

PROJECT COLLABORATIVE CARE: EXPERIENCES OF CHILD CARE AND EARLY
INTERVENTION PROVIDERS

BY

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DISSERTATION

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Abstract

Researchers indicate that both child care and IDEA Part C early intervention (EI) providers struggle to understand how to best serve young children with disabilities and their families. The goal of this study was to examine the experiences of child care and EI providers with infants and toddlers with disabilities in child care settings. Specifically, this study focused on how child care and EI programs collaborate. A sequential mixed method approach was employed for the purpose of development. Participants ($N = 991$ [620 child care, 371 EI]), recruited through statewide professional development entities in a large Midwestern state, took part in a survey about their knowledge, beliefs, and experiences related to infants and toddlers with disabilities in child care, as well as their experiences collaborating with other professionals and professional development experiences. Additionally, 24 providers across the state participated in face-to-face focus groups to discuss the topic in more depth. Results indicated that providers across groups value inclusion. Although most child care providers had cared for children with disabilities at some point, and most EI providers had delivered services in child care settings, successful collaborations among groups was rare. Most often child care providers were not formally included in the EI process. Factors that contributed to successful inclusion and collaboration included understanding each other's purpose, clarifying each other's roles, and program and state support. Participants suggested that opportunities to build relationships with each other in addition to training on early childhood special education topics would be most beneficial to support collaboration.

This study is dedicated to the millions of early childhood professionals across all systems who, often without recognition, impact the stability and strength of our society by supporting our most vulnerable children and families

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Chapter 1

Introduction

Development of Child Care Services

As of 2013, 11 million U.S. children under the age of 5 spent time in approximately 270,000 child care programs. On average, young children spend 36 hours per week in some form of child care, and 25% of children need multiple care arrangements to meet families' needs (U.S. Census Bureau, 2013). The number of children in child care has quadrupled since 1990 with infants and toddlers being the fastest-growing group seeking care (Kagan & Neuman, 2000). Child care provides reliable care during parental employment and education as well as nurtures children's developmental growth and learning, prepares them for schooling, and offers social opportunities with peers (Shonkoff & Phillips, 2000). Child care programs, particularly center-based and family child care home programs, enhance child development across all domains of growth including cognition, language, social, and emotional skills (Wall, Kisker, Peterson, Carta, & Jeon, 2006).

Formal child care programs evolved in the US from a need for families to succeed during challenging times. For example, the first nursery schools in the US were established so wives of fisherman and soldiers could enter the workforce (Kamerman & Gatenio, 2003). These early care systems, focused on providing supervision for children while their parents worked. Later, during the War on Poverty, Head Start was established to assist families by providing both care and education for young children and family support through social services (Shonkoff & Phillips, 2000). During this time, nursery schools, in congruence with emerging research in child development, began to focus more on the education of young children (Kagan & Neuman, 2000).

Development of Early Intervention Services

In 1986, extending the Civil Rights Movement to provide children with disabilities free and appropriate public educations, the Education for All Handicapped Children Act (now known as Individuals with Disabilities Education Act [IDEA]) entitled services to children under 3 years old with disabilities (Kagan, & Neuman, 2000). Since then children with disabilities have been included in community programs such as child care due to changes to legislation (e.g., IDEA, Americans with Disabilities Act) as well as increases in the numbers of working mothers and closings of special programs and institutions (Mulvihill, Shearer, & Van Horn, 2002). Early intervention (EI) refers to services for children under 36 months of age with disabilities and their families such as referral and evaluation, planning and intervention, and transition to preschool through Part C of IDEA. EI services may include occupational, physical, or speech therapy; service coordination; and special instruction. Currently over 26,000 infants and toddlers receive EI services in child care settings (e.g., child care centers, family child care homes, private or faith-based preschools; U.S. Department of Education, 2014). IDEA and recommended practices in the field of EI include family-centered services as well as collaboration among professionals to support children's lifelong development and growth (Division for Early Childhood [DEC], 2014; U.S. Department of Health and Human Services, and U.S. Department of Education [DHHS/DOE], 2015).

According to the U.S. Department of Education's Office of Special Education Programs (OSEP; 2008), high quality EI services are family-centered, coordinated, developmentally appropriate, and evidence-based. EI services should be embedded into natural routines that are relevant, functional, and meaningful to families and children. EI should take place with familiar people, places, and activities. Additionally, children should be in environments that include and

promote interactions with children without disabilities. For these reasons, child care programs are an ideal EI setting.

Serving Children with Disabilities in Child Care

Integrating child care and early intervention services. Wolery, Bashers, and Neitzel (2002) note that quality child care programs are viable settings for intervention. Naturally occurring and predictable routines (e.g., hand washing, diapering/toileting, meals, nap) provide multiple, regular opportunities for children to practice skills and for staff members to embed learning opportunities. Quality child care programs typically are child-centered and staff naturally individualize to meet the needs of each child as well as include them in groups of peers. Programs employ play-based learning that creates interesting, relevant, and functional activities for children with varying needs. Programs are often full-day and year-round maintaining continuity of care and reducing transitions thus promoting stronger child and family outcomes. Child care providers can be valuable in assisting families in identifying a child's developmental delay or disability and seeking EI services. Booth and Kelly (1999) suggest that an integrated model of child care and EI would provide the most cost-effective and quality experiences for all young children. Both child care and EI aim to strengthen families by providing programs that enhance children's and families' capacities to grow and succeed. However, there is no integrated system for early care, education, and intervention thus creating distinct silos of services that are fragmented and lack infrastructure to support them individually or collectively (Kagan & Neuman, 2000).

Parents' perspectives in selecting child care. Accessing quality, coordinated child care from trusted and competent child care providers allows parents to seek employment and educational opportunities thus promoting self-sufficiency and family well-being. High quality

child care allows families to reap the financial benefits of employment and self-satisfaction of providing for their children as well as obtaining health insurance, social networking, and respite from caregiving. This is vital to supporting families and protecting them from the effects of poverty (Shonkoff & Phillips, 2000). Families with children with disabilities on average have lower annual incomes, are more likely to be single-parent households, and have higher family expenses (e.g., health care, transportation, specialized equipment; Goudie, Havercamp, Rambon, & Jamieson, 2010). Furthermore, parents of children with disabilities reported more irregular employment and higher levels of stress (Knoche, Peterson, Edwards, & Jeon, 2006). Having high quality programs for infants and toddlers with disabilities with well trained staff increases families' choices for child care and protects families from risk. There is a need to offer quality and affordable child care options for families with infants and toddlers with disabilities in order to enhance both child and family outcomes.

Although we have a clear understanding of the importance of family-centered practices and services including child care and EI, challenges remain for families of infants and toddlers with disabilities in finding quality child care programs that achieve these goals. Quality of child care in the US is often poor, particularly for infants (Cost and Quality and Child Outcomes Study Team, 1995). In a recent review of state licensing regulations, child care programs across the country scored on average 60% for center-based programs (Child Care Aware, 2013) and 46% for family child care homes (Child Care Aware, 2012). Wolery et al. (2002) reported that most child care providers have cared for at least one child with a disability. Inclusive programs were found to be of higher quality and family child care home were less likely to be inclusive (Wall et al., 2006). Infants are served most often in family child care homes (Child Care Aware, 2012).

These recent findings highlight the lack of quality inclusive care options for infant and toddlers with disabilities.

Families of children with disabilities especially struggle to find quality child care arrangements. Parents with children with disabilities report often compromising on quality in child care more often than parents of children without disabilities (Glenn-Applegate, Pentimonti, & Justice, 2011). Booth and Kelly (1998) found parents, most often mothers, delay re-entering the work force after having a child with a disability as they struggle to find high quality programs that can meet the unique needs of their children. Issues related to child care for children with disabilities include difficulty finding appropriate transportation and coordination between child care and special services, inability or unwillingness of child care programs to enroll a child with a disability, increased tuition costs, establishing trust with caregivers, and lack of disability related training for child care providers (Booth & Kelly, 1999; Ceglowski, Logue, Ullrich, & Gilbert, 2009; Niergarth & Winterman, 2010). Additionally, parents seek out programs that are willing to collaborate with them (DeVore & Bowers, 2006) and incorporate disability-related interventions into daily routines (Glenn-Applegate et al., 2011; Lee & Recchia, 2004)

Professionals' Experiences Including Children With Disabilities in Child Care

Existing research identifies factors related to serving children with disabilities in child care. Education and experience with children with disabilities is a significant predictor of a professional's perceptions of inclusion of children with disabilities in child care settings. Buysse, Wesley, and Keyes (1998) concluded that personnel preparation and training was the most prominent barrier to inclusion. Commonly, lack of experience, education, and training with children with disabilities negatively impacted a provider's beliefs about the inclusion of children

with disabilities and a willingness to accept a child with disabilities in their care (Buell, Garmel-McCormick, & Hallam, 1999; DeVore & Hanley-Maxwell, 2000; Dinnebeil, McInerney, Fox, & Juchartz-Pendry, 1998; Mohay & Reid, 2006; Mulvihill et al., 2002; Wesley, Buysse, & Skinner, 2001). Additionally, center-based programs were more likely to include staff who valued inclusion than family child care homes (Mohay & Reid, 2006; Mulvihill et al., 2002).

Pre-service preparation for professionals to work with young children with disabilities varies greatly in both arenas of child care and EI, making professional development systems vital to supporting providers' use of recommended evidence-based practices (Harbin, McWilliam, & Gallagher, 2000; Kagan & Neuman, 2000). For example, existing literature and national statistics indicate that child care providers' educational levels range from less than a high school diploma to master's degrees (Child Care Aware, 2013), and EI providers range from bachelor's to doctoral degrees. Furthermore, EI providers may lack coursework and field experiences with infants and toddlers in their preparation programs (Weglarz-Ward & Santos, 2016). Thus, there is a need to develop appropriate, relevant, and meaningful professional development experiences in order to strengthen child care and EI providers' abilities to serve infants and toddlers with disabilities and their families in child care settings.

Collaboration Among Professionals

Dinnebeil, Buysse, Rush, and Eggbeer (2008) note that "the success of early education and intervention is dependent on the quality of relationships that adults (practitioners and family members) have with children, as well as the relationships that adults build with each other" (p. 227). These collaborative relationships can be described as coaching, consultation, reflective supervision, and teaming. Purpose, roles, responsibilities, interactions, and activities vary among these types of collaboration but each type should include steps of relationship building,

information gathering, goal setting, delineating a course of action, implementing the plan, and evaluating the plan of action. Collaboration requires a specific set of skills that are not necessarily typical to early childhood education such as knowledge of collaboration processes and interpersonal skills.

Researchers who study collaboration among special educators and early care professionals echo Dinnebeil and colleagues' recommendations. Across studies, participants desired stronger collaborations and identified struggles to collaboration with other professionals. Challenges existed in understanding program philosophies and disciplines; valuing each other's expertise; including each other in assessment, planning, and intervention; and understanding collaboration strategies (Bose & Hinojosa, 2008; Dinnebeil, McInerney, & Hale 2006; Donegan, Ostrosky, & Fowler, 1996; Rens & Joosten, 2014; Wesley et al., 2001). Time and financial constraints existed for both child care and EI providers and prevented collaboration (Bose & Hinojosa, 2008; Donegan et al., 1996; Rens & Joosten, 2014). EI providers struggled due to a lack of understanding and training in teaming, consultation, and methods to effectively engage child care providers in relevant and feasible intervention strategies (Wolery, Bashers, & Neitzel, 2002). As teaming allows intervention to extend beyond the typical hour of a direct EI visit, there is clear need for both EI and child care providers to be educated on strategies for successful collaboration and a better understanding of how to support infants and toddlers in child care settings. Bringing together child care and EI providers is key to promoting the inclusion of children with disabilities in early childhood programs.

Gaps and Limitations in Research

Existing research includes studies on parental decisions about child care for their children with disabilities and quality of child care for children with disabilities. Most notably, there is

base of literature on the inclusion of children with disabilities in early childhood programs including community-based child care programs. Research on the perceptions of the inclusion of children with disabilities has included center-based, faith-based, private preschool, and family child care home programs. Factors that hinder or support the inclusion of these children have been discussed as well. Although studies may have included professionals with experience with infants and toddlers, studies have not specifically focused on the unique needs of infants and toddlers with disabilities and their families. In particular, research on collaboration between teachers and specialists has taken place in preschool and elementary settings. Additionally, absent from research are the perspectives of EI providers who serve infants and toddlers with disabilities in child care settings. For example, only four studies include specialists (e.g., special educators, therapists) and only one of these studies addresses services for infants (Wesley et al., 2001).

Generally existing research has employed phone and mail surveys to assess perceptions of inclusion. No existing research used online surveys. Two studies used focus groups to examine the perspectives of specialists (Rens & Joosten, 2014; Wesley et al., 2001), and interviews were used to assess professionals' perceptions of inclusion (Ceglowski et al., 2009; DeVore & Hanley-Maxwell; 2000; Donegan et al., 1996; Recchia, Berr, & Hsiung, 1998) as well as parental viewpoints (Booth & Kelly 1999; DeVore & Bowers, 2006) and experiences of collaboration (Bose & Hinojosa, 2008). Observation has been used to examine child behaviors and environmental factors related to inclusion. Observation of teaming and collaboration has not been seen in previous research.

Conceptual Framework

Including very young children with disabilities in community-based programs such as child care acts to promote a sense of belonging for these children and families (DEC/NAEYC, 2009). Additionally, early childhood inclusion creates a society-wide belief that all people are valuable not just for individuals with disabilities but individuals without disabilities (DHHS/DOE, 2015). With appropriate access to quality programs, activities to support meaningful participation, and support for professionals and families, inclusion should be commonplace in early childhood (DEC/NAEYC, 2009). In order to achieve inclusion, an understanding of the factors that both support and hinder its implementation is necessary.

“Child care assistance is an important two-generation strategy that helps parents and their children simultaneously” (Child Care Aware, 2015, p. 3). EI programs similarly aim to build a family’s capacity to support their child’s development through fostering a parent’s knowledge and skills (DEC, 2014). These family-centered perspectives lay the foundation for quality child care and EI services for young children with disabilities as recommended by the Council on Exceptional Children’s Division for Early Childhood (DEC), Head Start, National Association for the Education of Young Children (NAEYC), and U.S. Departments of Health and Human Services and Education. Families that have reliable, quality care for their children with disabilities and coordinated services between child care and EI can better meet the needs of their children, develop positive child-parent relationships, and foster their children’s learning while creating strong, resilient family systems so that parents can gain employment, education, and respite. Teaming among professionals supports families’ needs and their inclusion in early childhood programs and society.

Strong and positive collaborations among early childhood professionals are essential to high quality inclusion and positive child and family outcomes (Dinnebeil et al., 2008; Guillen & Winton, 2015; DHHS/DOE, 2015) and act as a vehicle for inclusion. Friend and Cook (2010) define collaboration as “a style of direct interaction between at least two co-equal parties voluntarily engaged in shared decision making as they work toward a common goal” (p. 7). It is a process that includes shared goals, responsibilities, accountability, and resources and is more than simply being in the same space at the same time (Friend & Cook, 2010). More specifically, DEC (2014) recommends that professionals from multiple disciplines and families systematically share information, knowledge, problem solve, plan, and implement interventions. Collaboration can be accomplished through coaching, consultation, supervision, and teaming (e.g., multidisciplinary, interdisciplinary, transdisciplinary; Dinnebeil et al., 2008) and is based on clear and intentional communication (DEC, 2014; Friend & Cook, 2010). It is an interactive relationship in which people pool their collective expertise to achieve mutually agreed upon goals (DEC, 2014; Guillen & Winton, 2015).

The common goal for collaboration among child care and EI providers is supporting the development and learning of young children with disabilities and their families’ capacity to meet their children’s needs. Building high quality programs with appropriate professional development, assistance to improve staff proficiency for both child care and EI providers, and strengthening community partnerships through collaboration among child care and EI programs establishes an inclusive environment and positive course for family and child success. By understanding how child care and EI providers currently serve infants and toddlers with disabilities and their families, particularly factors that support and hinder inclusion and

professional collaboration, we can assess the strength of this family-centered foundation and its possible impact on family and child development.

Purpose and Research Questions

The purpose of this study was to examine ways in which infants and toddlers with disabilities are supported in child care settings. As stated in Child Care Aware's Annual Report (2015) "we must develop a better understanding of the complexities of the child care workforce in order to identify the knowledge and skills that these providers need most" (p. 2). This study focused on supporting the development and learning of young children ages birth to 36 months with developmental disabilities and delays or those at-risk for disabilities and delays by targeting the needs of early childhood professionals in child care settings (e.g., center-based, family home programs, nursery schools). Specifically, the professional development needs of child care and EI providers were addressed.

More specifically, the extent to which child care and EI providers understand the needs of young children and their families and how they collaborated together to better support infants and toddlers with disabilities were investigated. Findings from this study further our understanding of the extent to which child care and EI providers address the unique needs of infants and toddlers with disabilities served in child care.

As previous researchers have concluded, training can have the most important impact on attitudes, beliefs, and barriers to the inclusion of young children in natural environments. To this end, this study focused on the impact of past experiences, knowledge, and training in disability and teaming on serving infants and toddlers with disabilities in child care settings.

The following research questions were addressed in this study:

1. What factors promote and hinder the inclusion of infants and toddlers with disabilities and their families in child care settings from the perspectives of child care and EI providers?
2. What factors promote and hinder the collaboration among child care and EI providers?
3. What are similarities and differences between child care and EI providers in relation to these factors?
4. What are the perceived needs (i.e., policy, training, other) of child care and EI providers to best serve infants and toddlers with disabilities and their families in child care settings?

The research questions specifically addressed the needs of both child care and EI providers in order to consider the partnership required for successful collaboration and inclusion. Data collection and analysis from both groups of professionals allowed all voices to be heard with equal weight and significance. As the common goal of child care and EI is to build the capacity of family members to support their children and achieve positive outcomes, the results of this study may help develop recommendations for policy, research, and training in hopes to enhance child care practices for all providers, families, and children.

Chapter 2

Literature Review

It is common for children to experience non-parental care before entering kindergarten. In addition to providing families with reliable care for their children, advantages of child care include nurturing growth and learning, preparing for schooling, and enhancing family support (Shonkoff & Phillips, 2000). As reported in the 37th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA; 2015) almost 339,000 infants and toddlers with developmental disabilities and delays were receiving IDEA Part C early intervention (EI) services, with 7.6% of these services provided in community settings (e.g., child care centers, family child care homes, private or faith-based preschools). Some states report up to 38% of EI services being delivered in these settings across their states. However, certain areas (e.g., high poverty) and populations (e.g., minority children) are more likely to receive services in child care. For example, in Arkansas, 58% of African American children in EI receive their services in community settings (U.S. Department of Education, 2015). Wolery et al. (2002) suggest that the predictable routines, child-centered activities, and interaction with peers of child care programs are ideal for EI. Booth and Kelly (1999) suggest that an integrated model of child care and EI would provide the most cost-effective and quality experiences for all young children. For children enrolled in child care programs, child care providers may assist families in identifying developmental disabilities or delays and accessing special education and EI services so that children can continue on a successful course of development. Early identification and intervention are vital to young children and families' success and child care providers are key players in this process.

As child care can provide families with the opportunity to seek employment, education, and respite from caregiving, integrating EI services into child care provides families with coordinated care. As children spend an average of 36 hours per week in child care (U.S. Census Bureau, 2013), integrating child care and intervention provides multiple opportunities to support children's development and successful inclusion of children with disabilities in natural environments. EI services should be embedded into natural routines that are relevant, functional, and meaningful to families and children. EI should take place with familiar people, places, and activities (U.S. Department of Education's Office of Special Education Programs [OSEP], 2008). Recommended practices across disciplines encourage the use of collaborative teaming to achieve successful early childhood programs, inclusion, and child outcomes (Copple & Bredekamp, 2009; Division for Early Childhood, 2014; Weglarz-Ward & Santos, 2016).

The purpose of this literature review was to examine existing research pertaining to infants and toddlers with disabilities in child care settings. In particular, research related to family and professional experiences with infants and toddlers with disabilities in child care was reviewed. Questions that guided this review included:

1. What does the literature say in regards to infants and toddlers with developmental disabilities and delays and those at risk for disabilities and delays in child care settings?
2. What is known about the collaboration among early childhood professionals in child care settings?

Parameters of Review

Scholarly databases were searched including *ASHA Database*, *ERIC*, *GoogleScholar*, *PsycArticles*, *PsycInfo*, *PubMed*, and *Social Science Abstracts* for empirical articles using a combination of keywords including *child care*, *collaboration*, *day care*, *early care and education*, *early intervention*, *inclusion*, *infants and toddlers*, *disabilities*, and *occupational therapy*, *physical therapy*, *speech and language pathology*, and *special education*. Additionally,

leading journals in early childhood special education and early care and education as well as recurring authors in this topic area were reviewed including the *Journal of Early Intervention*, *Early Childhood Research Quarterly*, *Infants & Young Children*, and *Topics in Early Childhood Special Education*. Although the scope of this study was children under three in community-based settings, due to the limited literature base, articles including older children were considered. The search resulted in 24 articles published between 1996 and 2014 (see Appendix A, Table A1: Summary of Research Study Characteristics).

These studies included child care providers based in centers, family child care homes, Early Head Start and Head Start programs, faith-based programs, private and public preschools, university laboratory programs, and elementary schools as well as early childhood special educators, itinerant special educators, general educators, other providers (e.g., occupational therapists, speech pathologists, social workers), and family members. The majority of the 9,700 participants across the 24 studies were women. Education and experience ranged greatly among study participants. Commonly, child care providers possessed lower educational levels (e.g., high school to master's degrees) than special education-related providers (e.g., bachelor's to master's degrees). Professional experience ranged across participants from a few weeks to over 30 years. Although many studies did not report means, ages of providers ranged from 19 to 62 years old. This representation of participants mirrors the current composition of professionals in the field (Child Care Aware, 2013).

Interview and survey methods were used most often. Additionally, focus group and observational data collection methods were used. Clear topics emerged across research studies including factors that supported or hindered the inclusion of young children with disabilities in child care settings such as professional experience and perceptions of inclusion, program quality,

parental decisions regarding child care for their children with disabilities, and experiences in professional collaboration.

Infants and Toddlers with Disabilities in Child Care

Child care provides children with opportunities for growth and learning across multiple domains of development as well as experiences in school readiness. For children with disabilities, it also provides experiences to learn alongside peers who are typically developing (Shonkoff & Phillips, 2000; Wall et al., 2006). Parents benefit by having care for their children while they work, go to school, or tend to other family needs (Shonkoff & Phillips, 2000). Three distinct themes emerged from the review of the literature about infants and toddlers with developmental disabilities and delays in child care settings including professionals' perceptions and experiences in inclusion, influences on family decisions about child care for their children with disabilities, and quality of child care for children with disabilities.

Professionals' experiences of inclusion. In 13 of the reviewed studies about inclusion, researchers explored factors that facilitated or hindered the inclusion of children with disabilities in child care settings. Results across studies consistently highlighted themes in this area across time and professional groups. These themes included how perceptions of inclusion were influenced by a professional's education and experience with individuals with disabilities and special education and differed by program type. Additionally, researchers explored the benefits of inclusion and strategies to better support inclusion.

Education and experience with disability. As suggested by Wesley et al. (2001), a professional's education and experience with individuals with disabilities most significantly impacted her perceptions of inclusion. Researchers concluded that professionals with higher levels of disability-related education and experiences favored inclusion more positively (Buell et

al., 1999; Buysse et al., 1996; Dinnebeil et al., 1998; Hestenes, Cassidy, Hedge, & Lower, 2007; Mohay & Reid, 2006; Mulvihill et al., 2002; Recchia et al., 1998; Wesley et al., 2001).

Professionals who identified more drawbacks to inclusion were less comfortable including children with disabilities in their care (Buysse et al., 1996). Interestingly, Buysse et al. (1996) found that teachers with a recent associate's degree were more comfortable with inclusion. They suggested that at the time of the study, their target state associate's degree programs focused on child development and inclusion. Additionally, Bose and Hinojosa (2008), Knoche et al. (2006), and Mulvihill et al. (2002) reported that younger providers were more in favor of inclusion and were more likely to attend disability-related trainings.

DeVore and Hanley-Maxwell (2000) noted that the motivation to include children with disabilities in child care included an agreement to care for a child prior to identification or diagnosis, program policy, program philosophy, and having a family member with a disability. Having a positive attitude and experiences with inclusion increased providers' willingness to accept a child with disability (Buell et al., 1999; DeVore & Hanley-Maxwell, 2000; Mohay & Reid, 2006).

Program type. Researchers also noted that program type may be related to perceptions of inclusion. Interestingly, Bruns and Mogharrenban (2007) concluded that 85% of Head Start teachers in their sample believed that children with disabilities should receive services alongside peers who are typically developing compared to 70% of public pre-K teachers. Center-based programs tended to have professionals who valued inclusion more than family child care homes (Mohay & Reid, 2006; Mulvihill et al., 2002). Additionally, professionals from larger programs were more likely to favor inclusion. Larger programs were also more likely to enroll children with disabilities providing their staff with experiences with children with disabilities (Essa et al.,

2008). Comfort and confidence level were positively related to past experiences and training (Buysse et al., 1996; Dinnebeil et al., 1998). However, the more severe a child's disability, the lower the levels of comfort reported by providers (Buysse et al., 1996). Furthermore, some providers were concerned about the affordability of special equipment and their inability to care for more children if they included a child with a disability (Buell et al., 1999). Researchers found that a small percentage of providers felt that inclusion was not appropriate (Dinnebeil et al., 1998) or should be limited to children with mild disabilities (Mohay & Reid, 2006).

Perceived benefits of inclusion. The benefits of inclusion reported by child care providers included gaining self-confidence as a professional, finding valuable resources, building relationships with parents and professionals, and providing an environment in which children with disabilities and peers without disabilities can co-exist (DeVore & Hanley-Maxwell, 2000). Suggestions from participants across studies to support successful inclusion included increases in funding and the availability of disability-specific training (Buell et al., 1999; DeVore & Hanley-Maxwell, 2000; Dinnebeil et al., 1998; Mohay & Reid, 2006), learning how to develop activities to meet children's needs and address child behavior (Bruns & Mogharreban, 2007; Dinnebeil et al., 1998), staff support and information (Donegan et al., 1996; Mohay & Reid, 2006), opportunities for collaboration and support from other professionals (Buysse et al., 1996; Mohay & Reid, 2006), and preservice programs to support child care providers (Buell et al., 1999).

