respondents indicated they would enroll the child and fifty-six (N=56) responded they would enroll the child as long as additional supports were available. Four (N=4) child care center director respondents indicated they would not enroll the child because their program would not able to support the child's needs and one (N=1) respondent did not respond. There were seventy-four (N=74) home child care providers who indicated they would enroll the child, one-hundred nineteen (N=119) responded they would enroll the child as long as additional supports were available, twenty-six (N=26) who responded they would not enroll the child, and twelve (N=12) did not respond. The majority of Head Start Directors or Disabilities Coordinators indicated they would enroll the child (N=11). There were two (N=2) Head Start Directors or Disabilities Coordinators who responded they would enroll the child as long as additional supports were available.

Table 4

Willingness to Enroll a Child with a Disability

If a family would like to enroll their child with a disability in your program, you would likely…	Child Care Center Directors N=117 Total Responses	Home Child Care Providers N=231 Total Responses	Head Start Directors or Disabilities Coordinators N=13 Total Responses
	Enroll the child (N=56)	Enroll the child (N=74)	Enroll the child (N=11)
	Enroll the child as long as	Enroll the child as long as	Enroll the child as long as

	additional supports are available (N=56)	additional supports are available (N=119)	additional supports are available (N=2)
	Not enroll the child because their program would not able to support the child's needs (N=4)	Not enroll the child because their program would not able to support the child's needs (N=26)	Not enroll the child because their program would not able to support the child's needs (N=0)
	Blank (N=1)	Blank (N=12)	Blank (N=0)

Responses to questions of barriers related to wages, limited funding opportunities, qualified personnel, and transportation were most frequently identified as challenges and barriers to inclusion from the respondent's perspective.

Table 5

Wages and Recruitment of Qualified Personnel

	Child Care Center Directors N=117 Total Responses	Home Child Care Providers N=231 Total Responses	Head Start Directors or Disabilities Coordinators N=13 Total Responses
Low wages in Head Start, child care, and other community based settings make it difficult to recruit qualified personnel.	Frequently a barrier (N=57)	Frequently a barrier (N= 34)	Frequently a barrier (N= 6)
	Somewhat a barrier (N=23)	Somewhat a barrier (N= 23)	Somewhat a barrier (N= 1)
	Not at all a barrier (N=8)	Not at all a barrier (N= 31)	Not at all a barrier (N= 3)
	N/A or Unsure	N/A or Unsure	N/A or Unsure

	(N=9)	(N= 75)	(N= 0)
	Blank (N=20)	Blank (N= 68)	Blank (N= 3)

Respondents were asked questions specifically related to funding. The most frequent funding barriers were identified in response to the questions related to accessibility of funding and limited funding available for community-based programs.

Table 6

Funding for Supporting Inclusion in Community-Based Programs

	Child Care Center Directors N=117 Total Responses	Home Child Care Providers N=231 Total Responses	Head Start Directors or Disabilities Coordinators N=13 Total Responses
Funding for inclusion is not easily accessible to community-based programs.	Frequently a barrier (N= 42)	Frequently a barrier (N= 43)	Frequently a barrier (N= 0)
	Somewhat a barrier (N= 35)	Somewhat a barrier (N= 56)	Somewhat a barrier (N= 3)
	Not at all a barrier (N= 9)	Not at all a barrier (N= 23)	Not at all a barrier (N= 7)
	N/A or Unsure (N= 0)	N/A or Unsure (N= 0)	N/A or Unsure (N= 0)
	Blank (N= 31)	Blank (N= 109)	Blank (N= 3)

Table 7

Limited Funding Opportunities and Barrier Frequency

	Child Care Center Directors N=117 Total Responses	Home Child Care Providers N=231 Total Responses	Head Start Directors or Disabilities Coordinators N=13 Total Responses
There are limited funding opportunities available to community-based programs to support inclusion.	Frequently a barrier (N=)	Frequently a barrier (N=)	Frequently a barrier (N=)
	Somewhat a barrier (N=)	Somewhat a barrier (N=)	Somewhat a barrier (N=)
	Not at all a barrier (N=)	Not at all a barrier (N=)	Not at all a barrier (N=)
	N/A or Unsure (N=)	N/A or Unsure (N=)	N/A or Unsure (N=)
	Blank (N=)	Blank (N=)	Blank (N=)

Respondents were asked questions specifically related to transportation. The most

frequent transportation barrier was identified in response to the question related to the related

cost of transportation for the community-based program.