In summary, researchers concluded that education and experience may facilitate or hinder perceptions of inclusion. Furthermore, program type and size may act as a barrier to inclusive experiences and thus impact perceptions of inclusion. For example, professionals in center-based programs were more likely to favor inclusion where children with disabilities were more likely to be enrolled. Across studies, professionals felt they could gain self-confidence in serving children

with disabilities and provide opportunities for children with disabilities to learn alongside their typically developing peers with appropriate resources and training. However, participants identified barriers to inclusion such as funding, training, and building relationships with other professionals.

Quality of care for children with disabilities. Quality of child care for children with disabilities was examined in five studies (Essa et al., 2008; Hestenes et al., 2007; Knoche et al., 2006; Lee & Recchia, 2004; Wall et al., 2006). Essa et al. (2008) identified two variables associated with quality care and inclusion for children with disabilities. First, inclusive programs tended to have larger class sizes but small adult to child ratios. Also, inclusive programs typically had larger enrollment overall. Second, providers in inclusive programs had more disability-specific education and experience, and were more likely to have degrees in special education (Essa et al., 2008; Hestenes et al., 2007; Knoche et al., 2006). Family child care homes were least likely to be inclusive.

Researchers also examined the differences in quality of inclusive and non-inclusive programs. Overwhelmingly, inclusive programs were of higher quality. Using environmental rating scales (i.e., ECERS-R, ITERS) to measure program quality, Wall et al. (2006) concluded that inclusive programs were of higher quality however programs for low income families were of lesser quality and worse for infants. Family child care homes were rated lowest in terms of quality. Hestenes et al. (2007) and Wall et al. (2006) concluded that inclusive classrooms were of higher quality than non-inclusive classrooms particularly around language and interactions; parent and staff relationships; attention to children; and caregiver-child interaction. All programs struggled with safety and sanitation. Their results did not indicate a significant difference

between programs in materials and activities highlighting the importance of relationships in quality programs.

Researchers further noted that inclusivity and quality may not be mutually exclusive but that professionals with more experience and education in special education may seek out employment in inclusive programs (Essa et al., 2008). Additionally, quality programs may be more aware of the importance of inclusion, actively recruit children with disabilities, and parents of children with disabilities may seek out higher quality programs (Hestenes et al., 2007). Furthermore, larger programs have a higher likelihood of having children with disabilities due to size. Family child care programs have smaller enrollment and staff making them statistically less likely to enroll children with disabilities.

In summary, research indicates that quality child care for children with disabilities relies on strong relationships among parents and child care providers and interactions between child care providers and children more so than environmental arrangement, activities, and materials. Program size and type had a strong influence on quality of inclusion, presenting a struggle for smaller center-based programs and family child care homes. However, researchers discussed the complex relationships between program size or type and inclusivity, and recommend more research on these issues.

Influences on family decisions about child care. Nine studies included family members as participants. Booth and Kelly (1999) and Knoche et al. (2006) reported that mothers of children with disabilities enrolled their children in child care later than children without disabilities, for fewer hours per week, and more commonly selected familiar care for their children. Wall et al.'s (2006) study of low income families indicated that families selected center-based programs more often for their children with disabilities. Additionally, families with

children with disabilities were more likely to change child care arrangements over time than families of typically developing children (Knoche et al., 2006). Across these nine studies significant themes in parental choice included skills of providers and program characteristics, affordability, and availability.

Staff and program characteristics. Staff knowledge, experience, and training in disabilities were clearly important to parents (Ceglowski et al., 2009; DeVore & Bowers, 2006; Glenn-Applegate et al., 2011; Knoche et al., 2006; Niergarth & Winterman, 2010; Wall et al., 2006). However, in addition to preferring experienced caregivers, parents sought out providers who were willing to accept a child with disability and collaborate with parents and specialists (Booth & Kelly, 1999; Ceglowski et al., 2009; DeVore & Bowers, 2006; Knoche et al., 2006; Wall et al., 2006). Additionally, DeVore and Bowers (2006), Glenn-Applegate et al. (2011), and Lee and Recchia (2004) specifically discussed parents' desire for children's therapies to be integrated into daily routines and programs to provide ample opportunities for social interaction with peers in an inclusive environment. Parents in these studies preferred providers who were friendly and responsive to parents as well as children (Wall et al., 2006). Parents expressed the need for mutually supportive and cooperative partnerships. One parent said "we are looking for someone who would be willing to work with us" (DeVore & Bowers, 2006, p. 208).

Parents preferred programs with smaller group sizes and adult-child ratios (Booth & Kelly, 1999; DeVore & Bowers, 2006; Niergarth & Winterman, 2010). An additional concern of parents when selecting and maintaining child care for their families was safety (DeVore & Bowers, 2006; Glenn-Applegate et al., 2011; Niergarth & Winterman, 2010). Safety was a significant concern for parents, which was related to factors such as group size, adult-child ratio,

provider training, and overall quality (DeVore & Bowers, 2006; Glenn-Applegate et al., 2011; Knoche et al., 2006; Lee & Recchia, 2004; Niergarth & Winterman, 2010; Wall et al., 2006).

Affordability of programs. Affordability impacted parents' child care decisions (Booth & Kelly, 1999; Ceglowski et al., 2009; DeVore & Bowers, 2006; Glenn-Applegate et al., 2011; Niergarth & Winterman, 2010). Affordability issues included availability and knowledge of subsidy programs (Ceglowski et al., 2009; Knoche et al., 2006; Wall et al., 2006). Booth and Kelly (1999) noted that many parents do not return to work because they cannot afford child care. However, Ceglowski et al. (2009) reported that many parents were unaware of subsidies for child care or income-based resources such as Early Head Start.

Availability of programs. Interestingly, many parents across studies felt limited in their choices due to the availability of special programs, location, or cost (Glenn-Applegate et al., 2011; Niergarth & Winterman, 2010; Wall et al., 2006). Hestenes et al. (2007) noted a limited amount of infant and toddler programs in their study and across the target state. Ceglowski and colleagues (2009) discussed how child care options are particularly challenging in rural areas. Additionally, parents of children with disabilities, particularly single parents and parents living in poverty, feel pressure to find child care in order to maintain employment and health insurance (Booth & Kelly, 1999; DeVore & Bowers, 2006). Glenn-Applegate et al. (2011) concluded that parents were more likely to compromise on quality (e.g., teaching quality, cleanliness, environment) when selecting child care for their children with disabilities than parents of children without disabilities. In agreement with Knoche et al. (2006), Glenn-Applegate and colleagues found that participants reported more stress in making child care arrangements for their children with disabilities than parents of children without disabilities. Researchers also reported that despite state regulations and policies, parents of children with disabilities still

worried about refusal or expulsion and relied on personal recommendations when selecting providers. Booth and Kelly (1999) summarized critical issues related to parent choice and child care quality:

Although an increasing number of caregivers are being trained to care for children with special needs, parents are still limited in their choices and the need for specialized care may make it virtually impossible for some mothers to return to the level of employment they need or desire. The consequences for the economic and psychological health of these families may be far reaching. (p. 129)

Additionally, Wall et al. (2006) discussed the need to further examine child care options for families of children with disabilities who live in poverty. Living in poverty increases a child's risk of developing a disability or developmental delay and these families need employment and continued education to maintain care for themselves, thus quality programs must be available to support these families.

Parents of children with disabilities considered staff experience and willingness to accept their child as significant factors in selecting child care programs. In particular, they desired providers who were willing to work with them to provide services within child care routines and provide a safe environment for their children. However, many families struggled to find quality care that was affordable and available for them. Families with children with disabilities have additional challenges compared to families with children without disabilities, and those challenges impact their needs such as location, hours, and coordination of services. Most interestingly, families were unaware of services available to assist them in finding appropriate care.

Factors That Facilitate and Hinder Collaboration Among Professionals

Ten studies specifically examined experiences related to professional collaboration. These studies primarily took place in pre-K or elementary settings with the exception of four that

included professionals who worked specifically with children under the age of 3 (Buysse et al., 1996; DeVore & Hanley-Maxwell; 2000; Mohay & Reid, 2006; Wesley et al.; 2001). The remaining six articles discussed experiences in preschool and elementary school settings (Bose & Hinojosa, 2008; Bruns & Mogharrenban, 2007; Dinnebeil et al., 2006; Donegan et al., 1996; McDonnel, Brownwell, & Wolery, 2001; Rens & Joosten, 2014). They included child care providers and general educators in school settings (hereafter referred to as *education professionals*) as well as itinerant special educators and occupational therapists (hereafter referred to as *specialists*). None of the studies included specialists specific to IDEA Part C EI services (e.g., physical therapists, special instructors).

Experiences and preferences of collaboration. Across all 10 studies, both education professionals and specialists reported benefits from collaboration. In particular, professionals were able to view children differently, taking both the educational and specialist perspectives. For example, “Both groups commented that they thought it was the occupational therapist who was often in the position to advocate for all parties to work together so that all parties felt empowered and confident to consistently implement recommended strategies” (Rens & Joosten, 2014, p. 155).

From the perspective of education professionals, experience with collaboration varied. In DeVore and Hanley-Maxwell’s (2000) interview study of center and family child care providers, participants reported that they wanted EI providers to give suggestions and resources; provide on-the-spot consultation; and conduct intervention with peers and child care providers present. One participant stated, “I like the ones (therapists) that are right in with the other kids; we can see what they are doing so we know what to practice during the week” (DeVore & Hanley-Maxwell, 2000, p. 250). Additionally, participants wished to be included in assessment and

planning in order to provide valuable information about the child's skills at child care and learn how they can integrate goals into the day. Mohay and Reid (2006) reported that child care providers desired more regular support and information from allied health professionals. McDonnell et al.'s (2001) survey of National Association for the Education of Young Children (NAEYC) accredited preschool program staff concluded that the majority of teachers felt it was important to provide individualized instruction by appropriately training general educators and specialists. Participants preferred specialists who were actively involved in the program and classroom, and who approached collaboration as co-teaching. Teachers believed that general educators and specialists should share ownership of interventions. They desired intervention techniques that could be used within play, caregiving, and classroom activities as well as support to adapt materials and the environment to best support children with disabilities. Both specialists in school settings and child care providers in community settings felt excluded during planning (i.e., not invited, unaware of meetings; Bose & Hinojosa, 2008; Rens & Joosten, 2014).

Understanding each other's roles. These studies revealed that creating a clear understanding of each other's roles and responsibilities as well as understanding each discipline's philosophy facilitated successful collaboration. "Although general educators must have the knowledge and skills to support young children with disabilities in inclusive environments, equally important is that they have the knowledge regarding the roles and responsibilities of early childhood special education and related services" (Dinnebeil et al., 2006, p. 163). Dinnebeil and colleagues' (2006) study of itinerant special educators discovered that groups of professionals were more likely to come to consensus on the role of itinerant teachers if they were regularly engaged in activities together. Rens and Joosten's (2014) study of teachers and occupational therapists in school settings highlighted the need to avoid the therapist taking

on an expert role. One teacher explained that she felt disempowered when a specialist came in as the expert (Rens & Joosten, 2014). A Head Start teacher in Donegan et al.'s (1996) study expressed "I think overall the school system here does not view Head Start as a purposeful education program. I think they think it is more of a day care center. I don't think they realized I have a teaching degree and certificate" (p. 102).

The perspective of specialists revealed that creating an equal relationship was important. Rens and Joosten (2014) determined that occupational therapists were received more easily by teachers when they did not take on an expert role. In Wesley et al.'s (2001) examination of the role EI providers as consultants, providers likely took on an expert role which devalued the child care providers' knowledge, experience, and role in the child's program. These providers' comfort level as consultants was impacted by the perceived knowledge, skills, and beliefs of child care providers. They believed these factors influenced the child care providers' receptiveness to consultation. For example, EI providers expressed feelings of frustration when consulting with child care providers (Wesley et al., 2001) due to the assumption that child care providers were familiar with consultation processes and each discipline's goals. "The (EI providers) were perplexed that this approach was not automatically understood and accepted by child care providers" (Wesley et al., 2001, p. 118).

Researchers also found that a greater understanding of each other's profession or discipline supported collaboration. Teachers in Rens and Joosten's (2014) study noted that they did not initially understand occupational therapy or the role of therapy in the child's development. "Knowing more about the role of occupational therapy made them (teachers) feel more confident in referring a child, and in explaining the important and purpose of occupational therapy support to the child's parent" (Rens & Joosten, 2014, p. 153). In turn, teachers were less

defensive and more receptive to suggestions from the therapist. This enhanced the receptiveness of teachers and greater understanding of each other's disciplines resulted in increased communication and collaboration (Bose & Hinojosa, 2008; Donegan et al., 1996).

Specialists also benefited from learning more about the educational environment. Participants suggested learning about teaching styles, environmental arrangements, schedules and routines, and peers in the classroom (Bose & Hinojosa, 2008; Rens & Joosten, 2014). Dinnebeil et al. (2006) suggested that intervention is only effective when it occurs on a regular and frequent basis. Providing therapy outside the natural environment and routines can be a waste of time, as a participant noted in Rens and Joosten's (2014) study. In particular, specialists needed to provide and model practical suggestions for providers and be available to share more information after visits (Rens & Joosten, 2014).

Time constraints. Time constraints significantly impacted collaboration (Bose & Hinojosa, 2008; Donegan et al., 1996; Rens & Joosten, 2014). Teachers and child care providers have many responsibilities and work directly with children and families most of their work day. This created difficulty in scheduling planning meetings and problem solving. Family child care home providers as often the sole providers, expressed frustration with time as they need substitute care to attend meetings or trainings (DeVore & Hanley-Maxwell, 2000). Wesley et al. (2001) revealed other structural barriers to collaboration including billing or funding for planning or consultation time and limited scope of their role within policy constraints. Lack of administrative support and buy-in was also perceived as a barrier (Bose & Hinojosa, 2008; Donegan et al., 1996; Rens & Joosten, 2014). Additionally, EI providers felt that a lack of quality child care programs, large group and adult-child ratios, staff turnover, and low levels of staff education were barriers to collaboration (Wesley et al., 2001).

Communication. Communication between professionals was also a prominent factor that impacted collaboration. Bose and Hinojosa's (2008) study of occupational therapists indicated that most communication happened informally during the arrival and departure of the therapist in the room or passing in the hallway. Donegan et al.'s (1996) investigation of communication between professionals of children who were dually enrolled in special education and child care revealed that strong communication between professionals facilitated better decision making for professionals and more consistency for children's services. Furthermore, clear and effective communication promoted collaboration between professionals.

Translation of research to practice. Across the research studies included in this review, a lack of translation of research and ideas around collaboration into effective practice was evident. For example, participants in Wesley et al.'s study (2001) spoke of collaboration and consultation but were unable to describe specific concepts, stages, or techniques indicating a lack of awareness of the empirical knowledge base of consultation and collaboration. These researchers concluded that EI providers viewed consultation similar to providing direct service and believed consultation would not be effective until explained to child care providers. However, they also did not feel it was their responsibility to provide this information to child care providers. In Bose and Hinojosa (2008) participants were able to appropriately explain collaboration but unable to provide specific examples from their own practice. Donegan et al. (1996) similarly reported that "despite the finding that all interviewed staff recognized the need to communicate across programs when a child is dually enrolled, a majority did not maintain regular or frequent contact with the other program" (p. 103) indicating a breakdown between ideas and practice.

Existing research consistently highlights areas that can both support or hinder collaboration among early childhood professionals. Generally, child care providers desired more collaboration with specialists and saw numerous benefits for themselves as well as children and families. They preferred therapy to take place within the classroom or home in the context of daily activities and with children without disabilities. In the few studies that included specialists' perspectives, they too wished to collaborate more and saw benefits from collaboration. However, lack of understanding of child care, early intervention and related services, program philosophies, roles, and communication hindered successful collaboration. Additionally, the structural components of time, funding, and administrative support can impact collaborative relationships. Finally, a lack of understanding evidence-based practices in collaboration and effective communication strategies hinders collaboration among professionals.

Discussion

In reviewing the existing literature on children with disabilities in child care settings, it was evident that perceptions and experiences of inclusion and collaboration interact with quality child care for these young children and available choices for families. The studies present a complex relationship that demonstrates that inclusive programs are of higher quality and those who value inclusion and collaboration are more likely to work in inclusive settings. Larger programs are more likely to enroll children with disabilities, providing professionals with more opportunities to gain experiences with these children thus increasing providers' positive perspectives of inclusion. For example, this intricate relationship presents a challenge for family child care homes as they are smaller in enrollment and staff. It is additionally more difficult for these providers to obtain appropriate training due to time and staff constraints. Researchers identified that family child care homes were more likely to be of lower quality and less likely to

include a child with a disability. However, infants with and without disabilities are more likely to be placed in family child care homes (Child Care Aware, 2015).

As the samples in these studies demonstrate, child care is multifaceted and diverse. For example, child care providers range in age, education, and experience. Child care can be provided by a family member or close friend, in a small family-home program, or at a large center. Children can be dually enrolled in multiple programs such as private preschool, Head Start, public pre-K, and family home care. This makes meeting the needs of providers challenging as well as supporting collaboration among professionals in different settings and with varying backgrounds and experiences difficult.

Factors that influence families' decisions about child care for their children with disabilities mirrors those factors that support inclusion such as providers' training and experience, willingness to enroll a child with disabilities, and ability to build relationships and work collaboratively with parents and specialists. Focusing attention on inclusion and collaboration for child care and early intervention providers may increase the overall quality of child care thus increasing options for families. Providing more viable options for families can be empowering and reduce stress for families so they can focus their energy on other things such as employment, further education, and recreation.

Collaboration among early childhood professionals appears to be an area in need of more research. Participants across studies, particularly child care providers and parents, discussed the desire to work more closely with each other. In the few studies that included specialists as participants, they too desired better collaboration and were able to identify possible barriers to collaboration. The research indicates a need for both child care and EI providers to gain a better understanding of each other's programs and practices to support collaboration.

Gaps in the Literature

Despite the presence of literature related to children with disabilities in child care settings, research has primarily focused on professionals' and parents' perceptions and experiences of inclusion for children from birth to school age. The specific needs of infants and toddlers are not addressed as comprehensively as the needs of preschool and school-age children. Across the existing literature on children with disabilities in child care, the perspectives of IDEA Part C EI providers, specifically therapeutic disciplines such as occupational, physical, and speech therapy, are scarce. Although collaboration occasionally surfaces as a facilitator or barrier of inclusion, there is a lack of literature on collaboration between professionals. As collaboration is an integral part of EI services and recommended practices in the field (Copple & Bredekamp, 2005; DEC, 2014), understanding the factors that support and hinder collaboration is vital to successful experiences for infants and toddlers with disabilities and their families. Building positive relationships among professionals and families through collaboration will help to strengthen the inclusion of very young children in child care settings and support positive family and child outcomes. Additionally, as suggested by the existing research, positive collaborative and inclusive experiences may increase providers' confidence and competence as professionals.

Conclusion

To continue to add to the research base in this area and address gaps in the existing literature, the aim of this study was to examine how infants and toddlers with disabilities are being served in child care settings. In particular, this literature review examined the factors that supported and hindered the inclusion of children under the age of 3 with disabilities in child care settings and the factors that supported and hindered collaboration between child care and EI providers. This study recognizes parents' desire for child care options that include well trained

staff and coordinated efforts between child care and EI. Therefore, this study focused on the needs of infants and toddlers with disabilities and their families by examining the needs of the professionals who interacted with and supported them. Based on the existing research, this study examined providers' experiences with infants and toddlers with disabilities, perceptions of supports and barriers to inclusion and collaboration, and training experiences and preferences.

Chapter 3

Method

Research Design

A developmental, sequential mixed method design (Greene, 2007) was used in this study to allow for an iterative research process. Therefore, one method was used to inform and design the proceeding method, principally in sampling and instrument construction. The use of the first of multiple methods allowed gathering of data from a breadth of participants from across one target state about their experiences serving infants and toddlers with disabilities in child care through surveys. Focus group data allowed gathering of richer data about factors that supported and hindered collaboration among early childhood professionals. Particularly because existing research lacks data specific to collaboration between these early childhood professionals, as recommended by Carey and Asbury (2012), focus groups served to explore a relatively new topic. Thus, developing the focus group protocol from survey data allowed the measures to be relevant and meaningful to participants.

Participants

Two surveys were conducted to collect data separately from child care providers and early intervention (EI) providers. The survey portion of the study included a total of 991 participants across each of the state's five regions determined by the Illinois Department of Human Services (see Figure A1, Appendix A). The child care survey included 620 participants (see Table A2: Survey Participant Characteristics, Appendix A) with an average age of 37.00 ($SD = 10.7$); four participants were men. In relation to education, participants mirrored national statistics for child care providers (Whitebook, Phillips, & Howes, 2014) as 5% of child care providers reported their highest degree as high school diplomas or GED, 23% as associate's

degrees, 12% as some college, 29% as bachelor's degrees, and 24% as post-graduate work or graduate degrees. Fifty-seven percent of child care providers reported completing degrees in a field related to early childhood education or child development. The average amount of time participants had been working in child care was 10.8 years ($SD = 7.1$). At the time of the survey, approximately 57% of the sample worked in center-based programs and 27% worked in family home programs, representing a national distribution of programs according to the U.S. Census Bureau (2008). Additionally, 11% were part of Early Head Start. Thirty-six percent of the participants identified themselves as head or lead teachers, 24% as directors or owners, 10% as assistant teachers, 8% as co-teachers, and 8% as home-based educators.

The EI survey included 371 participants with an average age of 40.70 ($SD = 11.10$); nine participants were men. In relation to education, 20% of EI providers reported earning bachelor's degrees and 72% had graduate degrees. The average amount of time participants had been working in EI was 10.1 years ($SD = 6.90$). Thirty percent of the participants identified themselves as speech and language pathologists, 21% as developmental therapists (i.e., special instructors), 14% as occupational therapists, 10% as physical therapists, 7% as service coordinators, 5% as administrators, and 3% as social emotional consultants mirroring the state's distribution of providers across disciplines (S. Connor, personal communication, January 21, 2016).

Twenty-four providers participated in the eight focus groups (i.e., four focus groups with child care providers, four focus groups for EI providers; see Table A3: Focus Group Characteristics, Appendix A). All participants were women. Child care focus groups included 12 participants representing teachers and directors of centers and family home owners. The average age of participants was 43.42 ($SD = 9.57$). On average, participants had 13.17 years ($SD = 8.54$)

of experience in child care. Eight participants had bachelor's degrees, two held associate's degrees, and one participant had a master's degree. Three participants noted that they were currently seeking higher degrees. Eight participants were employed in center-based programs including faith-based and university laboratory schools. Four participants were employed in family home programs. Seven participants identified themselves as Caucasian, four as African American, and one as Latina.

Twelve EI providers participated in the focus groups. All participants were credentialed providers in the state. Five participants were speech pathologists and three were developmental therapists. Additionally, one social worker, physical therapist, occupational therapist, and social emotional consultant participated. The average age of EI providers was 47.83 ($SD = 14.51$). The majority of participants held master's degrees however three participants held bachelor's degrees as their highest level of education. The average amount of experience in EI reported by participants was 10 years ($SD = 7.61$). The majority of participants identified themselves as Caucasian, with one participant identifying as African American and one as Asian.

Recruitment

In order to target child care providers with experience caring for very young children with disabilities and EI providers with experience in providing services in child care settings as well as to recruit participants across multiple disciplines (e.g., center-based teachers, family home owners, occupational therapists, physical therapists), purposeful, snowball sampling (Vogt & Johnson, 2011) was used. Furthermore, participants were recruited in cooperation with state partners in child care and EI (e.g., Early Intervention Training Program [EITP], Illinois Network of Child Care Resource and Referral Agencies [INCCRRA]). Additionally, state chapters of professional organizations in developmental therapy, occupational therapy, physical therapy, and

speech and language pathology distributed study information to its members. Participants were recruited through email and social media sites (e.g., Facebook®, Twitter®) of these entities. Email and social media invitations were provided by the student investigator (see Appendix I: Recruitment Materials) to each collaborative partner and organization. As recommended by the Illinois Department of Human Services, childcare center directors were sent an email prior to the beginning of the study to inform them about the purpose of the study, confirm state and university approval, and encourage their staff members to participate (see Appendix I: Recruitment Materials). EITP's listserv has approximately 8,300 active email addresses and 540 followers on their social media sites. INCCRRA has approximately 33,000 email addresses on their listserv and 1,800 followers on their social media sites. These lists include not only active providers but administrators, professional development providers, faculty members, family members, and other interested parties. Additionally, people may be listed on multiple listservs and social media sites (i.e., a person could be listed in INCCRRA, EITP, and a discipline specific organization). Emails and social media postings could have been shared as well. Due to this possible overlap and use of snowball sampling, an accurate response rate could not be calculated however standards for statistical analysis and power analysis based on the approximate population of providers were used to calculate appropriate sample sizes as a minimum 369 child care providers and 355 EI providers (Keppel & Wickens, 2004; MacCallum, Widaman, Zhang, & Hong, 1999).

Invitations to child care providers were not sent out directly from the student investigator but rather distributed by professional groups. Therefore, the student investigator was unable to prevent respondents from receiving multiple invitations. However, Survey Gizmo® prevented individuals from using the same device and email to participate more than once. EITP provided

the student investigator with a de-identified email list that was entered into Survey Gizmo® for distribution. Survey Gizmo® sent reminder emails to participants who had not yet completed the survey and prevented participants from completing the survey more than once. Once participants accessed the survey, they consented to participation and were directed to the survey (see Appendix H: Informed Consent). The survey remained open and reminder emails were sent every 2 weeks until a desired sample size was obtained (620 child care providers, 371 EI providers). Participants were invited to enter a raffle for a \$25 gift card to Amazon®, with a chance of winning of 1/25 entries. All participants were given a link to web-based resources on supporting infants and toddlers in child care settings that is available through EITP (see Appendix J: Incentive Materials). Participation was limited to those with email and internet access.

Survey participants were also invited to participate in one of eight face-to-face focus groups, four for each professional group (e.g., child care, EI providers; see Appendix I: Recruitment Materials). One hundred sixty-six child care providers and 89 EI providers who completed the survey volunteered to participate in the focus groups. Focus groups were held in each major region of the state. Due to the small number of volunteers, Regions 4 and 5 were combined into one focus group per professional group. Groups were homogenous according to profession. In regions that had an abundance of volunteers, participants were randomly selected. Participants were invited via email and phone to participate. Although over-invitation was used to ensure focus groups of at least four participants as recommended by Ryan, Gandha, Culbertson, and Carlson (2014), many participants did not show up to focus groups resulting in small group sizes (2-5 participants). Fortunately, saturation of data occurred.

Upon arrival to the focus group, participants were asked to consent to participate (see Appendix H: Informed Consent). Each participant received a \$50 gift card to Amazon® upon completion of the focus group meeting (see Appendix J: Incentive Materials). Focus groups took place in neutral locations and lasted on average 81.75 ($SD = 14.12$) minutes.

Survey Procedures

Survey measures. Child care surveys included a total of 76 questions and EI provider surveys included 65 questions in seven sections. An online survey provider (e.g., Survey Gizmo®) was used to collect responses. Participants completed surveys in a location of their choosing using personal electronic devices (e.g., personal computers, phones, tablets). The survey took approximately 20 minutes to complete.

Demographics. Child care provider demographics were collected with ten survey items for child care providers focusing on gender, age, region where services were provided, education level, degree type, years of experience in child care, current role in program, program type, ages served, and their program's Quality Rating and Improvement System level. Participant demographics for EI providers had six questions focusing on gender, age, region where services were provided, education level, years of experience in EI, and current role in EI. These data were collected to describe the sample.

Beliefs and attitudes of inclusion. The section on inclusion was the same in the child care and EI provider surveys. As suggested by previous research, belief and attitudes about inclusion impact practice. To address providers' beliefs about inclusion of children with disabilities, five questions from Bruns and Mogharreban (2007) were included. These questions provided a statement and asked participants if they viewed the statement as true using a Likert-scale with 1 indicating always true and 7 indicating never true.

Support and barriers to inclusion. An adapted version of *Barriers and Supports in Early Childhood Inclusion* (Wesley & Buysse, 1994) was used to assess perceived barriers and supports. This section included 36 items that identified potential barriers and supports to including children with disabilities in child care settings such as systemic barriers (e.g., transportation, state standards, liability), collaboration with different stakeholders, and training. Participants were asked to respond to 13 items related to support features and 23 items on barriers using a seven point, Likert-type scale with 1 indicating definitely not a support or barrier to 7 indicating definitely a support or barrier. There was also space for participants to list supports or barriers not included on the survey. Additionally, participants were asked how children and families, child care providers, and EI providers each benefited from EI visits in child care programs.

Providers' knowledge about infants and toddlers with disabilities. In order to examine child care providers' knowledge about infants and toddlers with disabilities and EI, 11 questions were included on the child care provider survey. These included questions about providers' comfort level when working with infants and toddlers with disabilities and struggles when caring for infants and toddlers with disabilities. Additionally, there were questions about visits from EI providers, how they collaborated with EI providers, and what, if any, issues existed in their relationships with EI providers.

EI providers' experiences in child care. To examine EI providers' experiences providing services in child care, four questions were included in the survey. Similar to child care providers, these questions assessed how providers collaborated with child care providers, how often they collaborated with child care providers and what, if any, issues existed in their relationships with child care providers.

Providers' training experiences and needs. In order to examine the training experiences of child care and EI providers in relation to special education and EI, eight questions were included in the survey. These questions focused on the frequency, duration, and topics of training experiences related to infants and toddlers with disabilities. Additionally, questions focused on the professional development formats and topics that providers would like to meet their training needs.

Quantitative data analysis. Quantitative analysis was conducted using statistical software (i.e., Excel, STATA), and with support from a statistical assistant. Comparative statistics (i.e., t-tests) were used to compare groups on common survey content (e.g., beliefs, supports, and barriers of inclusion). To determine the training needs of participants, data related to training experiences and needs were analyzed using descriptive statistics.

Survey reliability and validity. Survey measures underwent several stages of development to strengthen both validity and reliability. Survey questions were developed from existing measures on perceptions, supports, and barriers to inclusion (Bruns & Mogharreban, 2007; Wesley & Buysse, 1994) and existing literature on young children with disabilities in child care settings to address content validity. Throughout the survey, definitions of key terms were provided (e.g., *child care providers*, *EI providers*, *inclusion*, *IFSP*) to clarify the focus of the survey. To address survey reliability, multiple items measured the same characteristics thereby providing internal consistency. For example, participants were asked to respond to if *special services and therapies are planned together with family and other caregivers* was a support to inclusion and later asked if *special therapies are planned without involving child care providers* was a barrier to inclusion. Using expert review, initial surveys were reviewed by faculty in early childhood special education, directors of EITP and INCCRRA, and survey researchers.

Cognitive interviews with two child care and two EI providers using paper versions of the surveys took place. Following revisions recommended during the cognitive interviews, pilot testing with three child care and three EI providers of online versions occurred. Following revisions from the pilot testing, final versions (see Appendix B: Child Care Provider Survey; Appendix C: Early Intervention Provider Survey) of the survey were reviewed again by the directors of EITP and INCCRRA as well as approved by the Illinois Department of Human Services.

Focus Group Procedures

Focus group measures. In order to gain a better understanding of survey results, focus groups were conducted to add depth to the survey topics. Careful consideration was taken to create an environment that was supportive and productive as participants discussed survey results and offered suggestions for training and policy ideas to foster collaboration between professional groups. Focus groups were held in neutral settings including college conference rooms and extension offices. Upon arrival, participants were greeted by the facilitator and note taker, offered refreshments, and asked to complete informed consents, demographic surveys (see Appendix D: Focus Group Demographic Survey), and incentive agreements. Participants were arranged in a circular fashion around a table with a microphone or recording device in the center to capture audio of the discussion for later analysis. A facilitator and note taker sat next to each other. Once all participants arrived, the facilitator began introductions, provided information about the study, and described how the focus group would proceed.

The focus group protocol was developed based on themes derived from the survey results and the literature review (see Appendix E: Focus Group Protocol). Themes included what EI looks like and what EI should look like, factors that support and hinder collaboration, and

training needs. The focus group protocol was pilot tested with groups of three child care and four EI providers in order to provide feedback to the student investigator. A research assistant (e.g., doctoral student in special education) was used to conduct the focus groups. This assistant was trained by the student investigator using the protocol. She also observed the student investigator conduct a focus group, co-facilitated a focus group, and reviewed audio recordings of focus groups before independently conducting three of the eight groups. The student investigator reviewed recordings of focus groups conducted by the research assistant for accuracy and provided feedback as needed. Additionally, a note taker was present capture main ideas and participants' interactions.

After each group, the research team met to discuss major themes and possible additions to the focus group protocol for future groups. Focus groups were audio recorded using a digital recorder and transcribed by an independent, professional transcription service. All transcripts were compared with audio recordings and researchers' notes to ensure accuracy by either the student investigator or research assistant. Additionally, summaries were created for member checks. Data were entered into a qualitative analysis software (e.g., NVivo®). The audio from one focus group was damaged and therefore was not able to be transcribed. In this case, the group facilitator and note taker met to create detailed notes of the session. Specific data extracts or quotations from this session were not included in analysis.

Qualitative data analysis. Qualitative data from focus group were analyzed using a six-phase thematic approach to identify patterns in the data (Braun & Clark, 2006). These steps included familiarizing self with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing a report. Using an inductive approach, the student investigator and research assistant listened to recordings and read transcripts to

familiarize themselves with the data. The student investigator generated a list of 44 initial codes from the entire data set and used visual representations to identify initial themes across the data set including four major and 20 subthemes. Working with the research assistant, the student investigator reviewed, combined, or eliminated themes based on the focused research questions, frequency, and intensity of extracts of each theme, and common themes across all focus groups. This resulted in three major themes (e.g., participant experiences with EI in child care settings, factors that support or hinder inclusion and collaboration, moving forward to successful collaboration) and 15 specific codes. Next, a code book of initial themes and definitions, examples, and non-examples was developed to guide the review stages of coding by the student investigator and research assistant (see Appendix F: Focus Group Code Book). The student investigator and research assistant coded portions of the data set (e.g., two transcripts) to assess the accuracy of the final themes and code book. Once the code book was finalized, the student investigator and research assistant independently coded the entire data set and met to discuss their findings. To ensure reliability and prevent coder drift, the coders discussed each data extract and its corresponding code reaching 100% consensus on each extract either through initial coding or discussion. On average, focus groups included 139 coded extracts ($SD = 25$). Power quotations were selected by the student investigator to provide a rich description of the data.

Trustworthiness of data. In order to meet quality standards of qualitative research (Brantlinger, Jiminez, Klingner, Pugach, & Richardson, 2005), methods to ensure trustworthiness of data were used. This study was grounded in collaborative work with state agencies in both child care and EI throughout the development of the measures, recruitment of participants, and dissemination of results. Additionally, the mixed method design provided methodological triangulation. During focus groups, at least two researchers were present (e.g.,

group facilitator, research assistant, note taker) to provide multiple viewpoints of the interactions and contributions of each member of the group ensuring investigator triangulation. Facilitators followed a discussion protocol, met with each other to debrief after each group, and listened to each other's audio recordings to ensure fidelity and revised the protocol as needed. Focus group sessions were audio recorded and professionally transcribed to ensure data were accurately collected from all participants. During focus groups, the moderator summarized comments and assessed for accuracy throughout and at the end for each group. Additionally, the research team created data summaries for each group and provided these summaries to at least one volunteer from each focus group for member checking. Eleven participants volunteered to review summaries and confirm their accuracy or provide corrections (Creswell, 2009). These participants agreed that the information was correct and offered additional comments to the importance of the discussions. Across these 11 volunteers, eight participants provided feedback. Each member check respondent received a \$25 gift card from Amazon® as a token of appreciation for their time. Once data were confirmed for accuracy, multiple researchers coded the data and reached consensus on analysis.

Researcher reflexivity. I understand that as a researcher I bring my previous experience and bias into my work. I recognize that as a former child care and EI provider, I have personal experience with this topic and care a great deal about creating functional and beneficial collaborative relationships between early childhood professionals. Additionally, two of my children received special education services while in child care and I experienced the benefits and challenges of coordinating care as a parent. I am also an active member in both collaborative partner organizations. In particular, I am a professional development provider for INCCRRA and assist with programming and research for EITP. To prevent any bias from skewing data

collection or analysis, I sought out assistance from research assistants, a statistical analyst, and committee members as needed.

Protection of Sensitive and Confidential Information

This study underwent Institutional Review Board (IRB) approval as required by the university (see Appendix G: IRB Approval). As participants of this study are consenting adults and the research design included non-intrusive measures, this study received an exempt status. Participants' personal information (i.e., IP addresses, emails, names) were not connected to responses nor analyzed in any way. Email indicators used to track respondents on Survey Gizmo® were not used during analysis or to further engage with participants. Additionally, participation in the incentive raffle and focus group nomination process used separate webpages disconnected from the main survey. Informed consent was attained prior to participation in both the survey and focus group portions of the study for all participants. Participants were able to terminate participation at any point. All data were maintained by the student investigator in password protected electronic locations (e.g., Survey Gizmo® account, research team's professional computers) and hard copies of study measures and results were stored in locked cabinets in the student investigator's office.

Chapter 4

Findings

A sequential mixed method approach was used; therefore, the findings are presented to mirror this process starting with an explanation of the results from the state-wide survey. First, survey results are organized to correspond with the sections of the survey as described in the method section. Second, data from the focus groups are organized by themes that resulted from an inductive analysis. Both the survey and focus group results are linked to each research question as seen in Figure A2: Findings by Research Question (Appendix A).

Beliefs About Inclusion

Participants responded to each statement related to their beliefs of inclusion using a Likert-scale with 1 indicating never true, 4 indicating neutral, and 7 indicating always true. Overall, participants in both groups responded favorably to each of the five items indicating the trueness of these statements (see Table A4: Beliefs About Inclusion of Infants and Toddlers with Disabilities in Child Care Settings, Appendix A). One item (i.e., “*Intervention strategies and adaptations necessary to assist a child with a disability are easy to prepare*”) yielded lower average scores compared to other items. For this item, child care providers on average rated this item at 4.79 ($SD = 1.35$), and on average EI providers rated this item at 4.84 ($SD = 1.15$).

When comparing groups through independent sample t-tests, four of the items demonstrated statistically significant differences between groups. When responding about whether *children with disabilities should receive services alongside their same age peers*, $t(988) = -4.71, p < 0.001$, and if *all kids can learn* $t(980) = -2.17, p < 0.05$, child care providers responded, on average, that this statement was more true than EI providers. When asked if *children without disabilities are positively affected by playing and learning alongside peers with*

disabilities, $t(984) = 4.49, p < 0.001$, and if *children are more alike than different*, $t(973) = 4.25, p < 0.001$, EI providers responded on average more favorably than child care providers.

When participants were asked about the benefits of EI visits in child care settings, both groups responded favorably to the items listed for benefits for child care providers, EI providers, and children and families (see Figure A3: Benefits of Children Receiving EI Services in Child Care Settings, Appendix A). Both child care and EI providers indicated that being provided with or providing strategies that blend with daily routines, activities, and schedules was most beneficial as well as providing strategies to use with all children. The data revealed statistically significant differences in each category at a level of $p < 0.001$ indicating that EI providers were consistently more positive regarding the benefits for child care providers than child care providers perceived for themselves. For children and families, participants indicated that a benefit of EI in child care was being able to have children practice strategies across home and child care settings as well as families being able to team with child care and EI.

Supports for Inclusion

The survey included 13 items related to access to potential supports for inclusion. Twelve of these supports emerged as definite supports to inclusion indicating that participants viewed these as important for successful inclusion (see Table A5: Factors that Support Inclusion, Appendix A). EI providers ranked having *clear mission statements* and *having available resources* slightly lower than child care providers, $t(921) = -2.26, p < 0.05$. One support item demonstrated more salient difference between groups. Child care providers on average indicated that having *clearly defined roles* was not a support for inclusion while EI providers indicated this was definitely a support for inclusion, $t(967) = 19.57, p < 0.001$. Participants were asked to list other supports they felt were supportive to inclusion. This resulted in 180 unique comments from

child care providers and 103 unique comments from EI providers. Notably, these comments indicated that strong parental involvement in child care and EI services, formally including child care providers in the EI process, providing consultation and support staff for child care providers, consistent communication among providers and family members, and child care providers being willing to have children with disabilities in their care and EI providers in their programs as important supports.

Barriers to Inclusion

Twenty-three barriers to inclusion were listed on the survey. All of the responses indicated that these 23 barriers were a potential barrier to inclusion (see Table A6: Factors that Hinder Inclusion, Appendix A). The top barriers reported by child care providers were *not enough training for child care providers, high teacher-student ratios, child care programs are not designed for children with disabilities, not enough quality child care programs, not enough early intervention services, and lack of planning time*. EI providers indicated that *not enough training for child care providers* was the most prominent barrier, followed by *not enough quality child care programs, high teacher-student ratios, lack of planning time, and poor program design* as prominent barriers. Participants were able to offer additional barriers not listed on the survey. This resulted in 163 comments from child care providers and 90 comments from EI providers. Most commonly, participants listed family involvement in these comments. For example, parents' resistance to discuss their child's disability with child care providers, parents being afraid to ask for help, and parents not communicating or providing child care providers with information about their child's disability and EI services were common comments. Additionally, not formally including child care providers in the EI process, funding for collaboration, and lack of training for child care providers were listed.

Twelve barriers revealed statistically significant differences between groups. Items that were statistically significant ($p < 0.001$) included *fear of harming children with and without disabilities*, $t(905) = 4.16$, $t(904) = 4.23$ respectfully, *not enough high quality child care programs*, $t(899) = 4.00$, *not enough training for child care or EI providers*, $t(895) = 4.05$, $t(893) = -3.91$ respectfully, *resistance among EI providers*, $t(871) = -3.69$, *resistance among child care providers*, $t(869) = 3.44$, and *resistance from families with children without disabilities*, $t(884) = 3.31$.

Child Care Providers' Experiences With Infants and Toddlers With Disabilities

Eighty-nine percent of the child care providers who participated in the study reported caring for a child with a disability or developmental delay at some point in their career. The majority of participants (54%) reported caring for less than 10 children with disabilities over their careers. Approximately one quarter of participants reported caring for 11-25 children and 12% of participants reported caring for 51-75 children. Participants reported caring for children with a variety of disabilities, most commonly, general developmental delays, speech or communication delays, autism spectrum disorder, attention deficit/hyperactivity disorder, and sensory integration disorder. Down syndrome and cerebral palsy were also named as disabilities that participants had experienced. Participants also reported caring for children with other types of disabilities (see Table 7: Child Care Providers Experiences with Children with Disabilities).

When asked how comfortable child care providers were in caring for children for disabilities, participants on average reported a moderate comfort level ($M = 4.3$, $SD = 1.4$) with 1 indicating not at all comfortable and 6 indicating completely comfortable. Having had experience with children with disabilities and having had training in special education contributed most significantly to participants' comfort level (see Table A7: Factors that

Contribute to Child Care Providers Comfort for Caring for Children with Disabilities, Appendix A). Notably, 31% of child care providers indicated they did not feel that they struggled to care for infants and toddlers with disabilities. Of the participants that felt they did struggle, 47% indicated that they felt like they needed more training and did not know how to meet the needs of the children with disabilities. Additionally, 20% of child care providers reported that they did not have time to meet the children's special needs.

Experiences Providing Services in Child Care Centers

Participants responded to questions about their interactions with EI service providers in child care settings. Seventy-one percent of child care providers recalled having EI providers visit their program. Conversely, 83% of EI providers reported having delivered services in child care settings. Approximately half of child care providers reported being involved in Individualized Family Service Plans (IFSP). When asked about ways groups collaborate with each other (see Figure A5: Methods of Child Care and EI Providers Collaboration, Appendix A), participants across groups reported *communicating with providers while at the program* as the most common way in which they collaborate. Additionally, child care providers reported *receiving information about referral, receiving and reading reports, and participating in implementing interventions*. Notably, these methods of collaboration were experienced by less than half of participants. Most commonly, EI and child care providers reported that they collaborated with each other during each visit (e.g., 51% child care providers, 77% EI providers; see Figure A6: Frequency of Collaboration Among Providers, Appendix A). Eighteen percent of child care providers reported that they had never collaborated with EI providers.

When asked about issues that exist in relationships between child care and EI providers (see Figure A7: Issues in Relationships Between Child Care and EI Providers, Appendix A),

45% of child care providers reported that no issues exist however, only 13% EI providers reported this lack of issues. EI providers reported that child care providers' ability to carry through on suggestions was a significant problem that impacted their relationships with child care providers. Additionally, both groups identified lack of time to plan together and lack of time to discuss child and family goals as issues. Forty-four (10%) child care providers and 49 (16%) EI providers offered comments about issues related to collaboration. Child care providers most commonly commented about not being formally involved in the EI process and that they struggled to communicate with EI providers. EI providers most commonly commented on ways to improve carryover of suggestions, learn about the child care program, as well as how they struggled with communication.

Training Experiences

Most commonly, participants across both groups engaged with professional development opportunities on a quarterly basis by attending workshops offered through their professional development entity (e.g., Illinois Network of Child Care Resource and Referral Agencies, Early Intervention Training Program), professional conferences, or online experiences (see Table A8a and Table A8b: Training Experiences and Needs, Appendix A). Additionally, many participants reported reading articles or watching videos to gain knowledge. Child care providers also reported taking college courses. Approximately 70% of child care providers had attended a training on a disability-related topic. Of the topics included as choices on the survey, most commonly these trainings addressed working with families of children with disabilities, how to identify a child with a disability, what to do when you suspect a child has a disability, and strategies for helping children with disabilities. Of those participants who had not attended a training related to disability, participants indicated they were interested but trainings had not

been available in their area or they did not fit into their schedules. Ninety-five percent of participants reported they would attend a training related to infants and toddlers with disabilities and collaborating with EI. The top three desired topics for future trainings included strategies for helping children with disabilities during daily routines and activities, how to identify a child with a disability, and supporting children with behavioral issues. Child care providers indicated that they preferred to engage with professional development through workshops offered by their professional development entity and online courses (see Table A9: Topics Included and Desired in Trainings for Child Care Providers, Appendix A).

Twenty-four percent of EI providers had attended a training on collaborating with child care providers. Collaboration strategies was the most common topic presented in trainings. Of those who had not attended a training, while most participants indicated they were interested in such a training, it had not been available in their area or they were unable to fit a training into their schedules. When asked about trainings related to collaboration in EI, 87% reported they would attend these if offered. The top three desired topics for future trainings included embedding interventions into daily routines, collaboration strategies, and coaching strategies. EI participants preferred engaging in professional development through trainings offered by their professional development entity, web-based experiences, and professional conferences (see Table A10: Topics Included and Desired in Trainings for EI Providers).

Qualitative Results

Using these quantitative results, the focus group protocol was developed to inquire about particular findings from the survey and ask questions not suitable for an online quantitative instrument (e.g., describe recent EI visits in child care). Although the resulting data relates to sections from the survey and targeted research questions, the results presented are discussed in

reference to three main themes that emerged from the data: (a) participants' experiences with EI in child care settings, (b) factors that support and hinder collaboration, and (c) moving forward to successful collaboration (see Figure A8: Focus Groups Themes, Appendix A). When appropriate, each code is described first in relation to the perspectives of child care providers, followed by the perspectives of EI providers. On average, each focus group included 139 coded extracts ($SD = 25$). Five of the seven focus groups included all 15 codes and two included 14 codes. One group was excluded from coding as audio was damaged and a transcript was not obtained for analysis. Therefore, reported coded extracts do not include this focus group, however data from this focus group, retained through detailed notes from the student investigator and note taker, are included below.

Participant experiences with EI in child care. This theme includes six codes describing participants' experiences either delivering or receiving EI services in child care settings. This section begins with the most prominent code, roles and responsibilities of providers followed by a related code of communication. Next, the location of services is discussed followed by the remaining codes that are associated with the location of services including if services are distracting and implementing strategies into daily routines. The final code describes how the variability among individuals and programs impacts collaboration.

"I don't want to overstep my bounds." Roles and responsibilities of providers. Most prominently, participants discussed their role as child care and EI providers in relation to supporting children's development, interactions with families, and collaboration among providers. Both groups discussed that they are part of a team for that particular child and family. One child care provider said, "Part of that [success] is our classroom, part of it is the therapist.

I've seen good come out of it." However, overall participants were uncertain of the role child care providers played in the EI process.

Child care providers in general viewed their roles as an extension of children's families and primary caregivers for children. They observed children's developmental gains and identified developmental concerns. Child care providers found it important to express concerns about children's development to families, assist families in making referrals to the EI system, and share what happens during EI visits at child care. One home-based provider said, "If you're concerned about the child, you would do whatever is necessary for the child to get the help that is needed." EI providers agreed with these ideas and added that child care providers also provided insights to how the children behave with their peers.

EI providers viewed their roles when providing services in child care as teaching child care providers about EI and child development, and providing suggestions to support the child's goals. One speech pathologist said "My role was general education for the child care providers and helping them to understand their responsibilities." She also commented that "I'm going to have to invest a whole lot into the teachers before I can even really get to the kiddo." However, EI providers did not offer other examples of supporting child care providers outside of providing suggestions for activities at the end of each visit.

In general, both child care and EI providers felt that child care administrators or owners as well as EI service coordinators and administrators set the tone and procedures for collaboration. This impacted EI providers' access to child care staff, communication, and location of services. More importantly, administrators impact the formal inclusion of child care providers in the EI process. Child care providers in the focus groups could not recall being asked to attend meetings. Only two EI participants could recall classroom teachers or family home

providers contributing to Individualized Family Service Plans (IFSP). However, some of the providers recounted times when directors or parent educators attended those meetings. EI providers commented that service coordinators were essential to coordinating services between home and child care by asking parents to invite child care providers to come to IFSP meetings, scheduling meetings when parents and child care providers could be present, and conducting routines-based interviews, which were required for coordinators to complete, with primary caregivers at child care. However, most EI providers said that service coordinators varied greatly in how they approached services. Child care providers did not identify service coordinators as active participants in collaboration.

Overwhelmingly, all participants agreed it would be beneficial to formally include child care providers in the EI process. This would help child care providers better understand EI and be able to carryover strategies into daily routines. Although participants agreed on the benefits of child care providers' participation, both child care and EI providers were unsure how they could become more involved and to what degree.

Providers continued to consider their uncertainty about specific roles. In particular, they shared they were unsure whose role it was to initiate or facilitate collaboration. Specifically, both child care and EI providers were not sure who was responsible for inviting child care providers to be part of the IFSP team. A home-based provider said, "It's [IFSP] not just to be shared with the parents but whose responsibility is that, I don't know. Is it the parents? Is it the specialist?" Both sets of providers discussed that parents and service coordinators are often in the role of facilitating teaming. In summary, although providers had ideas about their role in supporting children's development, articulating their role in EI in child care settings was challenging. Uncertainty in relation to the child care provider's role, EI providers' ability to include child care

providers in services, and administrators control over information were conveyed as barriers to collaboration.

“Communication is key.” Communication among providers. All the groups discussed how they communicated with each other both verbally and through written correspondence. Although all participants expressed that communication is important, they agreed that most communication was brief occurring at either the beginning or end of the EI visit. EI providers described this communication as “on the fly,” “drive bys,” and “doorknob questions.” These communications were typically about what the child care provider had observed the child doing since the last visit, what the EI provider worked on during the visit, and ideas for carryover. Commonly, EI providers discussed difficulty in finding time to communicate with child care providers as they were busy with daily tasks. An occupational therapist said, “It’s a balancing act because sometimes they’re occupied. You don’t want to be someone that makes their job harder.” Many of the EI providers also mentioned that they leave contact notes after each visit in the child’s cubby or backpack. A speech pathologist described this as, “They’re [child care providers] welcome to read all the notes. Usually, once I’m used to the daycare and how it runs, I’ll just stick it in their cubby. But the teacher is always aware that it’s in there.” However, none of the child care providers in the focus groups mentioned receiving or reading contact notes. In conclusion, providers struggled with finding time to communicate with each other. EI providers felt they made concerted efforts to communicate with child care providers however child care providers seemed largely unaware of these efforts.

“So when the therapists come, they work back there.” The location of EI services. Overwhelmingly, participants indicated that EI providers delivered services to the child in a separate area of the classroom or family child care home away from peers and child care

providers or, more commonly, in a separate room. They also expressed they were unsure as to the best practices related to where services should be conducted.

Child care providers described this practice as how they think EI visits should be and based their opinions on their past experiences with EI providers. Some of the child care providers were unsure where services should take place. Other child care providers discussed how they were not sure if providing services with other children was appropriate. If services were delivered with other children, they were concerned that the target child was not getting the appropriate attention. On the other hand, some providers felt that separating the child from the group may elicit feelings of being left out for that child. One home-based provider summed this up by saying, “When they [the child] get pulled out, they also feel like what did I do wrong? Why can’t I go play with my friends? They’re riding their bikes and I have to sit here and do this.”

EI providers also struggled in deciding where to deliver services. Some preferred to do EI visits within the classroom or program however experienced push back from child care providers who asked them to conduct visits outside of the room. A physical therapist recalled a center that asked her to do her sessions in a closet. One provider described the challenge of transitioning from providing services in a separate room after 30 years to embedding it into the classroom. She shared that it was difficult to give up control of her goals for each session, “Going into the classroom, you have to wait for the opportunity because you can’t really change what is happening. It’s not time to request. It’s time to talk about pictures.” A new provider expressed her struggles about provide services within the classroom due to a lack of support and models from other seasoned therapists in her agency. Not all providers felt this way. One occupational

therapist shared that she never left the room and incorporated peers into songs and games while embedding the target child's occupational therapy goals into the activity.