Table 8

Transportation and Frequency Barrier Frequency

	Child Care Center Directors N=117 Total Responses	Home Child Care Providers N=231 Total Responses	Head Start Directors or Disabilities Coordinators N=13 Total Responses
Transportation is too costly for my program.	Frequently a barrier (N= 43)	Frequently a barrier (N= 40)	Frequently a barrier (N= 1)

	Somewhat a barrier (N= 12)	Somewhat a barrier (N= 17)	Somewhat a barrier (N= 3)
	Not at all a barrier (N= 15)	Not at all a barrier (N= 24)	Not at all a barrier (N= 3)
	N/A or Unsure (N= 9)	N/A or Unsure (N= 27)	N/A or Unsure (N= 1)
	Blank (N= 38)	Blank (N= 123)	Blank (N= 5)

Another question that received a high response within the response options of frequently a barrier and somewhat a barrier was a question about staff expertise in the education and/or care for children with special needs. This question occurred later within the survey and there were more blank responses as the survey progressed.

Table 9

Community-based Program Staff Expertise to Serve Children with Disabilities

	Child Care Center Directors N=117 Total Responses	Home Child Care Providers N=231 Total Responses	Head Start Directors or Disabilities Coordinators N=13 Total Responses
Staff don't have the expertise to serve children with disabilities.	Frequently a barrier (N= 22)	Frequently a barrier (N= 24)	Frequently a barrier (N= 3)
	Somewhat a barrier (N= 36)	Somewhat a barrier (N= 17)	Somewhat a barrier (N= 2)
	Not at all a barrier (N= 13)	Not at all a barrier (N= 31)	Not at all a barrier (N= 3)

	N/A or Unsure (N= 7)	N/A or Unsure (N= 22)	N/A or Unsure (N= 1)
	Blank (N= 39)	Blank (N= 137)	Blank (N= 4)

Discussion

Survey responses indicated a close split of child care center directors and home child care providers who would enroll a child with special needs, as long as additional supports were available. There were open text responses which indicated a willingness to help, a desire to be inclusive, but a recognition of the need for supports to meet children's needs. As found in the study by Allred et al. (2008), staff who had disability-specific coursework were more likely to support inclusive practices. To recruit and retain qualified personnel there is an associated financial cost for child care programs. Therefore, limited funding was identified as a barrier. Additionally, transportation was an identified barrier for inclusion in child care programs. The study by Horn and Hurley (2010) presented the use of an itinerant model, which is when a licensed special education teacher travels to a program to provide special education services for a child who is supported by an Individualized Education Plan (IEP). An itinerant model does not support a full day of a child's needs but it does allow for specialized education to support a child's developmental goals during an identified number of hours per day or week; during a school-year with a summer break. If an itinerant model is not used, the most common way for a child to receive special education services, with a licensed special education teacher, would be to have transportation to the school district. This solution would address the barrier of access to a licensed special education teacher but this would not address a full-day model of quality care. Child care programs, as surveyed, indicated current enrollment of children with disabilities in their program and/or a willingness to enroll a child with a disability if supports were available.

To address building a qualified workforce across child care programs there are a growing number of on-line and nationally supported webinars focused on inclusive practices, a growing number of on-line courses with supportive videos and tutorials, and on-line degree obtainment options. While these electronic learning opportunities fulfil a portion of the early care and education workforce, there is still a large gap in fulfilling the need for specific training, strategies, and coaching supports for child care providers as needed. Survey respondents indicated a willingness to enroll children with special needs and have enrolled children with special needs. Coaching supports would provide on-site learning opportunities for child care providers to focus on individual child needs, enhance child care provider knowledge in strategies needed to support these needs, and enhance quality early care and education opportunities for all children; especially for children with special needs.

Limitations of Study

There were 27 questions within the child care survey and survey participants began skipping questions, leaving blank responses. If a future survey was conducted the researcher would suggest incorporating skip logic within the survey to decrease the amount of questions if participants felt there was not an applicable response to meet their experience.

The survey had a few open text field response options. There were more open response respondents in the beginning of the survey, in comparison to the end of the survey. Many responses related to the benefits and/or need for collaboration, coaching, and on-site supports. Focus groups would lead to deeper conversations and a better understanding of child care provider needs and experiences related to inclusion. Further questions and conversations could include data collection focused on the level of disability-specific coursework obtainment, years

of experience working with children with special needs, and strategies for funding increased staff to meet group-size needs and/or lower ratios if and where possible.

The survey was sent to an administrative list of licensed child care programs and child care support systems such as Child Care Resource and Referral. There were a few (N= 11) child care center teacher/assistant survey responses and a few Head Start or Early Head Start teacher survey responses (N=4). A limitation of the study was the limited responses from direct child care providers identified as child care center teacher/assistant or Head Start or Early Head Start teachers.

Further Study

In the initial stage of the technical assistance opportunity, the state team discussed possible focus groups across the state. Due to time constraints, the initial team consensus was to seek feedback from the early childhood early care and education field via a survey. Focus groups would have allowed for more in-depth understanding of respondent experiences, attitudes and beliefs, and ideas for resources needed to support children's needs in their child care program.

Since the survey distribution and data analysis, the researcher had the opportunity to present, with another state team member, to a group of early childhood early care and education professionals during a statewide professional development event in the fall of 2017. This opportunity was blended with participant input and a presentation of direct resources to support inclusive practices and extended learning opportunities for participants beyond the session time. The presentation included a shared selection of the statewide child care survey results, as highlighted in the data collection section, and a focus group opportunity for participant feedback. Participants reported their role via a quick raise of hands during their self-introduction. Roles included family child care home providers, Head Start Coordinators, private licensed child care

center directors and direct care staff/teachers, and Area Education Agency (AEA) social workers. The researcher was interested in four main questions, which aligned with questions asked within the child care statewide survey. These questions included:

1. Do you currently have children with disabilities in your program?

2. Do you have experience working with young children with special needs?

3. Do you have access to outside help in working with children with special needs (e.g. Area Education Agencies, Child Care Resource and Referral, trainings, etc.)?

4. What do you think are the top two biggest policies and/or barriers to inclusion in child care?

Each question was posted on its own large paper with response options of yes, no, or unsure. There were six response options for the question, what do you think are the top two biggest policies and/or barriers to inclusion in child care? These response options included program quality, personnel training, funding, attitudes and beliefs, transportation, and curriculum and assessment.

Participants were asked to walk around the room and post one sticky note under a response option, as identified on the four question papers, to represent their response to the identified question.

Although there were four questions, much less than the electronic survey of twenty-seven (27) questions, participants did not reply to each question. Participant responses were anonymous as responses were recorded via sticky notes.

Table 10

Participant Responses to their Current Inclusion Status

	Yes	No	Unsure
Do you currently have children with disabilities in your program?	N=11		N=1
Do you have experience working with young children with special needs?	N=12	N=1	
Do you have access to outside help in working with children with special needs (e.g. Area Education Agencies, Child Care Resource and Referral, trainings, etc.)?	N=10		

Table 11

Participant Response to their Top Two Biggest Barriers Related to Inclusion

What do you think are the top two biggest policies and/or barriers to inclusion in child care?	Program Quality	Personnel Training	Funding	Attitudes and beliefs	Transportation	Curriculum and Assessment
	N=0	N=10	N=9	N=6	N=1	N=0

The question which gathered the most attention, as indicated by the response rates, was the question regarding the identification of the top two biggest policies and/or barriers to inclusion in child care. Personnel training (N=10) and funding (N=9) were the top two identified barriers from the group. The group discussed hiring qualified staff, such as staff who hold a bachelor's degree in a related education field or special education, was a challenge due to limited funds to pay staff a comparable salary to school district wages. Offering staff benefits such as paid time off or health insurance was also a challenge due to limited funds in the child care business. The group discussed child care tuition rates and family's inability to pay more than they already do. Child care is 100% supported through private pay tuition. If child care assistance dollars (CCA) are available for families who meet low-income eligibility, the child care center often receives less tuition than if families are able to pay the center's rate. The child care center must absorb the difference lost as families cannot be charged additionally. If a child has special needs and would benefit from a lower ratio and more direct adult-to-child supports the child care center cannot legally charge more tuition to that child's family. If a child care center does not fill their classrooms with the maximum ratio, for example in a three-year old classroom a ratio maximum would be one adult for every eight children, the child care center loses revenue.