In summary, most EI visits took place separately from the regular child care programs and peers. Although providers in both groups saw the value of delivering services within regular routines and with peers, they were unsure how to do this and if it was an appropriate way to meet the children's goals. The following codes further explain the impact of the location of services.

“It's chaotic.” EI visits as a disruption to child care program. Both groups discussed that the location of services and collaboration with child care providers around EI services was hindered by the fact that both child care and EI providers may view EI visits as disruptive to the regular child care program. Statements related to distraction or disruption emerged in all of the focus groups. Most commonly, the presence of an EI provider was seen as a distraction to the other children in the program. This was frequently mentioned in relation to the EI provider bringing in a bag of toys that attracted the children. One child care provider described this as “I've seen therapists come in and all of the kids attack them at once because they have really cool new toys in their bag.” Many of the EI providers understand that their visits can be a distraction to the regular routine. Additionally, EI providers described that the classroom or home environment can be noisy and chaotic and created difficult situations for the child and provider to focus on the targeted skills, particularly listening to speech sounds. In summary, the distraction of EI visits influenced the location for services.

“Show us what we can do.” Carrying over intervention strategies in child care routines. All eight groups discussed their experiences implementing intervention strategies in the daily routines of child care programs. In general, child care providers felt the suggestions were vague while EI providers felt frustrated when child care providers did not carry over strategies.

Child care providers described that some EI providers observed the child at the beginning or end of their session in the regular routines of the day and provided suggestions for the child care providers to support the child's development. Some child care providers shared examples of EI providers observing their routines and understanding their limited time and budget by providing very practical suggestions. In general, child care providers described this as EI providers "telling us what they were working on." However, child care providers felt that they were general ideas such as working on requesting or speech sounds but not necessarily provided with information on how the suggestions connected to the child's goal or how the child care provider could integrate specific strategies into existing routines. This left the child care providers to design their own strategies to implement, which many reported they did. One child care director described how she wrote the child's goals into their weekly lesson plans. To give an example, she said, "For a student with speech, we try to get him to use more words and ask him more open-ended questions." Child care providers however consistently described how implementing strategies was challenging. One issue that multiple providers discussed was the challenge to provide specific, individualized interventions such as sensory integration (e.g., deep pressure, brushing) while also managing a large group of children. One center-based provider said, "So we try to carry out as much as we can without hindering the other 15 kids in the classroom."

EI providers also realized the challenges of implementing strategies across their daily routines and within large groups of children. Although most of the EI providers expressed some disappointment that child care providers did not often report carrying over strategies between visits, many EI providers described successful instances of carryover that included strategies that supported all children's development or could be implemented with peers. A developmental therapist shared, "Because if you just have to do it for only little Johnny, it's not going to happen

but if you give that teacher a whole group activity then it's much more likely to carryover.” Many of these providers also described strategies they have used to increase carryover (see *Moving Forward*). They suggested that EI providers try different strategies and learn how to best communicate with the child care provider in order to provide meaningful suggestions. They also acknowledged that carryover may be challenging for child care providers due to their limited time to talk with EI providers, staffing limitations, and lack of motivation to carry over strategies.

Both groups noted that carrying over strategies into daily routines was important. Child care providers saw this value and wanted to take part but they did not feel that EI providers supplied suggestions that were explicit and sensitive to their routines and resources. EI providers felt they were providing suggestions but noted that it was challenging. Overall, both groups were unsatisfied with how carryover was implemented.

“It depends.” Variability impacts collaboration. All participants discussed that there exists considerable variability in collaboration between child care and EI providers. This variability existed due to differences among and across child care providers, EI providers, children, and families as well as child care programs. Commonly, participants used words such as “varies,” “different,” and “depending” to describe collaboration with others. A physical therapist summarized this issue by saying “Daycare is different from door to door to door just like EI is different from CFC [EI region] to CFC.” EI providers also mentioned in particular that EI may be different by discipline (e.g., speech and language pathology, physical therapy, occupational therapy). A speech pathologist explained that there are differences among child care providers saying, “I see more variation teacher to teacher. And some will go out of their way to help them and are really interested and ask a lot of questions. And others you can tell they

don't get paid enough to care." This variety made it difficult to create a one-size fits all model of collaboration that providers seemed to desire. Having these unique relationships increased the amount of time and energy needed to build successful relationships.

In sum, participants described their experiences with EI services in child care. During the focus groups, participants shared how services have been delivered in the past and their roles in services. Overall, EI experiences in child care settings varied considerably across providers and programs.

Factors that support or hinder inclusion and collaboration. This theme includes participants' descriptions of factors that can promote and hinder the inclusion of very young children with disabilities in child care settings and collaboration among professionals. Although many factors arose during groups, three codes representing the most prominent and consistent factors emerged including interactions with families, factors controlled by program procedures or state regulations, and understanding and respecting each other's professions.

"It's a mixed bag with parents." Family involvement when EI is delivered at child care. Family involvement in the delivery of EI services in child care settings was consistently discussed across all groups. In particular, the parents' reaction to their child's disability or services as well as parents' ability to facilitate collaboration among providers was discussed. Providers explained that they felt that parents may impact collaboration among providers due to parents' reaction to services and communication with providers. As child care providers described their role as observing children's development and helping parents access the EI system, child care providers across all groups shared that parents often reacted negatively when they suggested a referral to EI. Providers described parents as in denial of their child's needs, resistant to services, and defensive or not receptive to intervention. One center-based provider

reported that after sharing her concerns about a child's development, the parent removed the child from the program after believing the family was treated unfairly. Additionally, child care providers explained that due to embarrassment or guilt, many parents struggled to share that their children had developmental delays or disabilities and were receiving services. A home-based provider described one situation as, "She was embarrassed to tell us. She didn't want us thinking there was something wrong with her daughter."

EI providers described issues related to including family members in EI services when services were delivered at child care. EI providers were sympathetic to the needs of working parents and the many issues parents face. They talked about trying different ways to communicate with parents. EI providers described leaving contact notes in the children's cubbies and backpacks as well as using communication notebooks to facilitate communication both successfully and unsuccessfully. A physical therapist shared,

When I send notes home to the parents from the daycare I never get a response. I never get questions. I never get a sense that they are even involved in assisting their child. I never know where they are in the continuum of stress because I've never been exposed to that.

EI providers were not sure if parents tried strategies at home either. Child care providers also discussed that they were unsure how families fit into EI services when they were delivered at child care.

Participants described how parents are in control of what information is shared with child care providers and they determine if child care providers are included in the EI process.

Although child care providers understood that parents have the right to decide about their EI services, they felt they could be valuable in helping children and families. In particular, they wanted to be part of the IFSP team or at least be able to have access to children's IFSPs in order to appropriately support the child's goals at child care. This created clear frustration for child

care providers across focus groups. A center-based provider said, “If the parent doesn’t want you in there, there’s nothing you can do. You’re stuck floundering.” Although all of the child care providers shared stories of instances in which parents withheld information about their child’s services, one center-based provider described a positive situation with a parent who shared IFSP goals over email.

Although families are central to EI services for their children, providers were unsure how to meaningfully include families in EI when their children received services in child care. Child care providers would like to support families but felt excluded from children’s services. EI providers felt that they lacked relationships with families who received services exclusively in child care. This disconnection among child care providers, EI providers, and family members made providing family-centered practices a struggle.

“We’re not equipped.” Systemic structures. Systemic structures including program procedures and state regulations were discussed as factors that could support but currently act as barriers to collaboration across all groups. Specifically, program procedures including staffing and scheduling were discussed. Additionally, participants shared information about regulations from state systems including professional qualifications, confidentiality, and funding.

Program procedures. Both child care and EI provider groups identified a lack of staffing as a definite barrier to collaboration. Having minimal staff prevented child care providers from attending IFSP meetings as well as being able to provide individualized interventions to children during daily routines. Home-based providers across groups particularly struggled with staffing as may be the only staff at their program. A center-based provider responded when asked what prevented collaborating with EI providers saying, “You can’t just leave one person with 16 children in a two-year old classroom so I can go have a meeting for half an hour. The ratio is 1 to

8 so you have to have two people in the classroom.” EI providers consistently identified child care staffing as an issue as well. Two groups of EI providers mentioned that child care staff turnover was challenging to building relationships as well.

Scheduling visits was also seen as challenging. A center-based provider shared, “Unfortunately, child care schedules revolve around when the kids are eating, when they’re sleeping. Sometimes that doesn’t work for the parents, or it doesn’t work for the providers, or the service coordinator.” An EI provider in a different group echoed this idea by saying,

It’s a combination of the schedule of the therapist and the schedule of the daycare depending on how many hours the therapist is working in early intervention. You can’t always schedule your daycare visit to a time that would be really great for the child and that is a barrier.

State regulations. Participants across all groups also discussed state regulations including providers’ qualifications, legal issues, and IFSP teams. Most notably, across all groups, participants discussed that qualifications for child care providers do not include education or experience with children with disabilities. Also a lacked of understanding of special education services was a significant barrier to inclusion and collaboration. In all of the child care focus groups, providers expressed that they did not feel appropriately trained to address the needs of young children with disabilities or embed intervention strategies into their child care routines. Two home-based providers in different groups specifically said they did not feel equipped to provide services to children with a variety of special needs. An EI provider felt that, “The majority of daycare centers where I’ve been to, the teachers don’t have all that much experience or capacity for incorporating things related to physical therapy.” On the other hand, one EI provider shared that she worked with a child care provider with a predictable routine and had the professional capacity to embed strategies into daily routines. Additionally, EI providers reported that they are not required to have any training either pre-service or in-service on serving infants

and toddlers in child care settings or teaming in general. One speech pathologist noted that although she sought out continuing education regularly as a new provider, education specific to collaboration was not required.

Participants also discussed that child care providers who were not formally part of the IFSP team prohibited some regulatory issues. EI providers discussed that the state does not provide authorization to allow time to collaborate with child care providers outside of regular EI visits. Additionally, all of the EI providers across groups discussed various concerns about sharing information with child care providers. Some EI providers implemented different strategies to share information such as obtaining parental consent forms but others did not. Some EI providers also felt comfortable being alone with children in child care settings while others did not.

Budget and funding impact. All of the providers in the groups viewed funding as a major barrier to collaboration. In general, providers did not feel that the state valued them as professionals as their budgets had been cut in recent months. One EI provider said, “We’re not respected in our profession.” Child care providers consistently mentioned that staff salaries were low and program budgets were small preventing them from purchasing specialized materials, hiring extra staff, or attending trainings or conferences. Several child care providers from different focus groups discussed how low wages impact quality and ability to hire and retain experienced staff. One center-based provider said, “Everybody is half doing their jobs because they’re half getting paid.” EI providers across groups also mentioned that the state no longer compensates providers for collaboration time. One therapist viewed this lack of payment as the state communicating that, “it [collaboration] isn’t important.”

In sum, providers across groups felt that program-wide and state structures could, but currently do not, support collaboration. Funding was seen as a driving force in providers' professional value, staffing concerns, and compensation for the time needed for collaboration. Demanding schedules of both child care and EI providers as well as inexperienced providers served as barriers as well. Finally, the exclusion of child care providers in IFSPs presents confidentiality concerns and EI providers providing services to children in child care programs poses liability issues.

“On the same page.” Understanding each other. All groups discussed both the benefits and challenges that arise when providers understand each other. Several participants, both child care and EI providers, used phrases similar to “being on the same page” when discussing this topic. However, participants discussed that a significant barrier was providers not knowing enough about each other.

Program purpose and philosophy. In particular, participants discussed how it was important to understand not only the specific philosophy and purpose of each program or provider but also to understand the child care and EI systems as a whole. In general, participants agreed that understanding each other better supported successful collaboration. Particularly, EI providers in all groups mentioned that they often engaged with child care providers who did not know the purpose of EI or understand the role of specific EI providers. A social emotional consultant shared an experience with a child care provider and recounted, “She just looked at me like I was speaking another language.” Additionally, it was clear across all groups that child care providers in general learned about EI through their interactions with EI providers who visited their programs. A speech pathologist said, “Child care providers are learning about this system

really through providers. So if we have providers that are coming in with the toy bag and going in a separate room, that's what they assume that you're going to be like."

Child care providers in particular discussed how EI providers having a better understanding of the child care programs would enhance the success of carryover. A center-based provider shared a story about EI providers making suggestions to support a young girl with cerebral palsy that were not practical for her program. She said, "They want us to basically flip everything upside down and how do you keep that going when this is how you've always done things. This is your routine." One child care provider said that when EI providers' suggestions consider the materials in the center, staffing patterns, and program budget, child care providers see them as practical and will most likely try strategies.

Both groups of providers also reflected on how long-term relationships with providers supported collaboration. For example, a center-based provider shared that she has had the same speech pathologist visit her program for many years. His understanding of the program, schedule, protocols, and staff made collaboration easy. EI providers also reflected on how collaboration was better in centers or family home child cares that they have visited for many years.

Professional respect for each other. In each focus group, at least one participant discussed that respecting each other as professionals was an issue in building collaborative relationships. Most notably, child care providers felt disrespected as professionals. One home-based provider said, "They look at us like we're completely uneducated idiots. No, we know what we're doing. We're not babysitters . . . we're educated. We're professionals." EI providers were concerned that child care providers thought they are making judgments about their programs and them as professionals although EI providers did not feel they did. On the other

hand, EI providers felt that they were being judged during visits. One speech pathologist shared, “I hadn’t thought about how we’re judging them because I always think they’re going to judge me.” Participants reported that these beliefs related to respect prevented communication and carryover.

Emotional responses to collaboration. Across all groups, in discussing their experiences with collaboration, participants shared how these experiences evoked strong personal feelings. Forty extracts about feelings were included across the groups. In general, child care providers used words such as frustrating, intimidating, scary, floundering, anxious, stressful, overwhelmed, and disappointed. EI providers across groups recognized that child care providers may experience negative feelings. Additionally, successful collaborations have created positive feelings such as feeling important in the child and family’s lives. A home-based provider shared, “You don’t want to fall short on anything because that helps build the learning process and it helps us become better teachers.” Another child care provider shared, “So they [EI providers] are very good about doing that [involving child care providers]. So that does make me feel that I made a difference and we all want to feel that way.”

In summary, participants overwhelmingly agreed that being on the same page through understanding each other in relation to the purposes of child care and EI and giving each other mutual respect could create positive working relationships. Understanding each other as well as involving parents meaningfully in EI services and supportive systemic supports were viewed as promoting collaboration between child care and EI providers.

Moving forward to successful collaboration. The final theme focused on suggestions to improve collaboration among professionals and in turn better support the inclusion of very young children in child care settings. In addition to responses to direct questions about how to improve

these skills for professionals, participants often provided examples of strategies they had tried throughout their careers. These solutions fell into two codes. First, participants provided feedback on the format, scheduling, and content of trainings similar to those provided by the current professional development systems in the state such as one-time workshops or online offerings as well as recommendations for state regulations and program policies that would support collaboration. Second, participants shared strategies that providers have tried or would like to as well as other methods of supporting their professional skills such as consultation or communities of practice. Across all groups, participants mentioned that additional funding would be vital to putting these solutions into action.

“I don’t think there’s an ideal time.” Suggestions to enhance the current professional development system. In general, both child care and EI providers had difficulty finding the time, energy, and funding to attend current trainings. Across all focus groups, preferences for days and times for trainings varied. Discussion typically focused on the challenges of attending trainings in addition to typical work hours. All groups discussed that online options provide flexibility for providers. Additionally, several child care providers suggested that having in-house trainings during the work day would be ideal. Several child care providers considered that paying for training (e.g., registration costs, travel expenses, and compensation for missed work hours) was a barrier to seeking out such professional development options. In these cases, either providers did not attend trainings or only the director would attend. EI providers added that training content needed to be more than informational and should include observation, practice, and discussion. Additionally, all groups agreed that trainings on collaboration should include child care providers and EI providers together.

Several ideas for meaningful topics were shared across all groups. Most notably, both child care and EI providers felt that child care providers needed support in approaching parents when they had developmental concerns. Also common between the two groups was learning more about embedding intervention strategies into daily routines, using common or inexpensive materials, and learning more about child development. Child care providers generally suggested topics related to specific strategies to support children in their classrooms (e.g., calming techniques, behavior management, opportunities for speech development). EI providers across groups asked for more training about the child care system and collaboration strategies including how to build relationships and effectively communicate with child care providers. Additionally, EI providers felt that child care providers needed training in learning about EI and the benefits of EI for children and families.

All of the groups also urged state systems to increase the requirements for both child care and EI providers to include more information about children with disabilities and early childhood programs. Some providers recommended that such trainings should be mandated or required for providers. One EI provider suggested that if collaboration is required then there needs to be a system of monitoring and accountability to ensure that providers follow through. Many providers across all groups mentioned using existing professional organizations, school systems, child care resources, and EI agencies to promote awareness of this issue and provide systems of support as suggested above.

“We need to build a connection most of all.” Innovative strategies and solutions. Each of the groups discussed that to facilitate collaboration among professionals, they needed to build relationships with each other. To this end, someone in each group suggested a forum or focus group that includes child care and EI providers as well as families that have children receiving

services in child care settings to foster conversations to identify existing supports and develop solutions to overcome barriers. Furthermore, bringing providers together, whether by separate professional group or together, to share resources and problem solve, similar to communities of practice, was suggested in most groups as well. Some participants shared successful experiences of both online and face-to-face groups. All of the child care provider groups suggested that having EI providers on staff at child care programs, either full or part time, would be ideal. Many participants made comparisons to school-based resource teachers or therapists that regularly visited classrooms and worked with teachers and children.

Most notably, all child care provider groups suggested that an ideal solution to collaboration and inclusion was the use of “consultation.” Although none of the participants used this terminology, all of them described a more individualized approach to supporting a specific child that included the EI provider observing the child and the child care provider in the settings, the child care provider observing the EI provider implementing strategies within child care routines, and discussing the collaborative process. Additionally, several of the EI providers suggested that EI providers spend more time observing the children during daily routines, building rapport with child care providers, and delivering services in the program with their materials. Two EI providers also suggested reflective supervision for both child care and EI providers to help improve practice.

All of the groups strongly urged child care providers to be formally involved in the EI process including evaluation and planning. One EI participant stated,

If we were able to do that type of meeting with every single person that’s involved in that child’s life that become something where again, we’re all working together to make sure that the child is able to get all the services they need.

EI providers in particular noted that flexibility and creativity would be necessary to do this. Many suggested using technology such as FaceTime® or Skype® to have meetings afterhours or include families during EI visits to child care settings. Using video or written notes to help child care providers carry over intervention strategies throughout the week and share information with families was also suggested by both child care and EI providers.

This theme focused on participants' needs to not only enhance the existing professional development system but create more personalized methods to support inclusion and build relationships among providers. In addition to more topical trainings, participants suggested not only requiring but also financially supporting training related to disability and collaboration for providers. Finally, providers across groups desired structures to support an integrated network of providers across disciplines.

In summary, the results indicate that providers have positive perceptions of the inclusion of young children with disabilities in child care programs and reported a willingness to learn more about how to better serve children with disabilities in child care settings. Although the majority of child care providers reported having EI providers visit their programs and the majority of EI providers visited child care programs, meaningful collaboration beyond “on the fly” communication was rare. Participants identified numerous factors that could support and hinder the inclusion of young children with disabilities and collaboration among providers. In particular, these factors included the education and experience of child care providers in relation to special education and a lack to time to engage in collaborative activities such as appropriate staffing, time for planning, and use of creative communication strategies. Participants felt that child care providers being more formally included in EI services and more program-wide and state supports would be most beneficial to successful inclusion and collaboration.

Chapter 5

Discussion

The purpose of this study was to examine ways in which infants and toddlers with disabilities are supported in child care settings. More specifically, the extent to which child care and early intervention (EI) providers perceived the inclusion of young children with disabilities in child care settings and how professionals collaborated to support these children was investigated. Overall, providers felt that everyone, children and adults, benefit from children receiving services in child care. Although participants identified many factors that would support inclusion and collaboration, they felt that many of these supporting factors were not in place at this time. These included individual factors such as willingness to welcome providers, programmatic factors such as staffing, and systemic issues such as funding. Consistent with previous research, a lack of training for child care providers and low overall quality of child care services were cited as distinct barriers across groups to inclusion (Buell et al., 1999; Mohay & Reid, 2006). Furthermore, few participants experienced formal collaboration among child care and EI providers. Consistent with existing early childhood literature on collaboration, staffing (Essa et al., 2008; Mohay & Reid, 2006), time (Bose & Hinojosa, 2008; Donegan et al., 1996), communication (Bose & Hinojosa, 2008); understanding each other (Bose & Hinojosa, 2008; Dinnebeil et al., 2006), and variation of professionals and programs (Devore & Hanley-Maxwell, 2000) emerged as important factors to collaboration in this study. Participants were very interested in engaging in professional development related to these topics and integrating professional development experiences across professional groups. Additionally, this study adds new considerations when supporting infants and toddlers with disabilities in child care settings and topics that have not been discussed in previous research. These include the continued

challenges of implementing recommended practices of EI such as embedding intervention strategies into daily routines as well as defining the role of providers, administrators, and families to better facilitate the inclusion of very young children, and collaboration among child care and EI systems.

Roles in the EI Process

“Teaming and collaboration practices are those that promote and sustain collaborative adult partnerships, relationships, and ongoing interactions to ensure that programs and services achieve desired child and family outcomes and goals” (DEC, 2014). Furthermore, providing services within meaningful routines with familiar materials and people is a recommended practice in EI services as well as general early childhood practice (Copple & Bredekamp, 2009; Division of Early Childhood [DEC], 2014; U.S. Department of Education Office of Special Education Programs [OSEP], 2008; U.S. Department of Health and Human Services & U.S. Department of Education [DHHS/DOE], 2015). Ideally, intervention does not happen within a typical hour-long visit but throughout the day and week as caregivers present opportunities for children to practice and develop their skills. If parents and caregivers are not present or involved during intervention visits, young children are responsible for attempting to practice intervention strategies in their routines. This is clearly not an effective technique. However, successful teaming among providers and families could achieve this carrying over of intervention into meaningful daily routines.

Markedly, providers in this study felt that embedding strategies into daily routines was the most important benefit of children receiving services in child care settings yet the most difficult aspect of inclusion to implement. Optimistically, learning more about how to embed strategies into daily routines was the most sought out topic for professional development across

both groups of providers. In the survey section on participants' beliefs about inclusion, the one item that was rated less true was that *intervention strategies were easy to prepare and implement*. This indicated that for both groups, this was a challenge to supporting very young children with disabilities. Additionally, the majority of EI providers indicated that a major issue in collaboration was that child care providers were unable to carry out intervention strategies between visits. However, a lack of collaboration may account for these challenges. Most child care providers do not observe EI providers providing embedded learning opportunities as services are typically delivered outside the classroom or with materials from outside sources. Therefore, child care providers do not feel equipped to embed strategies into their routines. Also, the level of education and training that child care providers have related to special education suggests that child care providers need a better understanding of addressing the needs of children with disabilities and available services. Additionally, many child care providers do not feel it is their role to carryover interventions. As a goal of EI is to increase opportunities for children to develop skills, this is an area that needs attention from both professional groups. Defining each other roles and responsibilities within the EI process would ease the challenge of this type of intervention.

The role of providers. The role of child care providers in the EI process was a consistent source of uncertainty and confusion among participants. This ambiguity acted as a barrier to successful inclusion and professional collaboration. In the survey, groups agreed that interventions being planned without child care providers was a distinct barrier. Focus group data elaborated on this by describing how child care providers were not formally included. This exclusion led to child care providers feeling less able to support children with disabilities in their care and unsure as to what was appropriate collaboration with EI providers who visit their

programs. In the perceived supports section of the survey, the only support listed that child care providers did not rank highly was *clearly defined roles of adults involved in providing special therapies and services*. Interestingly, 55% of child care providers ranked this as a support while 40% ranked this as *not a support*. The higher ranking group may have had more active roles in inclusion or may feel that clearly defined roles for child care providers in the EI process would support inclusion. This sentiment was described by focus group participants as well. The lower ranking group may not have experienced a role in inclusion or may not see child care providers as having a role in inclusion therefore they did not see this clarity as an issue.

The role of the child care provider seems to be interpreted differently not only within professional groups but also between groups. When participants were asked to rate the benefits of inclusion for themselves and other professionals, child care providers consistently ranked their benefits as lower than EI providers. Moreover, EI providers ranked child care providers' benefits higher than child care providers perceived benefits for themselves. This implies that child care providers may not have necessarily seen themselves as part of EI and did not see this as a benefit. Child care providers may think that they did not have professional relationships with EI providers beyond common courtesy when providers came to the program to deliver services, most commonly outside of the classroom.

Evident in EI providers' survey responses was their perceptions to have collaborated with child care providers significantly more frequently than child care providers reported. In turn, a greater portion of child care providers reported that they never collaborated with EI providers. During focus groups, EI providers also reported more frequent communication attempts and carryover suggestions compared to responses from child care providers. In contrast to EI providers, most child care providers did not identify issues in their relationships with EI

providers and did not identify understanding their role in EI as an issue. Similar to Wesley et al.'s (2001) findings, EI providers may have assumed that child care providers have an invested role in the EI process and are disappointed when child care providers were not more actively involved such as carrying over intervention strategies into daily routines between visits, reading contact notes, or attending meetings. However, child care providers may not have felt they have a part in the EI process nor perceived communication and suggestions targeted toward their practice. If the role of the child care provider is a significant factor in supporting or hindering inclusion and collaboration as indicated by this study's findings, developing a clear definition and understanding of that role is necessary for success. The majority of child care providers across both the survey and focus groups reported that they have not been invited to assume a formal role in the EI process. If child care providers are not included in the EI process and did not feel they have a significant role in EI or if they did not perceive much personal benefit from EI, it was not surprising to see that they did not feel there were as many issues with their relationships with EI providers.

It may very well be a misunderstanding on what collaboration is and what it should look like. Similar to previous research, both child care and EI providers were unsure whose role it was to initiate or maintain collaboration. "The primary role of service providers in early intervention is to work with and support the family members and caregivers in the children's lives" (OSEP, 2008, p. 4) and act as a collaborative coach for caregivers to help the children in their care (OSEP, 2008). Therefore, it may be that in addition to providing services directed toward children's goals, EI providers need to consider building relationships with family members and other primary caregivers (i.e., child care providers) and share information about the EI system, their specific discipline, and their role in the EI process as integral parts of their profession. The

field of early childhood may need to start by defining collaboration as suggested by Dinnebeil et al. (2008) and support providers in gaining a better understanding of child care and EI and building respectful relationships among providers. Presenting child care providers with an integral role in the EI process for children with disabilities in their care could encourage these providers to engage in more collaborative efforts and experience the benefits of integrated and coordinated intervention services.