There were discussions of partnerships for additional services for children with special needs, such as itinerant models where a licensed special education teacher travels to the child care center for a few hours to deliver special education instruction for an identified child, but the child care center cannot continue such one-to-one supports in the hours without the licensed special education teacher due to limited funding. Funding and being able to recruit and maintain

qualified personnel were the top two identified challenges in child care as these two needs support each other.

Conclusion

Based on survey results and the focus group responses, data collected suggested that low wages in child care, home child care, and other community-based settings made it difficult to recruit qualified personnel. The child care model is currently supported through private funding generated from enrolled families or Child Care Assistance rates provided for families who meet low-income eligibility, and therefore the child care program would be reimbursed a tuition rate from the state that is typically lower than the program's typically tuition. This would equate to a lower revenue for the child care program but a benefit for the child to be enrolled in a program when the family would not have been able to afford care.

For a child care program to gain additional resources, such as recruiting and retaining qualified personnel, the current child care program revenue model of family tuition will not financially support as a robust opportunity for resources in comparison to publicly funded preschool programs; typically supported by school districts. The blending of funds, such as utilizing an itinerant model or transporting a child to a school district for special education services and then returning to the child care program thereafter, have occurred. A challenge occurs when funding and resources are not available to serve a child with special needs in the hours beyond the special education time. Providing a lower ratio reduces program revenue. Employing a qualified staff to support a child with special needs has also been identified as a challenge, even if a lower ratio could be provided.

Based on survey responses and focus group conversations, the researcher would propose the awareness of funding constrictions but the opportunity to build a state-level system of

coaching supports and collaboration of services for early childhood programs to better serve all young children, especially children with special needs. Coaching supports would increase the current child care center and home child care providers' content knowledge of typically developing expectations in child growth and development, and the opportunity to learn more about children with special needs. There are a growing number of on-line resources, webinars, and video supports to educate providers and families for how to support young children with special needs but there is still a need for in-person professional collaboration to individualize instruction and supports for children with special needs.

In a future study the researcher would expand upon focus group opportunities. Identifying surface-level barriers can be conducted via a survey but understanding barriers would be best accomplished through collaborative conversations. Utilizing the survey data would begin conversations and focus groups would allow for a deeper understanding of where the barrier occurred. For example, finances were an identified barrier from the survey and the focus group led to a deeper understanding that recruiting and sustaining qualified personnel was a direct correlation. There may be opportunities for on-line learning to expand disabilities-specific coursework but a request for staff to participate in the training would require funding to pay for staff time. Focus groups would allow the researcher to learn about existing collaborations, potentially what has worked well and not as well for an itinerant teaching model, and build a position of sharing opportunities to expand quality inclusive practices within child care programs.

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Appendix A

Barriers to Inclusion for Children Ages Birth to Five

Demographics

1. Which of the following best describes your role in working with children ages birth-five years old:

◯ Childcare Center Director

◯ Childcare Center Teacher/Assistant

◯ Home Childcare Provider

◯ Head Start Director or Disabilities Coordinator

◯ Head Start or Early Head Start Teacher

◯ Child Care Resource and Referral Consultant

◯ Other (please specify)

[   ]

2. Which of the following age groups does your program serve?

◯ Birth to 36 months (only)

◯ 3 years to 5 years (only)

◯ Birth to 5 years

3. Do you currently have children with disabilities in your program?*(For the purpose of this survey, a child with a disability could be ANY of the following: a child with a medical diagnosis, a child receiving services from an outside organization such as Early ACCESS or school district, OR a child who has a physical or mental condition that limits any life activity.*

◯ Yes

◯ No

◯ Unsure

4. Do you have any enrolled children on an IFSP (Individual Family Service Plan) or IEP (Individualized Education Program)?

◯ Yes

◯ No

◯ Not Sure

5. If a family would like to enroll their child with a disability in your program, you would likely

○ Enroll the child

○ Enroll the child as long as additional supports are available

○ Not enroll the child because my program is not able to support their needs

Please provide more detail about your response:

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6. Please choose the county where your program is located.

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Barriers to Inclusion for Children Ages Birth to Five

Ensuring Program Quality

Program Quality refers to the quality of the early childhood program or setting. The quality of an early childhood program can be measured in many ways, from self-assessments conducted by teachers or directors, to observational tools conducted by an outside assessor (ex. QRS, IQPPS, NAEYC Accreditation, HeadStart Performance Standards, etc.). Areas of program quality are typically measured around environment, relationships, developmentally appropriate practices, materials, staff qualifications, etc. In this section, please think about policies or attitudes regarding program quality that might be a barrier to inclusion.

7. Are there policies related to program quality that are a barrier to including children with disabilities in your program?

○ Yes

○ No

○ Unsure

Barriers to Inclusion for Children Ages Birth to Five

Ensuring Program Quality

8. Please indicate the degree to which the following barriers apply to your program/setting:

	Not at all a barrier	Somewhat a barrier	Frequently a barrier	N/A or Unsure
The quality of my program is not considered high enough by others to be a setting for children with disabilities.	○	○	○	○
I do not believe the quality of my program is high enough to meet the needs of children with disabilities.	○	○	○	○
I cannot afford to have my program evaluated for quality.	○	○	○	○
I cannot afford to achieve or maintain a program that is considered high quality.	○	○	○	○
I cannot find individuals to accurately assess the quality of my program to show I can serve children with disabilities.	○	○	○	○
Policies in my program may prohibit the inclusion of children with disabilities (ex. requirements for toilet-training, "three strikes, you're out" policy, medication administration, etc,)	○	○	○	○

Other (please specify)

[   ]

9. Have you encountered solutions to any of the above barriers that have been successful? Please describe

[   ]

Barriers to Inclusion for Children Ages Birth to Five

Ensuring Personnel Training, Qualifications and Supervision

3

This section refers to the trainings that are available to ensure that programs and providers can serve children with disabilities, as well as the qualifications of staff and their supervisors. Please think about policies or other barriers that might exist in ensuring that training is available and that staff and supervisors are qualified.

10. Are there policies related to personnel training, qualifications and supervision that are serving as barriers to inclusion?

○ Yes

○ No

○ Unsure

Barriers to Inclusion for Children Ages Birth to Five

Ensuring Personnel Training, Qualifications and Supervision

11. Please indicate the degree to which the following barriers apply to your program/setting:

	Not at all a barrier	Somewhat a barrier	Frequently a barrier	N/A or Unsure
Trainings are occurring in my area but they are not open for me to attend.	○	○	○	○
Trainings are available however I cannot attend because of the hours they are offered.	○	○	○	○
No trainings are offered in my area.	○	○	○	○
Because regulatory requirements for child care personnel are so low, some staff are not qualified to meet the needs of children with disabilities.	○	○	○	○
Low wages in Head Start, child care, and other community based settings make it difficult to recruit qualified personnel.	○	○	○	○
Lack of coaching/consultation/peer support to help implement practices learned in trainings.	○	○	○	○
The policy that a certified teacher must be in place is too difficult for community-based programs to achieve.	○	○	○	○
The policy that a certified teacher must be in place is too costly for community-based programs to achieve.	○	○	○	○

Other (please specify)

[   ]

12. Have you encountered solutions to any of the above barriers that have been successful? Please describe

[   ]

14. Please indicate the degree to which the following barriers apply to your program/setting:

	Not at all a barrier	Somewhat a barrier	Frequently a barrier
Funding for inclusion is not easily accessible to community based programs.	○	○	○
Different funding streams create challenges.	○	○	○
Contracts with faith-based or non-public programs are restricted or not allowed.	○	○	○
There are limited funding opportunities available to community-based programs to support inclusion.	○	○	○
Districts are unwilling to use their funds to support students in private settings.	○	○	○
The process to obtain the increased Child Care Assistance "rate for special needs care" is too cumbersome.	○	○	○
It is too difficult to implement effective contracting and blending of funding streams.	○	○	○

Other (please specify)

[   ]

15. Have you encountered solutions to any of the above barriers that have been successful? Please describe

[   ]

Barriers to Inclusion for Children Ages Birth to Five

Approval of private or nonpublic school programs as places to deliver IEP services

This section refers to policies or barriers that might relate to a private or nonpublic school or childcare setting being approved by the school district as a location where a child could receive their IEP services (children ages 3-5 years old).

16. For programs who serve children ages three to five, are there policies related to approval of private or nonpublic school programs as places to deliver special education and related services that are serving as barriers to inclusion?