The role of administrators. As Odom (2000) stated, “The interpretation of policy by key administrators appears to have the most substantial impact” (p. 22) on inclusion. Program administrators were also described as gatekeepers to collaboration in this study. In this case, agency managers, service coordinators, and child care directors acted in this capacity. As indicated in survey responses, administrators have considerable influence on program policies and procedures. Administrators could develop procedures that include all providers and support recommended practices that could alleviate legal concerns, ensure appropriate staffing, and accommodate scheduling. Groups were in agreement that being concerned about liability in child care was a barrier. In focus groups, participants discussed this topic by reporting that overall they were unsure as to the appropriate procedures to protect confidential information (i.e., HIPAA) as well as protect the safety of children and responsibility of child care programs and EI providers. Confidentiality concerns would be remedied if child care providers were part of the IFSP team and had access to evaluation, planning, and implementation information as well as the expectation of speaking openly to team members about children with disabilities and their services. Additionally, participants varied in questioning if it was appropriate that an EI provider could be alone with a child in a child care setting. Despite concerns about liability in case of accident or injury, the majority of participants reported that EI providers frequently removed

children from the group during visits. To protect professionals, services should be provided in the presence of child care staff which would be in congruence with recommended practices of embedding strategies into familiar contexts. This would also create opportunities for EI providers to observe daily routines, interactions with peers, model intervention strategies, and provide consultation.

Survey data indicated that having administrators who were willing to take risks and act creatively acted as a support to inclusion. This may involve developing clear mission statements that value inclusion and collaboration and express to parents program staff's willingness to partner with families as they navigate the EI system. Common across focus groups, having a child care director who was willing to welcome EI providers into the program was an asset. Although not common, directors who actively include classroom teachers in evaluations or IFSP meetings would support collaboration. In EI, the role of service coordinators was discussed as an important avenue for collaboration as they are privy to information about the child care programs. As suggested by participants, once service coordinators were aware that EI services will be delivered in child care, they can ask the family if and how they would like their child care provider involved in the process including sharing the benefits of including the child care provider formally into the IFSP team. Service coordinators can also make efforts to include families in their child's services delivered while at child care. Additionally, having agency directors and EI district managers who encourage collaboration and provide staffing, time, and funding for collaboration activities would provide a model and incentive for EI providers to team with child care providers. As suggested by Cook Pletcher and Younggren (2013), when supervisors and administrators promote respect among professionals and communication,

providers can better practice the relationship-building skills necessary to appropriately serve young children and their families as well as teaming with other professionals.

The role of families. This study revealed that the role of the family in collaboration was essential. In addition to focus group discussions, 11% of comments on the survey were related to family involvement as a support, barrier, or issue in collaboration. Providers agreed that the purpose of child care and EI was to support families in their ability to care for their children with disabilities. Child care providers shared that providing quality care for their children, welcoming EI providers into their program, and trying to use intervention strategies at child care was important for families and children. EI providers felt that delivering services at child care was convenient for working families and providers communicated through written notes, notebooks, and phone calls about their children's services. However, children receiving their EI services outside of the home without family members present concerned both child care and EI providers. Providers, particularly EI providers, were concerned that efforts to facilitate parents' ability to support their children's growth and learning using intervention strategies from EI visits were not effective.

Families sharing information among child care and EI providers would further support collaboration. Although child care providers in this study said they would feel more confident in meeting the child's needs with the appropriate information about children's disabilities and intervention plans, providers consistently noted that withholding information about a child's services or delay in accessing the EI system for whatever reason was a source of frustration. As child care providers in the focus groups viewed themselves as valuable resources to the family and sources of support for child development, the perceived gatekeeping behavior of parents was an apparent barrier for child care providers. As it is a family's prerogative to share information

about their child with child care providers, EI providers agreed that they were unsure what information was actually shared. Although this situation may vary from family to family, it may also be due to the family's understanding of EI services and their understanding of the opportunities and benefits of formally including the child care provider. Families may also not understand the possible role a child care provider could have in their children's development and intervention.

Child care providers need to be seen as a vital part of the EI process. In studies of families with disabilities seeking child care, being able to have child care providers involved in their child's intervention is perceived as valuable (DeVore & Bowers, 2006). As discussed above including them in the EI process is crucial for children receiving services in child care settings. As indicated in previous research and this study, providing child care providers with appropriate education, training, and resources would help them identify children in their care in need of evaluation or intervention and allow them to embed intervention strategies in their routines and with peers. Furthermore, they could better support families as they navigate the EI process and support parents' confidence that their children are receiving appropriate and well-coordinated care which is important for families with children with disabilities seeking child care (Kelly & Booth, 1999). EI providers are instrumental in setting the stage for how families and child care providers learn about EI. They are able to open doors to collaboration for child care providers and family members.

Limitations

Although large sample sizes were included in this study that represented state and national populations, it included participants from only one large Midwestern state. Furthermore, at the time of this study, the state's political climate was tense and included a budget impasse

that directly impacted both child care and EI funding. While focus groups included participants from all regions of the state and a diverse groups of providers, focus groups were relatively small in size. Recruitment strategies for greater participation should be considered for future studies. For these reasons, replication or expansion of this study would further validate its results and be generalized to child care and EI providers across the nation.

Despite careful development of the survey, the section on perceived barriers and supports did not appear to be sensitive enough to provide distinct information on the most relevant factors that support and hinder the inclusion of children with disabilities in child care settings. This may be due to the expansion of the response scale from a 5-point to a 7-point scale or the individuals that chose to participate. In order to increase the sensitivity of this section, different response scales could be used (i.e., *select what you perceive to be the top three supports/barriers*) and a greater number of participants across multiple states could be recruited. Also, the inclusion of additional demographic information (e.g., ethnicity of provider, ethnicity of children and families served, socioeconomic status of area in which the program resides, prior employment or education in other's system) would help in determining within group differences and correlations with other survey items or focus group responses. Although these data were not indicated as relevant from previous research and state-wide databases can estimate some of these factors, particularly in focus group discussions, these factors may impact professional perceptions of inclusion and experiences in collaboration.

Implications for Practice

Data from this study showed similar supports and barriers as reported in studies conducted since 1996 despite changes in legislation, creation of policy statements, and updated recommended practices. This lack of change over time indicates there is a need for considerable

efforts in moving policy into actual practice. This translation of research and policy into practice requires efforts at individual, programmatic, and systemic levels. Since children with disabilities are present in community settings such as child care, professionals in multiple systems need to be prepared to include them in meaningful and functional ways. In order to do this, professionals in both child care and EI need to take time to learn about each other at state, local, and program levels as recommended by the DHHS/DOE's (2015) joint policy statement on inclusion. By learning about that services available through each program and how services are delivered, professionals can identify and advocate for their roles in intervention. Most importantly, professionals need to take time and effort to build respectful, professional relationships.

Providers also must seek out professional development and training to increase their understanding and use of recommended practices such as targeting interventions to primary caregivers and embedding interventions into daily routines, and accessing valuable resources on disability, special education, and collaboration. Understanding policies and recommended practices (i.e., Cook Pletcher & Younggren, 2013; Copple & Bredekamp, 2009; DEC, 2014; DEC/NAEYC, 2009; DHHS/DOE, 2015; OSEP, 2008) in early childhood services would help providers understand the theoretical, legal, and evidence base of inclusion and collaboration. EI providers in particular need support in learning about observing child care routines and interactions with child care providers and peers and utilizing collaboration strategies such as consultation or coaching. Child care providers need practice in planning curricula in relation to inclusive practices, state standards, and children's specific intervention goals as recommended by Copple and Bredekamp (2009). Additionally, child care providers desire more training on identifying children with development delays and disabilities and sharing these concerns with parents.

Providers also need to be flexible and creative in making time for collaboration, implementing interventions with existing materials and routines, and including families meaningfully in their children's intervention in child care settings. Providers need to include families in EI services that take place in child care by scheduling visits both at home outside of family work hours as well as at child care or during times when parents can attend visits either in person or virtually through technology. Providers need to share the benefits of coordinating care among child care and EI providers with families and encourage them to invite child care providers to be a formal part of the IFSP team.

Implications for Policy

This study identified an evident gap between policy and practice. As stated in early childhood inclusion policies, professionals need systemic support through inclusion-based professional standards, integrated professional development systems, and state accountability (DEC/NAEYC, 2009; DHHS/DOE, 2015). Results from this study highlight the fact that the lack of systemic supports for inclusion and collaboration prevents professionals from feeling valued and competent in these areas. Budgetary considerations were prominent in the data. Having funding available for providers to seek out appropriate education and training as well as offer salaries that are comparable to the expertise needed to serve infants and toddlers with disabilities are necessary to providing quality child care and EI services. Additionally, funding to support appropriate staffing for child care providers to attend IFSP meetings and paid collaboration time for providers to engage in joint goal development, planning, and implementation are necessary.

In general, participants across both groups were interested in learning more about many topics related to inclusion and collaboration, they were willing to attend trainings related to these topics. Creating professional development systems that are comprehensive, cost-effective, and

cater to the time demands of providers are needed. Professional development systems should consider formats beyond hour-long introductory workshops and engage providers using appropriate adult learning strategies in order for providers to reach mastery level skills (Dunst, Trivette, & Hambly, 2010). Dinnebeil and colleagues (2008) recommend that gaining knowledge about the collaborative process is vital to being able to develop the skills necessary for effective collaboration. In particular, providing structure for consultation and on-site training was desired. Interestingly, few survey participants indicated an interest in coaching or consultation as a format for professional development however focus group participants commonly suggested strategies with much excitement. It should be noted that participants in the focus groups did not use the terminology “consultation” or “coaching” but described similar ideas. This is similar to findings from Wesley et al. (2001), who described that although EI providers reported using consultation, few were able to identify specific consultation techniques. This may account for why few survey participants selected this option. Providing professionals with a greater understanding of the concepts of collaborations including teaming, consultation, and coaching would enhance their comprehension and capacity to engage in collaboration. Additionally, similar to results from McDonnell et al. (2001), both child care and EI participants recommended having in-house or floating EI staff for child care programs in order to have better continuity in teaming and provide more in-depth services. DHHS/DOE (2015) recommends co-teaching and coaching models between early childhood providers and specialized providers in order to achieve inclusion.

Providers need to have access to appropriate training. Personnel preparation programs across early childhood-related disciplines at associate, bachelor, and graduate levels should include coursework and field experiences related to inclusion and collaboration. As suggested by participants, this content should be integrated across all coursework as opposed to having one

separate course on EI services or collaboration. Integrating professional development systems among child care and EI may facilitate relationships among providers and assure they receive common, accurate content. This will ensure that new providers have the education background to serve as a basis for their practice. By integrating systems, professionals would gain a sense of community among providers and lay a foundation for collaboration. Additionally, in the survey comments and in focus groups, professional development that gathers professionals together to celebrate successes and address problems both in person and virtually, similar to the concept of communities of practice, was discussed with much interest and excitement.

State systems should also provide mentoring and supervision by professionals whose practices align with recommended practices and policy to support providers' efforts in inclusion and collaboration. Accountability systems (e.g., Quality Rating Improvement Systems, credentialing, licensure) must include inclusion and collaboration indicators at all levels. As recommended by current policy statements (DEC/NAEYC, 2009; DHHS/DOE, 2015), local, state, and national level policy stakeholders should assess their current system's strengths and use existing relationships in building a comprehensive culture of inclusion of all children and their families.

Implications for Research

Despite a clear interest in inclusion, there continues to be a shortage of research to address the inclusion of infants and toddlers with disabilities in community settings and include the perspectives of child care and EI providers related to inclusion and collaboration. As millions of infants and toddlers experience child care in the US, child care programs are natural environments for families receiving Part C EI services. Additionally, the data from this study related to infants and toddlers were similar to research findings about older children.

The student investigator has only begun to analyze the wealth of data this study generated. Examining correlations between factors such as education and experience level with factors that support and hinder inclusion and issues related to collaboration would allow for a better understanding of possible intervention factors and investigation of factors unique to very young children with disabilities. Additionally, considering within group differences between provider types (e.g., home-based, center-based, independent, agency-based), disciplines (e.g., special instructor, speech pathologist, physical therapist), and locations (e.g., rural, suburban, urban) would provide insight to match the needs of specific provider groups. As recommended by Buysse et al. (1998), examining these factors may provide greater comprehension of the data and further validate the measures if used in replication or expansion.

Research on intervention models to help translate research and policy into practice is an important next step. Case studies of successful collaborations would provide functional strategies for professionals. Additionally, examining factors that support and hinder collaboration in other early childhood systems focused on infants and toddlers and their families including Early Head Start and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) would promote an understanding of successful strategies and challenges in collaboration among systems that serve infants and toddlers and their families. These efforts would provide valuable information to the unique factors to consider when including infants and toddlers with disabilities in child care and other community settings.

Most importantly, in order to help achieve family-centered practices which EI services are based upon, research needs to include families' experiences and perceptions on the inclusion of their infants and toddlers with disabilities in child care settings and the delivery of EI services in child care. It would be beneficial to understand how parents perceive their role in EI and child

care services for their children with disabilities and examine factors that support and hinder the coordination of their child's care. The creation of intervention models that effectively provide family-centered, collaborative services for families when their children receive their services outside of the home that include child care providers would be essential to translating policy into practice.

Conclusion

Although inclusion and collaboration are valued aspects in both child care and EI, they may not be easily obtained without support at individual, programmatic, and systemic levels. Despite the presence of inclusion policy and recommended practices, it cannot be assumed that professionals understand collaboration and have existing skill sets to successfully carry out collaboration across the systems of child care and EI. As suggested in previous research as well as this study, the mere presence of a child with a disability is not necessarily an example of meaningful inclusion and professionals sharing the same space and clientele does not constitute true collaboration. As Friend and Cook (2010) suggest, collaboration is based on mutual goals as well as shared responsibility and resources; but it is also an interpersonal relationship that requires communication, effort, and trust. Although most providers would agree that supporting children and families is a common goal of child care and EI, when supporting a specific child with a disability and their family, it is important to identify mutual goals for that child which can be done through functional and inclusive IFSP teams that include the child care provider. Additionally, individuals, programs, and states need to permit time and funding to facilitate relationships, joint planning, and shared resources. Steps to meaningfully engage families, child care, and EI providers in relationships with defined roles, clear communication, and shared visions will help bridge the gap between existing policies and recommendations into practice.

This more coordinated and comprehensive approach to EI services promotes an inclusive society with positive outcomes focused on children's development and families' confidence and competence in supporting their children.

The current approach to serving young children with disabilities in child care settings continues to ignore clear indicators that infants and toddlers with disabilities and their families are not receiving services aligned with policy and recommended practices. We have clear legislation, professional standards and recommendations, and policy statements that support inclusion. Collaboration and teaming as a clear means of achieving inclusion for young children with disabilities. Additionally, we have willing, interested, and motivated providers in child care and EI that want to support children with disabilities and their families but feel that there are many existing barriers. This research highlights the consistent factors that support and hinder both the inclusion of young children with disabilities in child care settings and collaboration among early childhood professionals that have persisted across many, many years. Therefore, the areas that need to be addressed to better support these children, families, and professionals are evident. It is time that we prioritize this issue and take steps to overcome these barriers and establish these supports. Leaders within programs, communities, and states need to be encouraged to support the translation of this research, current policies, and professional recommendations into practice. The questionable quality of services for this vulnerable population cannot continue in particular with the knowledge of the barriers that exist and the possible solutions to these issues. If the goal of our society is to create a culture of inclusion (DHHS/DOE, 2015), attention needs to be drawn to our youngest citizens, their caregivers, which include not only families but millions of child care providers, as well as our specialist providers. Strengthening early child systems across disciplines creates a positive course of life-

long inclusion and outcomes for our children and families as well as a resilient foundation for our society's success.

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Appendix A

Tables and Figures

Table A1

Summary of Research Study Characteristics

Author (date)	Topic	Methodology	Participants	Setting
Booth & Kelly (1998)	Parent Decisions	Interview Observation	155 Mothers of children with disabilities 139 Mothers of children without disabilities	Child's home Child care programs Focus Age: 12-15 mons.
Booth & Kelly (1999)	Parental Decisions	Interviews Environmental Observation	166 Mothers	Child's home Early intervention programs Focus Age: 12-15 mons.
Bose & Hinojosa (2008)	Collaboration	Interview	6 Occupational therapists Participant Age: 20s-40s Professional Experience: 3-7 yrs.	PreK-2 nd grade schools Focus Age: 3-8 yrs.
Bruns & Mogharreban (2007)	Perceptions and Experiences of Inclusion	Survey	76 Child care providers (3 men) 37 Public school teachers (2 men) Participant Age 20-54 yrs. Professional Experience 0-10+ yrs. Education Level: associate's- master's	Head Start Programs Public Pre-K Programs Focus Age: 3-5 yrs.
Buell, Garmel-McCormick, & Hallam (1999)	Perceptions and Experiences of Inclusion	Survey	189 Child care providers Participant Age: 26-50 yrs. Education Level: high school to master's	Family home Focus Age: Age not specified
Buysse, Wesley, Keyes, & Bailey (1996)	Perceptions and Experiences of Inclusion	Survey	52 Child care providers Education Level: high school to master's 18 Special educators Education Level: bachelor's to master's Participant Age: 24-56 yrs. Professional Experience: 50% more than 10 yrs.	Center-based Focus Age: Age not specified

(continued)

Table A1 (continued)

Author (date)	Topic	Methodology	Participants	Setting
Ceglowski, Logue, Ullrich, & Gilbert (2009)	Perceptions and Experiences in Inclusion	Interview	16 Parents	Center-based Focus Age: 1-11 yrs.
DeVore & Bowers (2006)	Parental Decisions	Interview	18 Parents 4 Child care providers	Cooperative child care program Focus Age: 0-5 years
Devore & Hanley-Maxwell (2000)	Perceptions and Experiences of Inclusion	Interviews	6 Child care providers Professional Experience: 3.5-23.5 yrs.	Center-based Family home Focus Age: 0-11 yrs.
Dinnebeil, McInerney, Fox, & Juchartz-Pendry (1998)	Perceptions and Experiences of Inclusion	Survey	400 Child care providers Education Level: High School-master's	Center-based Family home Focus Age: 0-5 yrs.
Dinnebeil, McInerney, & Hale (2006)	Perceptions and Experiences of Inclusion	Survey	9 Administrators 21 Itinerant special educators 6 General educators 9 parents	Center-based Family home Public/private Head Start Focus Age: 3-5 yrs.
Donegan, Ostrosky, & Fowler (1996)	Collaboration	Interview	24 Child care providers/Teachers Professional Experience: 1-20 yrs. Education Level: some college-bachelor's 12 Special educators Professional Experience: 1-23 yrs. Education Level: bachelor's-master's	Public preschool Center-based Focus Age: 3-5 yrs.
Essa et al. (2008)	Child Care Quality	Survey	354 Administrators (7 men) 1,577 Teachers (32 men) 408 family child care providers (4 men) Professional Experience: $M = 6.67$ Education Level: none to master's	Center-based Family home Focus Age: Not specified

(continued)

Table A1 (continued)

Author (date)	Topic	Methodology	Participants	Setting
Glenn-Applegate, Pentimonti, & Justice (2011)	Parental Decisions	Survey	54 parents	Variety of programs Focus Age: 3-5 yrs.
Hestenes, Cassidy, Hedge, & Lower (2007)	Child Care Quality	Analysis on existing data Environmental Observation	466 Early childhood programs (64 inclusive)	Center-based Early Head Start Early intervention programs Focus Age: 0-4yrs
Knoche, Peterson, Edwards, & Jeon (2006)	Perceptions and Experiences of Inclusion	Survey Program Observation	2022 Child care providers (728 inclusive) 1325 Parents (80 children with disability) 349 Program observations (143 inclusive)	Center-based Family homes Early Head Start Focus Age: 0-5 yrs.
Lee & Recchia (2004)	Parental Decisions Perceptions and Experiences of Inclusion	Case Study Interview Survey Child Observation	University students Participant Age: 23-35 yrs. Professional Experience: none	University child care Focus Age: 1-2 yrs.
McDonnel, Brownwell, & Wolery (2001)	Perceptions and Experiences of Inclusion	Survey	276 Child care providers Education Level: none to master's Professional Experience: 0-20 yrs.	NAEYC accred. programs Focus Age: 3-5 yrs.
Mohay & Reid (2006)	Perceptions and Experiences of Inclusion	Survey	63 Administrators 69 Child care providers (1 man) Participant Age 19-62 yrs., <i>M</i> = 33yrs. Professional Experience: 9 mons.-35 yrs.	Center-based Focus Age: Not specified
Niergarth & Winterman (2010)	Parental Decisions	Interview	34 Parents	Focus Age: 0-3 yrs.
Recchia, Berr, & Hsiung (1998)	Perceptions and Experiences of Inclusion	Interview Child Observation	University students Participant Age: 23-55 yrs. Professional Experience: 1-15 yrs.	University child care Focus Age: 15 mons.

(continued)

Table A1 (continued)

Author (date)	Topic	Methodology	Participants	Setting
Rens & Joosten (2014)	Collaboration	Survey Focus Group	10 Occupational therapists (2 men) Professional Experience: 6 mons-20 yrs. 22 Teachers (1 man) Professional Experience: $M = 17$ yrs.	Elementary school
Wall, Kisker, Peterson, Carta, & Jeon (2006)	Child Care Quality	Interview Environmental Observation	3001 Families (414 children with disability)	Focus Age: 0-3 yrs.
Wesley, Buysse, & Skinner (2001)	Collaboration	Focus groups	6 Early intervention professionals Education Level: bachelor's–PhD Professional Experience: 6 mon-21 yrs.	Center-based Family home Focus Age: 0-5 yrs.

Table A2

Survey Participant Characteristics

Characteristics	Child care providers <i>N</i> = 620		EI providers <i>N</i> = 371	
	<i>n</i>	%	<i>n</i>	%
In what area do you provide services?				
Region 1	232	37	176	47
Region 2	154	25	104	28
Region 3	116	19	40	11
Region 4	65	10	27	7
Region 5	53	9	24	6
What is your gender?				
Women	615	99	358	97
Men	4	1	9	3
What is your age?				
24 or younger	44	7	2	1
25-34	192	31	81	22
35-44	169	27	97	26
45-54	122	20	87	23
55 or older	91	15	103	28
What is the highest level of degree you have completed?				
High School/GED	31	5	-	-
Associate's Degree	142	23	-	-
Some College	115	19	-	-
Bachelor's Degree	181	29	73	20
Some post-graduate work	54	9	28	8
Master's Degree	93	15	249	67
Doctoral Degree	3	0.5	20	5
How many years of experience do you have in child care/early intervention?				
Less than 1 year	13	2	16	4
1-4 years	119	19	70	19
5-9 years	111	18	82	22
10-14 years	126	20	64	17
15-19 years	85	14	63	17
20 or more years	166	27	74	20

(continued)

Table A2 (continued)

Characteristics	Child care providers <i>N</i> = 620		EI providers <i>N</i> = 371	
	<i>n</i>	%	<i>n</i>	%
What was the major of your highest level of education?				
Early Childhood/Child Development	358	58		
Elementary Education	46	7		
Psychology	46	7		
Social Work	24	4		
Special Education	13	2		
Other	134	22		
What is your current role in child care?				
Head/Lead Teacher	224	36		
Director/Administrator	149	24		
Assistant Teacher/Teacher's Aide	63	10		
Co-Teacher	52	8		
Home Based Educator	49	8		
Parent Educator	16	3		
Other	68	10		
What type of program do you currently work in?				
Center	353	57		
Family/home	167	27		
Early/Head Start	69	11		
Other	32	5		
What is your current role in early intervention?				
Speech Therapist			114	31
Developmental Therapist/Specialist Instruction			76	20
Occupational Therapist			51	14
Physical Therapist			37	10
Service Coordinator			24	6
Social and Emotional Consultant			12	3
Administrator/Manager			8	2
Other			49	13

Table A3

Focus Group Participant Characteristics

State region	Professional role <i>n</i> = 12	Program type	Highest education	Years of experience in child care (<i>M</i> = 13.17, <i>SD</i> = 8.54)	Age (<i>M</i> = 43.42, <i>SD</i> = 9.57)	Ethnicity
Child Care Providers						
1	Teacher	Center	Master's	5	39	African American
1	Director	Center	Associate's	11	50	African American
1	Owner	Family home	Bachelor's	13	53	African American
2	Teacher	Center	Bachelor's	25	41	African American
2	Owner	Family home	Bachelor's	30	47	Caucasian
3	Teacher	Family home	Bachelor's	3	31	Caucasian
3	Owner	Faith-based center	Bachelor's	8	38	Caucasian
3	Child Care Assistant	Family home	Associate's	8	36	Caucasian
3	Teacher	Center	Bachelor's	30	51	Latino
4/5	Teacher	Center	Bachelor's	8	58	Caucasian
4/5	Director	Center	Associate's	11	50	Caucasian
4/5	Teacher	Faith-based center	Bachelor's	6	27	Caucasian

(continued)

Table A3 (continued)

State region	Professional role <i>n</i> = 12	Program type	Highest education	Years of experience in child care (<i>M</i> = 13.17, <i>SD</i> = 8.54)	Age (<i>M</i> = 43.42, <i>SD</i> = 9.57)	Ethnicity
Early Intervention Providers						
1	Speech Pathologist	Agency	Master's	15	57	African American
1	Social Worker	Independent	Master's	2	28	Asian
1	Developmental Therapist	Independent	Master's	3	34	Caucasian
1	Developmental Therapist	Independent	Master's	6	69	Caucasian
2	Developmental Therapist	Agency	Bachelor's	--	42	Caucasian
2	Physical Therapist	Agency	Bachelor's	5	67	Caucasian
3	Speech Pathologist	Agency	Master's	1	25	Caucasian
3	Occupational Therapist	Independent	Bachelor's	15	51	Caucasian
4/5	Social Emotional Consultant	Independent	Master's	23	45	Caucasian
4/5	Speech Pathologist	Independent	Master's	20	52	Caucasian
4/5	Speech Pathologist	Independent	Master's	9	35	Caucasian
4/5	Speech Pathologist	Agency	Master's	20	59	Caucasian

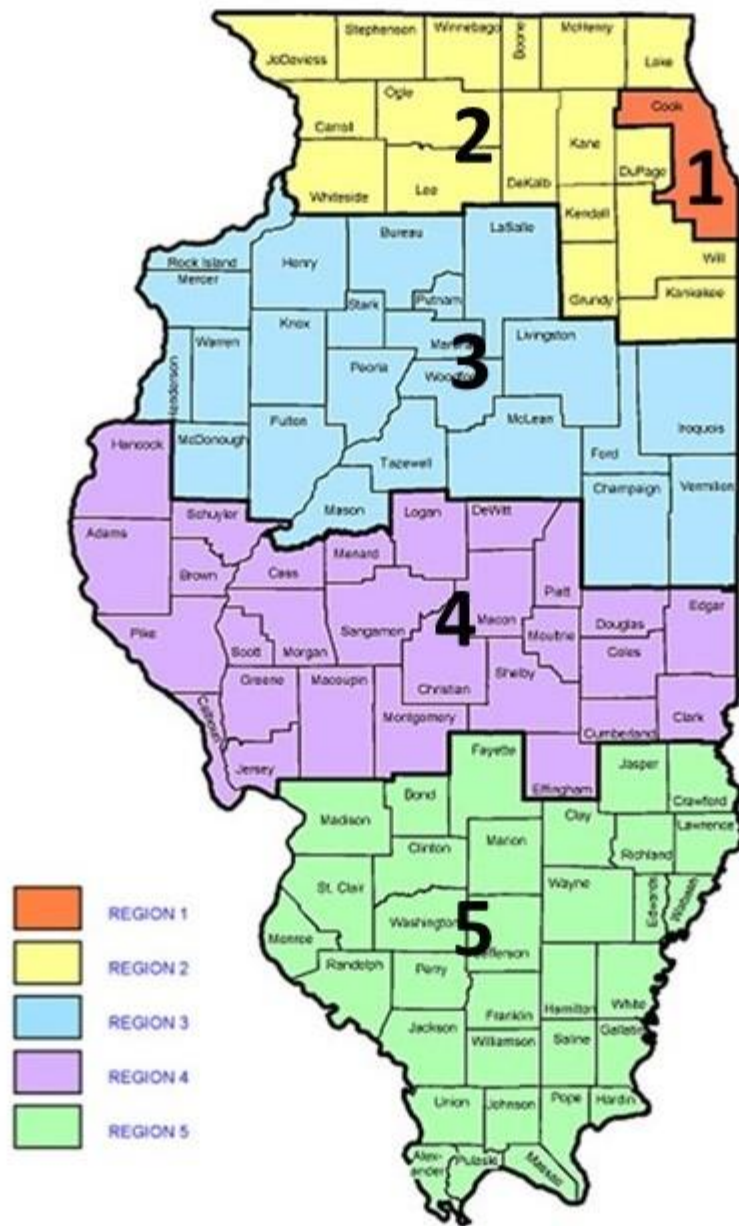


Figure A1. Illinois regions.