○ Yes

○ No

○ Unsure

○ Do not serve children ages three to five

Barriers to Inclusion for Children Ages Birth to Five

Approval of private or nonpublic school programs as places to deliver IEP services

17. Please indicate the degree to which the following barriers apply to your program/setting:

	Not at all a barrier	Somewhat a barrier	Frequently a barrier	N/A or Unsure
Our community-based center is not considered high quality.	○	○	○	○
Our community-based center meets high-quality standards but the district is not willing to consider our setting as a placement option.	○	○	○	○
The district does not believe we are high-quality even though we meet appropriate standards.	○	○	○	○

Other (please specify)

_____

18. Have you encountered solutions to any of the above barriers that have been successful? Please describe

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Barriers to Inclusion for Children Ages Birth to Five

Transportation

This section refers to policies or barriers that might relate to the transportation of children with disabilities between the program and the child's home or other settings.

19. Are there policies and procedures related to transportation that are serving as barriers to inclusion?

○ Yes

○ No

○ Unsure

Barriers to Inclusion for Children Ages Birth to Five

Transportation

20. Please indicate the degree to which the following barriers apply to your program/setting:

	Not at all a barrier	Somewhat a barrier	Frequently a barrier	N/A or Unsure
Families need transportation and my program cannot provide it because we do not offer transportation.	○	○	○	○
Transportation is too costly for my program.	○	○	○	○
The district is unwilling to provide transportation to my program.	○	○	○	○
The district is unwilling to provide transportation unless it is on an existing schedule when the school buses are already running.	○	○	○	○
The district is unwilling to provide transportation outside of its normal routes.	○	○	○	○

Other (please specify)

[   ]

21. Have you encountered solutions to any of the above barriers that have been successful? Please describe

[   ]

Barriers to Inclusion for Children Ages Birth to Five

Curricula or methods between school district and non-school district programs

This section refers to policies or barriers that might relate to curriculum and assessment that may affect a program or provider's ability to serve children with disabilities.

22. Are there policies related to curricula or methods between school district and non-school district programs that serve as a barrier to inclusion?

○ Yes

○ No

○ Unsure

Barriers to Inclusion for Children Ages Birth to Five

Curricula or methods between school district and non-school district programs

23. Please indicate the degree to which the following barriers apply to your program/setting:

	Not at all a barrier	Somewhat a barrier	Frequently a barrier	N/A or Unsure
The "push-down" of K-12 academics affects whether community-based programs are seen as appropriate alternatives.	○	○	○	○
The community-based center's chosen curriculum is not seen as acceptable by the district.	○	○	○	○
The community-based center cannot afford to train all staff on the chosen curriculum.	○	○	○	○
Policies for assessment are too costly for community-based programs.	○	○	○	○
Training is not available for the chosen curriculum for community-based programs.	○	○	○	○

Other (please specify)

[   ]

11

24. Have you encountered solutions to any of the above barriers that have been successful? Please describe

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Barriers to Inclusion for Children Ages Birth to Five

Attitudes and Beliefs

This section refers to policies or barriers that might relate to attitudes and beliefs that may affect a program or provider's ability to serve children with disabilities.

25.
Are there attitudes and beliefs that are serving as barriers to inclusion?

◯ Yes

◯ No

◯ Unsure

Barriers to Inclusion for Children Ages Birth to Five

Attitudes and Beliefs

26.

Please indicate the degree to which the following barriers apply to your program/setting:

	Not at all a barrier	Somewhat a barrier	Frequently a barrier	N/A or Unsure
Communication and collaboration is not valued.	○	○	○	○
The belief that children's needs won't be met in inclusive settings.	○	○	○	○
Staff don't have the expertise to serve children with disabilities.	○	○	○	○
Program administrators do not understand the effectiveness and importance of inclusion.	○	○	○	○
Turf issues between regular early childhood and special education programs and personnel.	○	○	○	○
Lack of respect among all programs and personnel.	○	○	○	○
Some children require pull-out or segregated services in order to make progress.	○	○	○	○
General education teachers should not be required to teach children with special needs; there should be a special education teacher for that.	○	○	○	○
The inclusion of children with special needs will take away from the other children getting their needs met.	○	○	○	○

27. Have you encountered solutions to any of the above barriers that have been successful? Please describe