	What factors promoted and hindered the inclusion of infants and toddlers with disabilities and their families in child care settings from the perspectives of child care and EI providers?	What factors promoted and hindered the collaboration among child care and EI providers?	What were the similarities and differences between child care and early intervention providers in relation to these factors?	What were the perceived needs (i.e., policy, training, other) of child care and EI providers to best serve infants and toddlers with disabilities and their families in child care settings?
Survey Sections	Beliefs of inclusion	X		X
	Supports for inclusion		X	X
	Barriers for inclusion		X	X
	Child care providers' experiences with infants and toddlers with disabilities and their families	X	X	
	Experiences providing services in child care centers.		X	X
	Training experiences			
Focus Group Themes	Participant experiences with EI in child care	X		X
	Factors that support or hinder inclusion and collaboration.	X	X	X
	Moving forward to successful collaboration			X

Figure A2. Finding by research question.

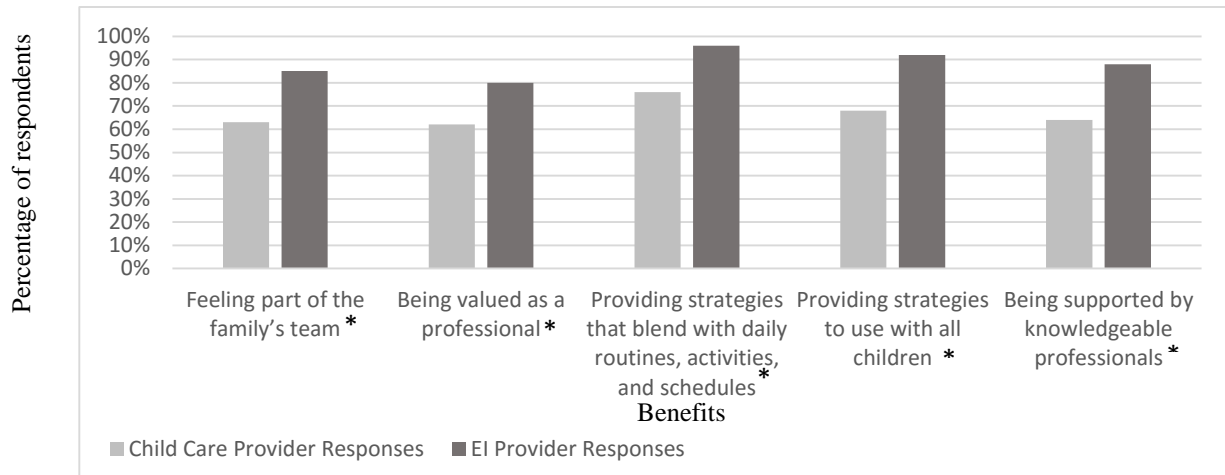
Table A4

Beliefs About Inclusion of Infants and Toddlers With Disabilities in Child Care Settings

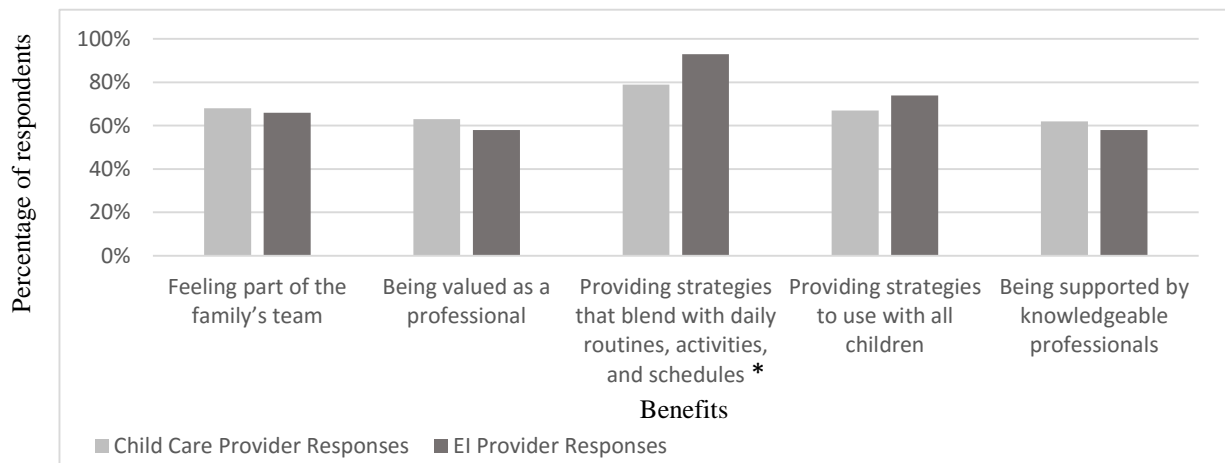
Belief	Child care providers <i>M(SD)</i>	EI providers <i>M(SD)</i>	<i>p</i>
Children with disabilities should receive services in early childhood settings along with their same age peers.	6.13 (1.01)	5.83 (0.86)	***
The intervention strategies and adaptations necessary to assist a child with a disability are easy to prepare and carry out.	4.79 (1.35)	4.84 (1.15)	
Children without disabilities are positively affected by playing and learning alongside their peers with disabilities.	5.78 (1.49)	6.17 (0.93)	***
All children can learn.	6.86 (0.43)	6.80 (0.49)	*
Children are more alike than different.	5.66 (1.53)	6.05 (1.04)	***

Note. Adapted from Bruns and Mogharreban (2007). Responses include 7-point Likert-type scale, 1 indicating never true, 4 indicating neutral, and 7 indicating always true. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

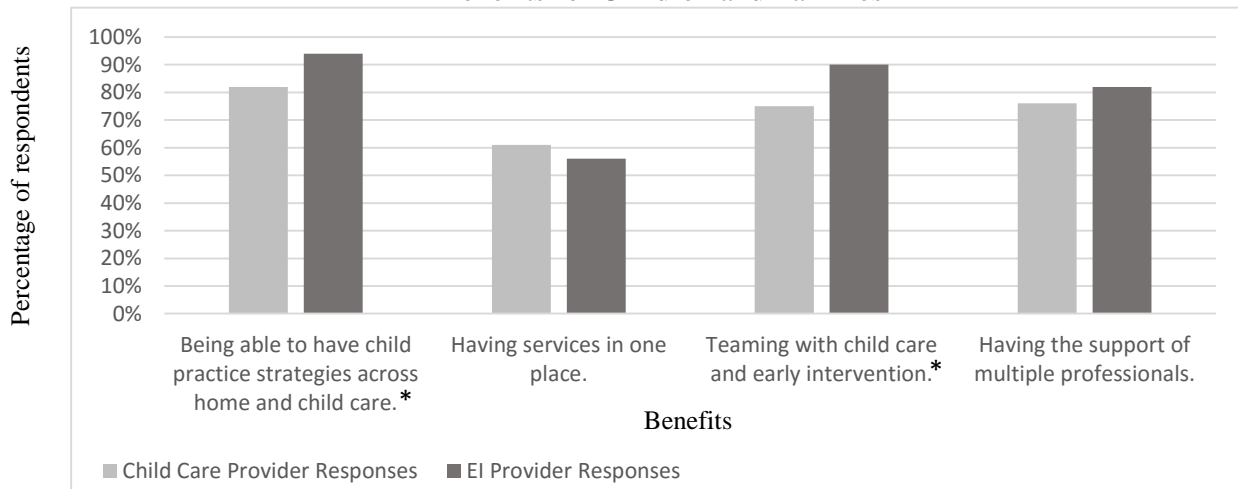
Benefits for Child Care Providers



Benefits for EI Providers



Benefits for Children and Families



Note. * $p < 0.001$.

Figure A3. Benefits of children receiving EI Services in child care settings.

Table A5

Factors That Support the Inclusion of Infants and Toddlers in Child Care Settings

Factors	Child care providers	EI providers	
	<i>M (SD)</i>	<i>M (SD)</i>	
Positive working relationships among people from different agencies, programs, and professions.	6.72 (0.72)	6.76 (0.64)	
Special services and therapies are planned together with family and other caregivers.	6.76 (0.73)	6.80 (0.60)	
Clearly defined roles of adults involved in providing special therapies and services.	3.63 (2.66)	6.48 (1.04)	***
Flexible hours for staff that make it possible to meet with families at their convenience.	6.47 (1.15)	6.54 (0.83)	
High quality child care programs are available.	6.57 (1.00)	6.47 (1.11)	
Child care programs have clear mission statements that support serving children with and without disabilities together.	6.21 (1.28)	6.02 (1.26)	*
There are appropriate standards for hiring staff for child care programs.	6.33 (1.23)	6.17 (1.29)	
Training provided to prepare <i>child care providers</i> to effectively work with young children with disabilities who are enrolled in child care programs.	6.42 (1.38)	6.32 (1.35)	
Training provided to prepare <i>early interventionists</i> to effectively work with young children with disabilities who are enrolled in child care programs.	6.48 (1.20)	6.50 (0.98)	
Administrators who are willing to take risks and act creatively to overcome barriers.	6.34 (1.18)	6.33 (1.13)	
Having at least one inclusive early childhood program highly visible in the community.	6.31 (1.20)	6.37 (1.05)	
Resources such as consultants, books, or videos are available to support inclusion in child care programs.	6.41 (1.13)	6.25 (1.08)	*
Staff show through their actions and practices that all children are valued regardless of differences.	6.77 (0.73)	6.70 (0.76)	

Note. Adapted from Wesley and Buysse (1994). Responses include a 7-point Likert-type scale with 1 indicating definitely not a support and 7 indicating definitely a support to inclusion. $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

Table A6

Factors that Hinder Inclusion of Infants and Toddlers in Child Care Settings

Factors	Child care providers <i>M (SD)</i>	EI providers <i>M (SD)</i>	
Fear that children with disabilities will be harmed in some way.	4.27 (1.92)	4.79 (1.68)	***
Fear that children without disabilities will be harmed in some way.	4.09 (2.05)	4.66 (1.85)	***
Not enough high-quality child care programs.	5.60 (1.75)	6.04 (1.31)	***
Low state standards for child care programs.	5.22 (1.94)	5.60 (1.46)	**
Not enough training to prepare <i>child care providers</i> to effectively work with young children with disabilities who are enrolled in child care programs.	5.81 (1.72)	6.23 (1.18)	***
Not enough training to prepare <i>early intervention providers</i> to effectively provide services to young children with disabilities in child care programs.	5.34 (1.87)	4.84 (1.91)	***
High teacher to student ratios (too many children per each adult).	5.82 (1.71)	5.94 (1.29)	
Too many children with disabilities in each class.	4.79 (1.73)	4.72 (1.59)	
Resistance among families of children without disabilities in having children with disabilities in child care settings.	4.66 (1.90)	5.05 (1.45)	***
Resistance among families of children with disabilities in having their child included in child care settings.	4.15 (1.89)	4.36 (1.77)	
Not enough intervention services for children who need them in child care programs.	5.56 (1.71)	5.62 (1.49)	
State standards in child care program do not address the needs of children with disabilities.	5.06 (1.86)	5.23 (1.56)	
Resistance among early intervention providers.	4.59 (1.95)	4.09 (2.02)	***
Resistance among child care providers.	5.02 (1.85)	5.42 (1.42)	***
Child care programs are not designed for children with disabilities (e.g. rooms are too small for wheelchairs, adequate supplies, lack of special equipment, or lack of assistive technology).	5.72 (1.74)	5.84 (1.22)	

(continued)

Table A6 (continued)

Factors	Child care providers <i>M (SD)</i>	EI providers <i>M (SD)</i>	
Differences between child care providers and early intervention providers in their views and teaching practices.	4.99 (1.70)	5.30 (1.36)	**
Interventions are planned without involving families.	5.08 (2.05)	5.20 (1.83)	
Interventions are planned without involving child care providers.	5.52 (1.76)	5.59 (1.40)	
Lack of time to communicate with families of children with disabilities.	5.46 (1.87)	5.73 (1.41)	*
Concern that inclusion is not cost effective.	5.00 (1.78)	5.03 (1.49)	
Resistance among program administrators.	5.01 (1.91)	5.33 (1.38)	**
Concern about liability in child care.	5.37 (1.69)	5.46 (1.23)	
Lack of time for planning and coordinating services for children with disabilities between child care providers and early intervention providers.	5.56 (1.67)	5.86 (1.16)	**

Note. Adapted from Wesley and Buysse (1994). Responses include a 7-point Likert-type scale with 1 indicating definitely not a support and 7 indicating definitely a support to inclusion. $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

Have you cared for any children with disabilities or developmental delays?	Yes 546 (89%)	No 56 (9%)	Don't Know 12 (2%)
--	------------------	---------------	-----------------------

Approximately how many infants and toddlers with disabilities or delays have you cared for during your career?

Number of children	Respondents
0-10	293
11-25	143
26-50	25
51-75	63
76-100	3
>100	4
“Many”	7

What types of disabilities do you have experience with?

Type of Disability	<i>n</i>	%
Developmental Delay	441	80%
Speech/Communication Delay	433	78%
Autism	376	68%
Attention Deficit Hyperactivity Disorder	342	62%
Social, Emotional, or Behavior Issues	341	62%
Sensory Integration Disorder	217	39%
Down Syndrome	158	29%
Cerebral Palsy	104	19%
Deafness	83	15%
Blindness or visual impairment	36	7%
Spina Bifida	35	6%
Traumatic Brain Injury	35	6%
Neurological issues (e.g., seizures, fetal alcohol syndrome/addiction, shaken baby syndrome)	24	5%
Physical disabilities	14	3%
Genetic Disorders	12	2%
Cardiovascular issues (e.g., asthma, heart defects, hemophilia)	10	2%
Other (e.g., intellectual disability, prematurity, cancer, trauma, dwarfism)	16	3%

Figure A4. Child care providers' experiences with children with disabilities.

Table A7

Factors That Contribute to Child Care Providers' Comfort for Caring for Children With Disabilities

Question/Response	<i>n</i>	%
<i>What contributes to your comfort level for caring for infants and toddlers with disabilities?</i>		
Have had experience with children with disabilities.	460	75
Have had training/education on disability or special education.	332	54
Have had some training/education on disability or special education but would like more.	310	50
Am a family member or a person with a disability.	148	24
Do not have enough experiences with children with disabilities.	34	6
<i>In what ways do you struggle to care for infants and toddlers with disabilities?</i>		
I don't know how to meet all their needs.	227	37
I don't have time to meet their special needs.	121	20
I don't have knowledge about early intervention of special services.	90	15
I feel like I need more training.	289	47
I do not struggle to care for infants and toddlers with disabilities.	189	31

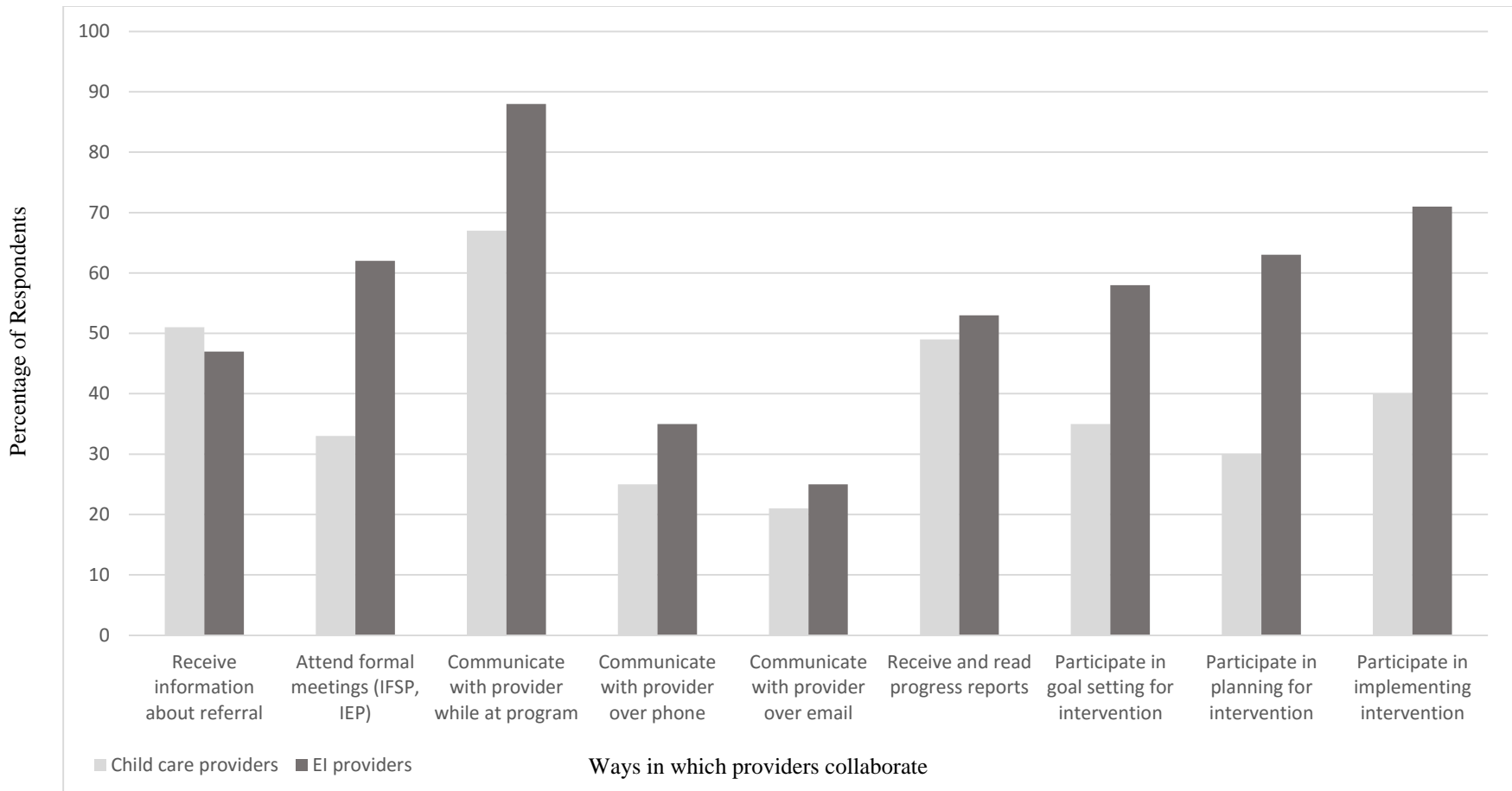


Figure A5. Methods of child care and EI providers collaboration.

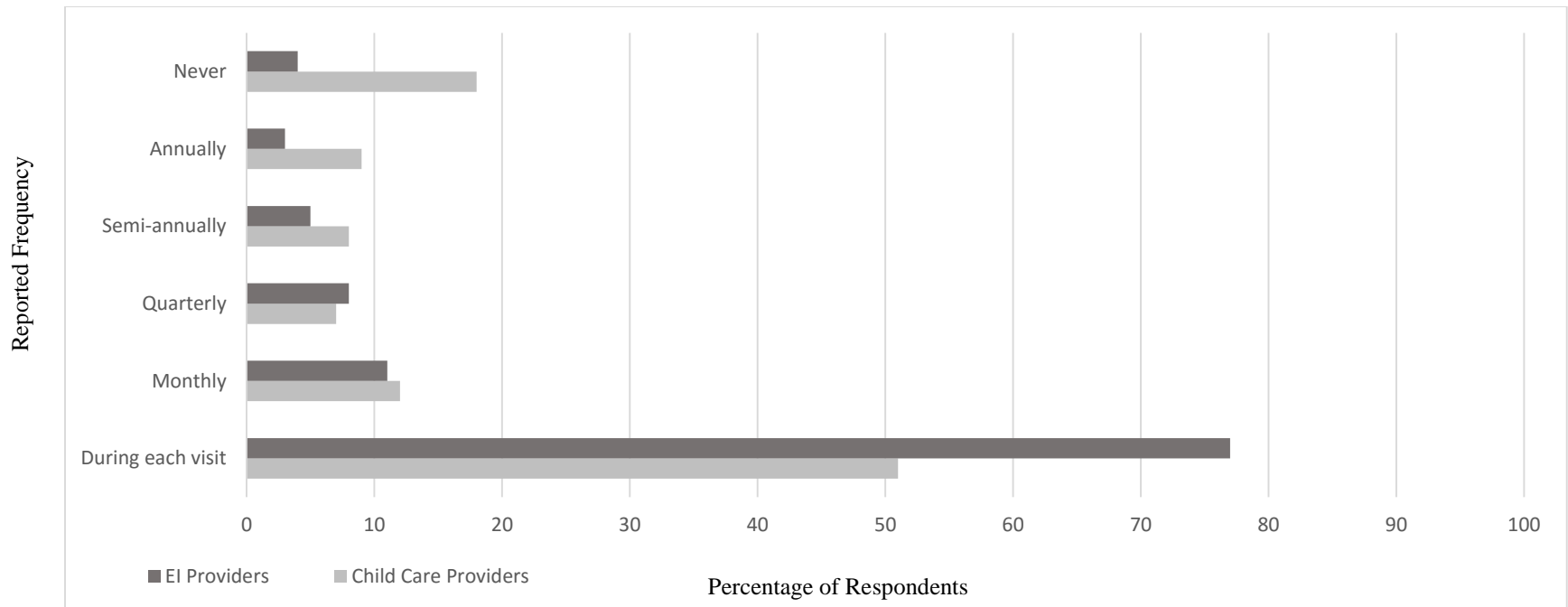


Figure A6. Frequency of collaboration among providers.

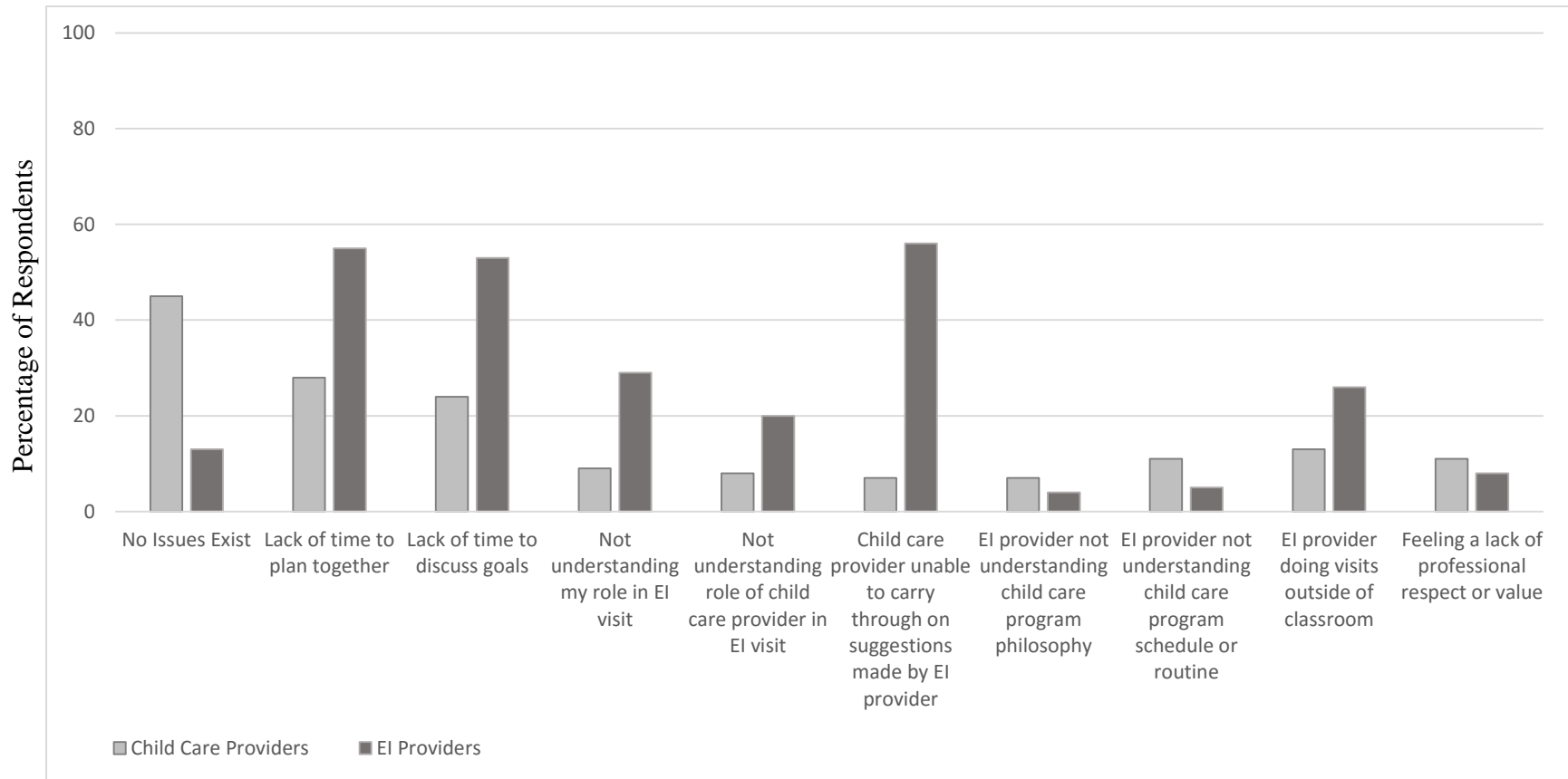


Figure A7. Issues in relationships between child care and EI providers.

Table A8a

Training Experiences and Needs

Experience	Child care providers	EI providers
<i>How often do you attend or engage in professional development (PD) opportunities?</i>		
Daily	16 (3%)	3 (5%)
Weekly	19 (3%)	18 (38%)
Monthly	182 (30%)	137 (38%)
Quarterly	213 (35%)	150 (41%)
Semi-annually	90 (15%)	47 (13%)
Annually	65 (11%)	10 (3%)
Never	23 (3%)	1 (0.3%)

Table A8b

Training Experiences and Needs

Experience	Child care providers		EI providers	
	Type of PD attended	Preferred method of PD	Type of PD attended	Preferred method of PD
Workshops such as those offered by INCCRRA, Gateways, or CCRR	500 (82%)	449 (73%)	323 (88%)	292 (79%)
Conferences	279 (46%)	253 (41%)	299 (81%)	207 (56%)
Online courses	354 (58%)	380 (62%)	209 (57%)	176 (48%)
Webinars	260 (43%)	273 (44%)	241 (66%)	195 (53%)
Read Articles	316 (52%)	219 (36%)	258 (70%)	118 (32%)
Videos	152 (25%)	182 (30%)	104 (28%)	67 (18%)
College Courses	165 (27%)	123 (20%)	22 (6%)	13 (4%)
Coaching/consultation	81 (13%)	119 (19%)	--	52 (14%)
Social Media	--	132 (21%)	--	48 (13%)

Table A9

Topics Included and Desired in Trainings for Child Care Providers

Topic	Included in attended trainings	Most desired for future trainings
Working with families of children with disabilities	305 (70%)	193 (31%)
How to identify a child with disability and developmental delay	279 (64%)	261 (42%)
What to do when you suspect a child has a disability or developmental delay	271 (62%)	176 (29%)
How to refer a child with disability for an evaluation	241 (55%)	126 (20%)
Strategies for helping children with disabilities in daily routines and activities	230 (53%)	321 (52%)
Supporting children with behavioral issues	229 (52%)	237 (38%)
Information about specific disabilities (e.g., autism, Down syndrome, deafness)	216 (49%)	131 (21%)
Arranging the environment to best promote learning and development	196 (45%)	176 (29%)
Adapting materials to best promote learning and development	174 (40%)	120 (19%)
Health and safety concerns for young children with disabilities	173 (40%)	96 (16%)
Working with early intervention providers	168 (38%)	186 (30%)
How to access early intervention and special education services	161 (37%)	106 (17%)

Table A10

Topics Included and Desired in Trainings for EI Providers

Topic	Included in attended trainings	Most desired for future trainings
Collaboration strategies	67 (74%)	163 (45%)
Embedding interventions into daily routines	59 (65%)	219 (61%)
Strategies for communicating with other professionals	46 (52%)	73 (20%)
Adapting materials	44 (49%)	120 (33%)
Consultation Strategies	39 (43%)	110 (31%)
Coaching Strategies	32 (36%)	134 (37%)
Arranging the environment	31 (35%)	114 (32%)
Working with groups of children	29 (33%)	121 (34%)
Characteristics of child care programs	22 (25%)	98 (27%)

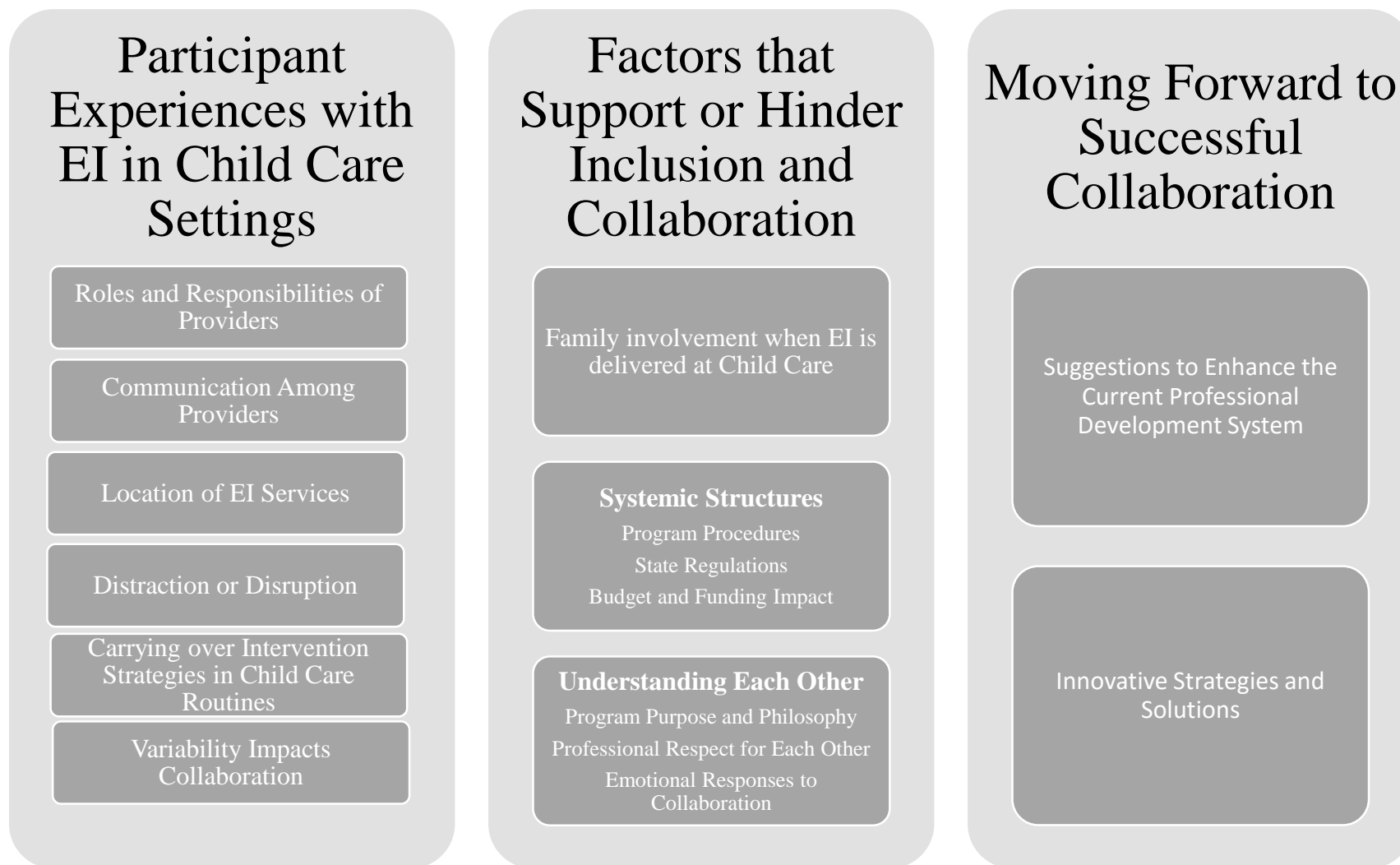


Figure A8. Focus group themes and codes.

Appendix B

Study Measures: Child Care Provider Survey

Project Collaborative Care: Child Care Provider

The purpose of the study is to better understand the needs of child care and early intervention providers in serving infants and toddlers with disabilities in child care in Illinois.

Below are some terms that will be discussed in this survey.

Infants and toddlers with disabilities refers to children under 36 months of age with or at-risk for developmental delays or disabilities.

Child care includes early care and education to children in center-based, family child care homes, Early Head Start programs, private preschool, faith-based programs, etc.


Early intervention includes services provided under the Individuals with Disabilities Education Act (IDEA) Part C such as developmental therapy, occupational therapy, physical therapy, service coordination, speech and language pathology, etc.

Inclusion refers to including children with disabilities in early childhood programs with peers without disabilities including providing access, participation, and support for inclusion across programs.

Please reflect on your experiences as a child care provider while answering these questions.

Area of Services

Page exit logic: Page LogicIF: Question " In what area do you provide services?



" #1 is one of the following answers ("Outside of Illinois") **THEN:** Disqualify and display: "Thank you for your participation in this survey. You have indicated that you provide services outside of Illinois. As we are specifically seeking participants providing services in Illinois, this disqualifies you for the survey at this time. Thank you. "



1) **In what area do you provide services?**

*

- Region 1 (Cook County)
- Region 2 (Boone, Carroll, DeKalb, DuPage, Grundy, JoDaviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will, Winnebago Counties)
- Region 3 (Bureau, Champaign, Ford, Fulton, Henderson, Henry, Iroquois, Knox, LaSalle, Livingston, Marshall, Mason, McDonough, McLean, Mercer, Peoria, Putnam, Rock Island, Schuyler, Stark, Tazewell, Vermillion, Warren, Woodford Counties)
- Region 4 (Adams, Brown, Calhoun, Cass, Christian, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Effingham, Greene, Hancock, Jersey, Logan, Macon, Macoupin, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Scott, Shelby Counties)
- Region 5 (Alexander, Bond, Clay, Clinton, Crawford, Edwards, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White, Williamson Counties)
- Outside of Illinois

Inclusion of Infants and Toddlers in Child Care Settings

This section examines your beliefs about including children with disabilities in child care programs.

Please select the column that corresponds to your point of view about the following statements.

2) Children with disabilities should receive services in early childhood settings along with their same age peers.

- Always true
 Usually true
 Sometimes
 Neutral
 Sometimes but infrequently true
 Rarely true
 Never true

3) The intervention strategies and adaptations necessary to assist a child with a disability are easy to prepare and carry out.

- Always true
 Usually true
 Sometimes true
 Neutral
 Sometimes but infrequently true
 Rarely true
 Never true

4) Children without disabilities are positively affected by playing and learning alongside their peers with disabilities.

- Always true
 Usually true
 Sometimes true
 Neutral
 Sometimes but infrequently true
 Rarely true
 Never true

5) All children can learn.

- Always true Usually true Sometimes true Neutral
- Sometimes but infrequently true Rarely true Never true

6) Children are more alike than different.

- Always true Usually true Sometimes true Neutral
- Sometimes but infrequently true Rarely true Never true

Supports and Barriers to Inclusion

This section of the survey addresses supports and barriers to including infants and toddlers with disabilities in programs with children without disabilities.

Listed below are some supports to infant/toddler inclusion reported by professionals and parents of young children with and without disabilities.

Early intervention includes services provided under the Individuals with Disabilities Education Act (IDEA) Part C such as developmental therapy, occupational therapy, physical therapy, service coordination, speech and language pathology, etc.

Select the response that indicates the degree to which YOU feel each item represents a barrier or support to inclusion BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS.

If you are unsure or have never experienced these barriers or supports, indicate this by selecting "not sure."

Supports of Early Childhood Inclusion

*Select the number that indicates the extent to which YOU feel each item represents a **support** to inclusion of infants and toddlers with disabilities BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS.*

7) Positive working relationships among people from different agencies, programs, and professions.

- Definitely a support Probably a support Maybe a support Not sure
- Maybe not a support Probably not a support Definitely not a support

8) Special services and therapies are planned together with family and other caregivers.

- Definitely a support Probably a support Maybe a support Not sure
- Maybe not a support Probably not a support Definitely not a support

9) Clearly defined roles of adults involved in providing special therapies and services.

- Definitely not a support Probably not a support Maybe not a support
- Not sure Maybe a support Probably a support Definitely a support

10) Flexible hours for staff that make it possible to meet with families at their convenience.

- Definitely a support Probably a support Maybe a support Not sure
- Maybe not a support Probably not a support Definitely not a support

11) High quality child care programs are available.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

12) Child care programs have clear mission statements that support serving children with and without disabilities together.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

13) There are appropriate standards for hiring staff for child care programs.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

14) Training provided to prepare child care providers to effectively work with young children with disabilities who are enrolled in child care programs.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

15) Training provided to prepare early interventionists to effectively work with young children with disabilities who are enrolled in child care programs.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

16) Administrators who are willing to take risks and act creatively to overcome barriers.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

17) Having at least one inclusive early childhood program highly visible in the community.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

18) Resources such as consultants, books, or videos are available to support inclusion in child care programs.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

19) Staff show through their actions and practices that all children are valued regardless of differences.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

20) Please describe any supports that you have experienced that are not listed above.

Barriers to Early Childhood Inclusion

This section of the survey continues to address supports and barriers to including infants and toddlers with disabilities in programs with children without disabilities.

*Listed below are some **barriers** to infant/toddler inclusion reported by professionals and parents of young children with and without disabilities.*

Early intervention includes services provided under the Individuals with Disabilities Education Act (IDEA) Part C such as developmental therapy, occupational therapy, physical therapy, service coordination, speech and language pathology, etc.

*Select the response that indicates the degree to which YOU feel each item represents a **barrier** to inclusion **BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS**.*

If you are unsure or have never experienced these barriers, indicate this by selecting "not sure."

21) Fear that children with disabilities will be harmed in some way.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

22) Fear that children without disabilities will be harmed in some way.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

23) Not enough high-quality child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

24) Low state standards for child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

25) Not enough training to prepare child care providers to effectively work with young children with disabilities who are enrolled in child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

26) Not enough training to prepare early intervention providers to effectively provide services to young children with disabilities in child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

27) High teacher to student ratios (too many children per each adult).

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

28) Too many children with disabilities in each class.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure Maybe a barrier Probably a barrier Definitely a barrier

29) Resistance among families of children without disabilities in having children with disabilities in child care settings.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure Maybe a barrier Probably a barrier Definitely a barrier

30) Resistance among families of children with disabilities in having their child included in child care settings.

Definitely not a barrier Probably not a barrier Maybe a barrier Neutral Maybe a barrier Probably a barrier Definitely a barrier

31) Not enough intervention services for children who need them in child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure Maybe a barrier Probably a barrier Definitely a barrier

32) State standards in child care program do not address the needs of children with disabilities.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure Maybe a barrier Probably a barrier Definitely a barrier

33) Resistance among early intervention providers.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure Maybe a barrier Probably a barrier Definitely a barrier

34) Resistance among child care providers.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure Maybe a barrier Probably a barrier Definitely a barrier

35) Child care programs are not designed for children with disabilities (e.g., rooms are too small for wheelchairs, adequate supplies, lack of special equipment, or lack of assistive technology).

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure Maybe a barrier Probably a barrier Definitely a barrier

36) Differences between child care providers and early intervention providers in their views and teaching practices.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure Maybe a barrier Probably a barrier Definitely a barrier

37) Interventions are planned without involving families.

Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure Maybe a barrier Probably a barrier Definitely a barrier

38) Interventions are planned without involving child care providers.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

39) Lack of time to communicate with families of children with disabilities.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

40) Concern that inclusion is not cost effective.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

41) Resistance among program administrators.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

42) Concern about liability in child care.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

43) Lack of time for planning and coordinating services for children with disabilities between child care providers and early intervention providers.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

44) Please describe any barriers that you have experienced that are not listed above.

Knowledge about infants and toddlers with disabilities

In this section, please think about your experiences and knowledge of infants and toddlers with disabilities in your care and interactions with early intervention professionals such as service coordinators, speech and language pathologists, occupational therapists, physical therapists, social/emotional consultants, etc.

Logic: Show/hide trigger exists.

45) Have you cared for any children with disabilities or developmental delays?

- Yes
 No
 Don't Know

Logic: Hidden unless: Question "Have you cared for any children with disabilities or developmental delays?" #45 is one of the following answers ("Yes", "Don't Know")

46) If so, approximately how many infants and toddlers (i.e., children under 36 months of age) with disabilities or developmental delays have you cared for during your career?

Logic: Hidden unless: Question "Have you cared for any children with disabilities or developmental delays?" #45 is one of the following answers ("Yes", "Don't Know")

47) What types of disabilities or developmental delays have you experienced in your career?

- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Blindness
- Cerebral Palsy
- Deafness
- Developmental Delay
- Down Syndrome
- Sensory Integration Disorder
- Speech/Communication Delay
- Social/Emotional Issues
- Spina Bifida
- Traumatic Brain Injury
- Other (please list):

48) How comfortable are you in caring for infants and toddlers with disabilities?

- Not sure
- Not at all
- Very little
- Somewhat
- Quite a bit
- A great deal
- Completely

49) What contributes to your comfort level for caring for infants and toddlers with disabilities? (check all that apply)

- Have had training/education on disability or special education.
- Have had experiences with children with disabilities.
- Have had some training/education on disability or special education but would like more.
- Do not have enough training/education on disability or special education.
- Do not have experience with children with disabilities.
- Am a family member of a person with a disability.

Other (please list):

50) In what ways do you struggle to care for infants and toddlers with disabilities? (check all that apply)

- I do not know how to meet all their needs (e.g., strategies, resources, agencies).
- I do not have time to meet their special needs.
- I do not have knowledge about early intervention or special services.
- I feel like I need more training.
- I do not struggle to care for infants and toddlers with disabilities.
- Other (please list)

Logic: Show/hide trigger exists.

51) Have early intervention providers visited your program to provide services to infants and toddlers in your care?

Early intervention providers may include developmental therapists, occupational therapists, physical therapists, service coordinators, speech and language pathologists, etc.

- Yes
- No
- Don't know

52) Have you been involved (contributed to evaluation, carried out therapy) in any Individualized Family Service Plan (IFSP) for a child with a disability or developmental delay?

- Yes
- No

Experiences Providing Services with Early Intervention

Logic: Hidden unless: Question "Have early intervention providers visited your program to provide services to infants and toddlers in your care?"

Early intervention providers may include developmental therapists, occupational therapists, physical therapists, service coordinators, speech and language pathologists, etc.

" #51 is one of the following answers ("Yes", "Don't know")

53) In what ways do you collaborate or work with early intervention providers? (check all that apply)

Early intervention providers may include developmental therapists, occupational therapists, physical therapists, service coordinators, speech and language pathologists, etc.

- Receive information about referral
- Attend formal meetings (IFSP, IEP)
- Communicate with provider while at program
- Communicate with provider over phone

- Communicate with provider over email
- Receive and read progress reports or other documents
- Participate in goal setting for intervention
- Participate in planning for intervention
- Participate in implementing intervention
- Other (list):

Logic: Hidden unless: Question "Have early intervention providers visited your program to provide services to infants and toddlers in your care?"

Early intervention providers may include developmental therapists, occupational therapists, physical therapists, service coordinators, speech and language pathologists, etc.

" #51 is one of the following answers ("Yes","Don't know")

54) How often do you collaborate with early intervention providers?

- During each visit
- Monthly
- Quarterly (4 times each year)
- Semi-annually (2 times each year)
- Annually (1 time each year)
- Never

Logic: Hidden unless: Question "Have early intervention providers visited your program to provide services to infants and toddlers in your care?"

Early intervention providers may include developmental therapists, occupational therapists, physical therapists, service coordinators, speech and language pathologists, etc.

" #51 is one of the following answers ("Yes","Don't know")

55) What issues, if any, exist in your relationship with early intervention providers?

- No issues exist
- Lack of time to plan together
- Lack of time to discuss child and family goals and objective
- Not understanding my role in early intervention visit
- Not understanding role of child care provider in early intervention visit
- Feeling less competent than child care provider
- Unable to carry through on suggestions made by early intervention provider
- Early intervention provider not understanding child care program philosophy

- Early intervention provider not understanding child care program schedule or routine
- Early intervention provider doing visits outside of classroom
- Lack of respect or value as professional
- Other (please list):

56) In what ways do or could you, as a child care provider, benefit from visits from early intervention providers to child care programs?

- Feeling part of the family's team
- Being valued as professional
- Providing strategies that blend with daily routines, activities, and schedules
- Providing strategies to use with all children
- Being supported by knowledgeable professionals
- Other (please list):

57) In what ways do or could children and families benefit from these visits?

- Being able to have child practice strategies across home and child care
- Having services in one place
- Teaming with child care and early intervention
- Having the support of multiple professionals
- Other (please list):

58) In what ways do or could early intervention providers benefit from these visits?

- Feeling part of family's team
- Being valued as professional
- Being able to help child throughout day
- Learning strategies to use with all children
- Being supported by knowledgeable professionals
- Other (please list):

Training Experiences and Needs

This section focuses on your training experiences and needs related to providing services to infants and toddlers with disabilities in child care settings.

59) How often do you attend or engage in professional development opportunities?

- Never
 Once per year
 Twice per year
 4 times per year
 Monthly
 Weekly
 Daily

60) What type do you attend? (check all that apply)

- Workshops such as those offered by INCCRRA, Gateways, or CCRR

- Conferences
- Online courses
- Webinars
- Read Articles
- Videos
- College Courses
- Coaching/consultation
- Other (please list):

Logic: Show/hide trigger exists.

61) Have you attended a workshop or training on children with disabilities or early intervention?

- Yes
- No

Logic: Hidden unless: Question "Have you attended a workshop or training on children with disabilities or early intervention?" #61 is one of the following answers ("No")

62) If no, why have you not attended a workshop or training on children with disabilities or early intervention? (check all that apply)

- Not interested
- Not available in my area
- Training did not fit into my schedule
- Other (please list):

Logic: Hidden unless: Question "Have you attended a workshop or training on children with disabilities or early intervention?" #61 is one of the following answers ("Yes")

63) What topics were included in this training(s)?

- Working with early intervention providers (e.g., speech therapist, physical therapist, occupational therapist).
- Working with families of children with disabilities
- How to identify a child with disability and developmental delay
- What to do when you suspect a child has a disability or developmental delay
- How to refer a child with disability for an evaluation
- Strategies for helping children with disabilities in daily routines and activities
- Information about specific disabilities (e.g., autism, Down syndrome, deafness)
- How to access early intervention and special education services

- Arranging the environment to best promote learning and development
- Health and safety concerns for young children with disabilities
- Supporting children with behavioral issues
- Adapting materials to best promote learning and development
- Other (please list):

64) If more topics related to infants and toddlers with disabilities and collaboration with early intervention were offered, would you attend?

- Yes
- No

65) Out of the topics listed below, select the 3 topics you are most interested in learning more about in relation to children with disabilities.

- Working with early intervention providers (e.g., speech therapist, physical therapist, occupational therapist).
- Working with families of children with disabilities
- How to identify a child with disability and developmental delay
- What to do when you suspect a child has a disability or developmental delay
- How to refer a child with disability for an evaluation
- Strategies for helping children with disabilities in daily routines and activities
- Information about specific disabilities (e.g., autism, Down syndrome, deafness)
- How to access early intervention and special education services
- Arranging the environment to best promote learning and development
- Health and safety concerns for young children with disabilities
- Supporting children with behavioral issues
- Adapting materials to best promote learning and development
- Other (please list):

66) How do you prefer to receive training information? (check all that apply)

- Workshops such as those offered by INCCRRA, Gateways or CCRR
- Conferences
- Online courses
- Webinars
- Read articles
- Videos
- College courses

- Social media or websites
- Coaching/consultation
- Other (please list):

Demographics

Please tell us about yourself.

67) What is your gender?

- Male
- Female
- Other

68) What is the highest level of degree you have completed?

- High School or GED
- Some College
- Associate's Degree
- Bachelor's Degree
- Some post-graduate work
- Master's Degree
- Doctoral Degree

69) What is your age?

- < 24
- 25-34
- 35-44
- 45-54
- 55+

70) What was the major of your highest level of education?

- Early Childhood/Child Development
- Elementary Education
- Special Education
- Social Work
- Psychology
- Other (please list):

71) How many years of experience do have you in child care?

- 1-4 years
- 5-9 years
- 10-14 years

- 15-19 years
- 20+ years

72) What is your current role in child care?

- Head/Lead Teacher
- Co-Teacher
- Assistant Teacher/Teacher's Aide
- Director/Administrator
- Other (please list):

73) What type of Gateways to Opportunity/INCCRRA credential do you currently have? (check all that apply)

- ECE Level 1
- ECE Level 2-5
- Infant/Toddler Level 2-5
- Illinois Director
- School Age and Youth Development
- Level 1
- None
- Other (please list):

74) What type of program do you currently work in?

- Center
- Family/home
- Early/Head Start
- Other (please list):

75) How old are the children in your program? (check all that apply)

- 0-2 years
- 3-5 years
- 6-8 years
- 9-12 years

76) Currently, what level of ExceleRate Illinois has your program achieved?

- Licensed Circle of Quality
- Bronze Circle of Quality
- Silver Circle of Quality
- Gold Circle of Quality

- Award of Excellence (please list):
- None
- Don't Know

Thank You!

Thank you for you sharing your thoughts and experiences about serving infants and toddler with disabilities in child care settings.

Participate in a Focus Group

To learn more about these experiences and factors that support and hinder collaboration between child care and early intervention providers, we will be holding focus groups. During these small group discussions, we will discuss these factors in depth. Focus groups will be held in January and February 2016.

Groups will be held in different areas of the state and last approximately 90 minutes.

Upon completion of the focus group, each participant will receive a \$50 gift card to a national retailer.

(If we have an abundance of volunteers, participants will be selected at random for participants from volunteer pool).

If you would like to volunteer yourself to participate in one of these focus groups, please click. You will be able to enter the raffle for \$25 Amazon gift card after volunteering yourself for the focus group.

Survey information will not be associated with your contact information but only used to inform you about focus group participation.

Participants will be notified about participation in January 2016.

Enter a Raffle for a \$25 Amazon Gift Card

If you would like to enter a raffle for a \$25 Amazon gift card, please click [here](#).

Odds of winning are 1/25. Raffle winners will be notified in January 2016.

Contact information will not be associated with your survey response but only used to contact you about raffle results.

[Click here to access resources on Early Intervention in Child Care from the Early Intervention Training Program \(EITP\).](#)

If you do not wish to volunteer yourself for the focus group OR enter the raffle, you may close your browser.

Thank you.

Appendix C

Study Measures: Early Intervention Provider Survey

Project Collaborative Care: Early Intervention Providers

The purpose of the study is to better understand the needs of child care and early intervention providers in serving infants and toddlers with disabilities in child care in Illinois.

Below are some terms that will be discussed in this survey.

Infants and toddlers with disabilities refers to children under 36 months of age with or at-risk for developmental delays or disabilities.

Child care includes early care and education to children in center-based, family child care homes, Early Head Start programs, private preschool, faith-based programs, etc.

Early Intervention includes services provided under the Individuals with Disabilities Education Act (IDEA) Part C such as developmental therapy, occupational therapy, physical therapy, service coordination, speech and language pathology, etc.


Inclusion refers to including children with disabilities in early childhood programs with peers without disabilities including providing access, participation, and support for inclusion across programs.

Please reflect on your experiences as an early intervention provider while answering these questions.

Area of Services

Please tell us more about yourself.

Page exit logic: Page LogicIF: Question "In what area do you provide service" #1 is one of the following answers ("Outside of Illinois") THEN: Disqualify and display: "Thank you for your participation in this survey. You have indicated that you provide services outside of Illinois. As we are specifically seeking participants providing services in Illinois, this disqualifies you for the survey at this time. Thank you. "



The map shows Illinois divided into five regions: Region 1 (orange, northeast), Region 2 (yellow, north), Region 3 (light blue, central), Region 4 (purple, west), and Region 5 (green, south). A legend below the map identifies the regions by color.



1) **In what area do you provide services**



?*

- Region 1 (Cook County)
- Region 2 (Boone, Carroll, DeKalb, DuPage, Grundy, JoDaviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will, Winnebago Counties)
- Region 3 (Bureau, Champaign, Ford, Fulton, Henderson, Henry, Iroquois, Knox, LaSalle, Livingston, Marshall, Mason, McDonough, McLean, Mercer, Peoria, Putnam, Rock Island, Schuyler, Stark, Tazewell, Vermillion, Warren, Woodford Counties)
- Region 4 (Adams, Brown, Calhoun, Cass, Christian, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Effingham, Greene, Hancock, Jersey, Logan, Macon, Macoupin, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Scott, Shelby Counties)
- Region 5 (Alexander, Bond, Clay, Clinton, Crawford, Edwards, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White, Williamson Counties)
- Outside of Illinois

Inclusion of Infants and Toddlers in Child Care Settings

This section examines your beliefs about including children with disabilities in child care programs. Child care includes early care and education programs for children in center-based, family child care homes, Early Head Start programs, private preschool, faith-based programs, etc.

Please select the response that corresponds to your point of view about the following statements.

2) **Children with disabilities should receive services in child care settings along with their same age peers.**

- Always true
- Usually true
- Sometimes true
- Neutral
- Sometimes but infrequently true
- Rarely true
- Never true

3) The intervention strategies and adaptations necessary to assist a child with a disability are easy to prepare and carry out.

Always true Usually true Sometimes true Neutral
Sometimes but infrequently true Rarely true Never true

4) Children without disabilities are positively affected by playing and learning along with their peers with disabilities.

Always true Usually true Sometimes true Neutral
Sometimes but infrequently true Rarely true Never true

5) All children can learn.

Always true Usually true Sometimes true Neutral
Sometimes but infrequently true Rarely true Never true

6) Children are more alike than different.

Always true Usually true Sometimes true Neutral
Sometimes but infrequently true Rarely true Never true

Supports and Barriers to Inclusion

This section of the survey addresses supports and barriers to including infants and toddlers with disabilities in programs with children without disabilities.

Listed below are some supports to infant/toddler inclusion reported by professionals and parents of young children with and without disabilities.

*Select the response that indicates the degree to which YOU feel each item represents a support or barrier to inclusion **BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS.***

If you are unsure or have never experienced these barriers or supports, indicate this by selecting "not sure."

Supports of Early Childhood Inclusion

*Select the number that indicates the extent to which YOU feel each item represents a **support** to inclusion of infants and toddlers with disabilities **BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS.***

7) Positive working relationships among people from different agencies, programs, and professions.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

8) Special services and therapies are planned together with family and other caregivers.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

9) Clearly defined roles of adults involved in providing special therapies and services.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

10) Flexible hours for staff that make it possible to meet with families at their convenience.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

11) High quality child care programs are available.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

12) Child care programs have clear mission statements that support serving children with and without disabilities together.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

13) There are appropriate standards for hiring staff for child care programs.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

14) Training provided to prepare child care providers to effectively work with young children with disabilities who are enrolled in child care programs.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

15) Training provided to prepare early interventionists to effectively work with young children with disabilities who are enrolled in child care programs.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

16) Administrators who are willing to take risks and act creatively to overcome barriers.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

17) Having at least one inclusive early childhood program highly visible in the community.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

18) Resources such as consultants, books, or videos are available to support inclusion in child care programs.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

19) Staff show through their actions and practices that all children are valued regardless of differences.

- Definitely a support Probably a support Maybe a support Not sure
 Maybe not a support Probably not a support Definitely not a support

20) Please describe any supports that you have experienced that are not listed above.

Barriers to Early Childhood Inclusion

This section of the survey continues to address supports and barriers to including infants and toddlers with disabilities in programs with children without disabilities.

*Listed below are some **barriers** to infant/toddler inclusion reported by professionals and parents of young children with and without disabilities.*

*Select the response that indicates the degree to which **YOU** feel each item represents a **barrier** to inclusion **BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS.***

If you are unsure or have never experienced these barriers, indicate this by selecting "not sure."

21) Fear that children with disabilities will be harmed in some way

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

22) Fear that children without disabilities will be harmed in some way.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

23) Not enough high-quality child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

24) Low state standards for child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

25) Not enough training to prepare child care providers to effectively work with young children with disabilities who are enrolled in child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

26) Not enough training to prepare early intervention providers to effectively provide services to young children with disabilities in child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

27) High teacher to student ratios (too many children per each adult).

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

28) Too many children with disabilities in each class.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

29) Resistance among families of children without disabilities in having children with disabilities in child care settings.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

30) Resistance among families of children with disabilities in having their child included in child care settings.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

31) Not enough intervention services for children who need them in child care programs.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

32) State standards in child care program do not address the needs of children with disabilities.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

33) Resistance among early intervention providers.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

34) Resistance among child care providers.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

35) Child care programs are not designed for children with disabilities (e.g., rooms are too small for wheelchairs, adequate supplies, lack of special equipment, or lack of assistive technology).

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

36) Differences between child care providers and early intervention providers in their views and teaching practices.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

37) Interventions are planned without involving families.

Definitely not a barrier Probably not a barrier Maybe not a barrier
Not sure Maybe a barrier Probably a barrier Definitely a barrier

38) Interventions are planned without involving child care providers.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

39) Lack of time to communicate with families of children with disabilities.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

40) Concern that inclusion is not cost effective.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

41) Resistance among program administrators.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

42) Concern about liability in child care.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

43) Lack of time for planning and coordinating services for children with disabilities between child care providers and early intervention providers.

- Definitely not a barrier Probably not a barrier Maybe not a barrier Not sure
 Maybe a barrier Probably a barrier Definitely a barrier

44) Please describe any barriers that you have experienced that are not listed above.

Experiences Providing Services in Child Care Settings

In this section, please think about your experiences providing Part C early intervention services to infants and toddlers in child care settings. Child care includes center-based, family child care homes, Early Head Start programs, private preschool, faith-based programs, etc.

Page exit logic: Page Logic**IF:** Question "Do you or have you provided early intervention services in child care programs?" #45 is one of the following answers ("No") **THEN:** Jump to [page 15 - Benefits of Collaboration](#)

45) Do you or have you provided early intervention services in child care programs?

- Yes
- No

Experiences Providing Services in Child Care Settings

Validation: Min = 0 Max = 100

46) What percentage of your early intervention services do you provide in child care settings?

(Click on the circle on the left and drag it towards the right to the appropriate percentage)

0 _____ [] _____ 100

47) In what ways do you collaborate or work with child care providers? (check all that apply)

- Receive information about referral
- Attend formal meetings (IFSP, IEP)
- Communicate with provider while at program
- Communicate with provider over phone
- Communicate with provider over email
- Receive and read progress reports or other documents
- Participate in goal setting for intervention
- Participate in planning for intervention
- Participate in implementing intervention
- Other (please list):

48) How often do you collaborate with child care providers?

- During each visit
- Monthly
- Quarterly (about 4 times each year)
- Semi-annually (2 times each year)
- Annually (1 time each year)
- Never

49) What issues, if any, exist in your relationship with child care providers? (check all that apply)

- No issues exist
- Lack of time to plan together

- Lack of time to discuss child and family goals and objectives
- Not understanding my role in early intervention visits
- Not understanding role of child care provider in early intervention visits
- Feeling less competent than child care providers
- Child care providers are unable to carry through on suggestions made by early intervention provider between visits
- Not understanding child care program philosophy
- Not understanding child care program schedule or routine
- Doing visits outside of classroom
- Lack of respect or value as a professional
- Other (please list):

Benefits of Collaboration

50) In what ways do or could you, as an early intervention provider, benefit from these visits to child care programs? (check all that apply)

- Feeling part of the family's team
- Being valued as professional
- Providing strategies that blend with daily routines, activities, and schedules
- Providing strategies to use with all children
- Being supported by other knowledgeable professionals
- Other (please list):

51) In what ways do or could children and families benefit from these visits? (check all that apply)

- Being able to have child practice strategies across home and child care
- Having services in one place
- Teaming with child care and early intervention
- Having the support of multiple professionals
- Other (please list):

52) In what ways do or could child care providers benefit from these visits? (check all that apply)

- Feeling part of family's team
- Being valued as professional
- Being able to help child throughout day

- Learning strategies to use with all children
- Being supported by knowledgeable professionals
- Other (please list):

Training Experiences and Needs

This section focuses on your training experiences and needs related to providing services to infants and toddlers with disabilities in child care settings.

53) How often do you attend or engage in professional development opportunities?

- Never Once per year Twice per year 4 times per year Monthly
- Weekly Daily

54) What type do you attend? (check all that apply)

- Workshops such as those offered by the Early Intervention Training Program (EITP)
- Conferences
- Online courses
- Webinars
- Read Articles
- Videos
- College Courses
- Other (please list):

Logic: Show/hide trigger exists.

55) Have you attended a workshop or training on collaborating with child care providers?

- Yes
- No

Logic: Hidden unless: Question "Have you attended a workshop or training on collaborating with child care providers?" #55 is one of the following answers ("No")

56) If no, why have you not attended a workshop or training on collaborating with child care providers? (check all that apply)

- Not interested
- Not available in my area
- Training did not fit into my schedule

- Other (please list)

Logic: Hidden unless: Question "Have you attended a workshop or training on collaborating with child care providers?" #55 is one of the following answers ("Yes")

57) What topics were included in this training(s)?

- Collaboration strategies
- Consultation strategies
- Coaching strategies
- Strategies for communicating with other professionals
- Characteristics of child care programs
- Arranging the environment
- Adapting materials
- Embedding interventions into daily routines
- Working with groups of children
- Other (please list):

58) If more topics related to collaboration with child care were offered, would you attend?

- Yes
- No

59) Out of the topics listed below, select the 3 topics you are most interested in learning more about in relation to providing services in child care settings.

- Collaboration strategies
- Consultation strategies
- Coaching strategies
- Strategies for communicating with other professionals
- Characteristics of child care programs
- Arranging the environment
- Adapting materials
- Embedding intervention into daily routines
- Working with groups of children
- Other (please list):

60) How do you prefer to receive training information?

- Workshops such as those offered by the Early Intervention Training Program (EITP)
- Conferences
- Online courses
- Webinars
- Read articles
- Videos
- College courses
- Social media or websites
- Coaching/consultation
- Other (please list):

Demographics

Tell us about yourself.

61) What is your gender?

- Male
- Female
- Other

62) What is your age?

- < 24
- 25-34
- 35-44
- 45-54
- 55+

63) What is the highest level of degree you have completed?

- Bachelor's Degree
- Some post-graduate work
- Master's Degree
- Doctoral Degree

64) How many years of experience do have you providing services in early intervention?

-
- 1-4 years
- 5-9 years
- 10-14 years

- 15-19 years
- 20+ years

65) What is your current role in early intervention?

- Administrator/Manager
- Developmental Therapist/Specialist Instruction
- Occupational Therapist
- Physical Therapist
- Service Coordinator
- Social and Emotional Consultant
- Speech Therapist
- Other

Thank You!

Thank you for you sharing your thoughts and experiences about serving infants and toddler with disabilities in child care settings.

Participate in a Focus Group

To learn more about these experiences and factors that support and hinder collaboration between child care and early intervention providers, we will be holding focus groups. During these small group discussions, we will discuss these factors in depth. Focus groups will be held in January and February 2016.

Groups will be held in different areas of the state and last approximately 90 minutes.

Upon completion of the focus group, each participant will receive a \$50 gift card to a national retailer.

(If we have an abundance of volunteers, participants will be selected at random for participants from volunteer pool).

If you would like to volunteer to participate in one of these focus groups, please click [here](#). You will be able to enter the raffle for \$25 Amazon gift card after volunteering yourself for the focus group.

Survey information will not be associated with your contact information but only used to inform you about focus group participation.

Participants will be notified about participation in January 2016.

Enter a Raffle for a \$25 Amazon Gift Card

If you would like to enter a raffle for a \$25 Amazon gift card, please click [here](#).

Odds of winning are 1/25. Raffle winners will be notified in January 2016.

Contact information will not be associated with your survey response but only used to contact you about raffle results.

[Click here to access resources on Early Intervention in Child Care from the Early Intervention Training Program \(EITP\).](#)

If you do not wish to volunteer yourself for the focus group OR enter the raffle, you may close your browser.

Appendix D

Study Measures: Focus Group Demographic Survey

Please respond to the following questions:	
What is your current role in child care?	
What type of program (center, home, faith-based, university lab, etc.) do you currently work in?	
How long have you worked in child care?	
What is your educational experience (e.g. Bachelor's, Master's, PhD, area of study)?	
What is your gender?	
What is your age?	
What is your ethnicity?	

Please respond to the following questions:	
What is your current role in early intervention?	
What type of program (agency, independent) do you currently work in?	
How long have you worked in early intervention?	
What is your educational experience (e.g. Bachelor's, Master's, PhD, area of study)?	
What is your gender?	
What is your age?	
What is your ethnicity?	

Appendix E

Study Measures: Focus Group Protocol

Focus Group Protocol

1. Obtain written consent for each participant.
2. Obtain demographic data through survey.
3. Provide incentive.
4. Provide information about restrooms, etc.

Welcome

Thanks for agreeing to be part of the focus group. Thank you for participating in the survey earlier in the fall. We know your time is very valuable and we greatly appreciate your willingness to participate in these discussions.

Introductions and Ice Breaker Question

- a. Moderator: *I am_____ . I will be the moderator today. I will help guide our discussion. I am the lead researcher on this team and this research is part of my dissertation OR I am a research assistance on this project.*
- b. Note taker: *This is_____ . She will be taking notes on our discussion today for us to analyze later. We will not be including your names in our analysis.*
- c. Group Members: *Let's take a moment to go around the table and introduce ourselves. Tell us:*
 1. *your name*
 2. *what your role in child care/early intervention is*
 3. *why you like working in child care/early intervention*

Purpose

We have invited you here today to discuss further supporting infants and toddlers with disabilities in child care. As each of you is an expert in your position in early childhood, we appreciate sharing your experiences with us today. Particularly, we will discuss factors that support and hinder teaming between child care and early intervention. The reason we are having these focus groups is to find out what your training and policy needs are to support your collaboration with other professionals. We need your input and want you to share your honest and open thoughts with us.

Ground Rules: *Here are a few ground rules to help move our discussion today.*

1. We want YOU to do the talking.

We would like everyone to participate.

I may call on you if I haven't heard from you in a while.

2. *There are no right or wrong answers.
Every person's experiences and opinions are important.
Speak up whether you agree or disagree.
We want to hear a wide range of opinions.
If you do not feel comfortable answering any questions, that is ok as well.*

3. *What is said in this room stays here.
We want folks to feel comfortable sharing when sensitive issues come up. Once we leave today, we ask that you respect each other's experiences and opinions and keep our discussion confidential.*

4. *We will be audio recording the group.
We want to capture everything you have to say. However, you will remain anonymous.
We won't identify anyone by name in our report.*

Discussion Questions:

What EI looks like in Child Care

1. Describe a recent visit you had to a child care to provide EI services (EIP)? OR
Describe a recent visit you have had from an EI provider to your program (CCP)?
2. For others in the group, is this similar to your visits? Or different (if different, have that person describe his/her visit).
 - a. What do you think EI should look like in child care settings?
Is it different in center-based programs vs. family-home child cares?
 - b. From survey: “The intervention strategies and adaptations necessary to assist a child with a disability are easy to prepare and carry out.”—an area the survey identified as a challenge for inclusion. How do you agree or disagree with this? Why/why not?**
 - c. What do you think your role in these visits should be?
 - d. How do you build relationships with child care providers or early intervention providers?
 - e. How are families involved in EI services in child care?

Member check:

From this discussion, you have said that:

Visits seem to be like: _____

You think visits should look like: _____

Your Roles may be: _____

You build relationships by: _____

Is this accurate?

Factors that support collaboration/inclusion

1. What things in your program, center, or agency do you feel support your efforts to collaborate with child care/EI providers?

If participants don't mention these:

The survey results indicated that many things could support the inclusion of infants and toddlers with disabilities in child care settings and collaboration between professionals such as:

- Positive relationships between professions.
- Good communication.
- Inclusion of child care professionals in planning, IFSP meetings, etc.
- Including families in all aspects of services.
- High quality child care and training for all professionals.
- **Clearly defined roles of adults involved in providing special therapies and services—from the survey child care providers were split in their opinion of if this is a support. How do you feel? How would having defined roles act as a support or barrier?**

2. Do you see these supports in practice? Or are these lacking in the real world?

Factors that hinder collaboration/inclusion

1. What things in your program, center, or agency do you feel hinders your efforts to collaborate with child care/EI providers?

If not mentioned: Survey results: Top Barriers to inclusion:

- High teacher to student ratios (too many children per each adult).
- Not enough training to prepare child care providers to effectively work with young children with disabilities who are enrolled in child care programs.

- Child care programs are not designed for children with disabilities (e.g., rooms are too small for wheelchairs, adequate supplies, lack of special equipment, or lack of assistive technology).
- Not enough intervention services for children who need them in child care programs.
- Interventions are planned without involving child care providers.
- Lack of time to communicate with families of children with disabilities.
- Child care providers are unable to carry through on suggestions made by EI providers between visits.
- Doing visits outside the classroom/with group.

2. Do you agree with those results? Why/why not?

3. What major barriers have you experienced?

4. Do you have any practical ideas on how to overcome these barriers across EI and CC?

Member check: From this discussion, you have said that:

Significant supports are:

Significant barriers are:

You feel that (_____) may help strengthen supports/overcome barriers.

Is this accurate?

Training needs

1. What training do you feel you need in order to better team with child care/EI providers?
2. If we could design the ideal training for this topic, what would it look like?

When?

Where?

Who?

What topics?

Exit Questions/Wrap Up:

Throughout our discussion, the main themes seem to have been _____, _____, and _____.

Is there anything else you would like to say about collaboration between child care and early intervention providers and training needs in this area?

Thank you for your participation today. We really appreciate your willingness to share your experiences and opinions.

In order to make sure we have accurately captured your responses and discussion today, would one of you be willing to volunteer to review a summary for us?

Once our study is complete, we will provide you with information about the results.

Here are some resources about early intervention and child care to take home and share.

Feel free to contact us at any point.

Appendix F

Study Measures: Focus Group Code Book

PCC Focus Group Themes and Codes

Participant experiences with EI in Child Care settings			
<i>This theme describes participants' experiences with EI services in child care services. In particular, participants describe where, how, and why services are delivered. Participants noted that where services were delivered depended on initial or past experiences with providers and it was difficult to change this delivery location once established. Participants described that services varied by program and provider. Having an EI provider deliver services within the classroom or home with other children without disabilities was seen as a distraction for the target child, other children, child care provider, and EI provider. Participants also describe the roles, responsibilities, and communication experiences of child care and EI providers as well as how they support carryover EI strategies into daily routines in child care. Specifically, both child care and EI providers report that child care providers are rarely invited to formally participate the EI process including Individualized Family Service Plans (IFSP).</i>			
Code	Definition	Examples	Non-examples
Location of EI Services	Participants discuss physically where services are delivered within a child care program (e.g., inside the classroom, outside the classroom). <i>Keywords: another room, within room, at snack</i>	“But they do take them away. We have a room where they can work on everything they need to work on.” “They do them in the classroom. They do it in the classroom.”	“I do some visits at home and some at child care.”
Variability impacts collaborations	Participants discuss that there is great variability in teaming. Experiences are different based in individual children, families, providers, and program. <i>Keywords: variability, different*</i>	“And I see quite a variety of center based locations” “They're very different”	“But unless they come out and observe the older kids, then I don't know. But for the younger ones, they don't.”
Distraction or Disruption	Participants describe providing EI services within the program or classroom as a distraction for either the target child, other children, schedule, or providers in program. <i>Keywords: distraction, disruption, production</i>	“Yeah. I would prefer a separate area because I wouldn't want it to be a distraction to the other children” “And it just disrupted the whole flow of the class, and we could not get them to just tone it down”	“Even behaviorally challenged kids, if you have that kid who needs that extra attention, you have the other 19 kids running around. It's hard.”

Code	Definition	Examples	Non-examples
Carrying over intervention strategies in child care routines	<p>Participants describe how they include or provide suggestions for child care providers to support the target child by including intervention strategies into daily routines.</p> <p><i>Keywords: suggestions, ideas, carryover, strategies, recommendations</i></p>	<p>“But very concrete suggestions. I would take pictures of each child, laminated them, all of the work, sat them on their tables, did all of this. I’d come back the next week, no pictures. Like where are the pictures?”</p>	<p>If providing suggestion on how to do this better—Moving Forward, Strategies/Solutions</p>
Roles and Responsibilities of Providers	<p>Participants describe what their roles and others (e.g., administrators, other providers) have been in EI at child care settings such as providing suggestions to providers or sharing information with parents. Additionally, participants discuss the roles of the child care providers in formal EI processes (e.g., IFSP).</p> <p><i>Keywords: role, responsibility, included, IFSP</i></p>	<p>“I mean, I’ve done them [IFSP] at daycares, but never the teachers.”</p> <p>“We see them when they come in in the morning. We see them when they go home at night, and in between times, and the fact that our opinion is not sought out, or that we’re not included in the treatment plan.”</p>	<p>If discussion about parent role—Family involvement</p>
Communication among providers	<p>Participants discuss how they communicate with each other including strategies they have used. This may include verbal or written communication as well as the use of technology in communication.</p> <p><i>Keywords: communicate*, talk*, writing, notes*, text, email</i></p>	<p>“I usually talk to them after on the fly.”</p> <p>“The therapist will ask me, or give me suggestions like, ‘Try to get him to work with a spoon more often.’”</p>	<p>If participants share what they would like to do—Moving Forward, Strategies/Solutions</p> <p>If participants describe this as a barrier to collaboration—Factors..., Understanding Each Other</p> <p>If participants discuss communication with family members—Family involvement</p>

Factors that Support or Hinder Inclusion and Collaboration

Participants discuss what they feel contributes or blocks successful inclusion of young children with disabilities and collaboration among professionals. Participants felt that many of the barriers identified could be overcome with proper recognition and support from administration and state agencies. Participants felt that families can be a significant barrier by acting as a gatekeeper of information and not inviting the child care provider to be active in the EI process. Additionally, many providers felt that for families that have children receiving services in child care may be benefiting from EI and are 'out of the loop.' Some structural issues such as funding, staffing, scheduling, and state standards/regulations for child care and EI are a barrier. Finally, understanding each other's programs and professions was a barrier to building relationships and collaboration. Both groups felt that the other group did not fully understand the philosophies and purposes of their programs. This results in hurt feelings and lack of respect for each other.

Code	Definition	Examples	Non-examples
Family Involvement	Participants discuss how families interact in the EI at child care. In particular, they discuss how families facilitate or prevent collaboration including withholding information about the child. <i>Keywords: family, Mom*, Dad*</i>	<p>“She emails me the report from, but she takes him out. He goes to Carl for his speech. So she emails me a copy of what they’re working on”</p> <p>“When we first started talking about this, they said well, the parents should be taking the IFSP to the school, the daycare, and sharing that. And I was like I feel confident I have lots of parents that would not be comfortable doing it”</p>	<p>Discussion about families, but not directly related to EI services, or hearsay of family involvement.</p> <p>“And then it can be the exact opposite because the daycare has this high structure that the child has become used to and it’s calm where there’s no structure at home.”</p>
Infrastructure	Participants discuss infrastructure of their programs that wither support or prevent collaboration.		
<ul style="list-style-type: none"> Budget and Funding Impact 	Participants discuss how funding or lack thereof impacts their ability to collaborate with each other. <i>Keywords: budget, money, funding, pay, cost</i>	“They [CCP] need more support because, first of all, they’re not getting paid and all of this.”	If participants discuss this as a possible solution—Moving Forward, Strategies/Solutions
<ul style="list-style-type: none"> Program Procedures 	These are items that are within the control of <u>the program</u> (e.g., staffing, scheduling, curriculum choices). <i>Keywords: staff*, curriculum, schedule, sub*</i>	<p>“But even with three teachers in our classroom, I feel like – you know when you have children with special needs.”</p> <p>“Our schedule; their schedule.”</p>	“I don’t even think the bosses give that information because there’s a lack of – I know what early intervention is.”

Code	Definition	Examples	Non-examples
<ul style="list-style-type: none"> State Regulations 	<p>These are items that are dictated by <u>state</u> regulations or standards (e.g., licensing, qualifications and required training, teacher: child ratios (in relation to licensing), overall service quality). <i>Keywords: license*, standards, regulations</i></p>	<p>“The DCFS licensing standards are very, very low.”</p> <p>“You can make some suggestions sometimes, for that particular child, but some of the suggestions are also to do with the curriculum that they’re using, and that’s an issue.”</p>	
<p>Understanding each other</p> <ul style="list-style-type: none"> Program Purpose and Philosophy 	<p>Participants discuss how they build relationships with each other.</p> <p>Participants discuss how they become familiar with each other’s professions including the purpose and philosophy. <i>Keywords: understand, explain, purpose, philosophy</i></p>	<p>“So I guess that’s one reason why it might be hard for the staff to know why you’re there and what purpose you’re there for and how can you help.”</p>	<p>If participants discuss this as a possible solution—Moving Forward, Strategies/Solutions</p>
<ul style="list-style-type: none"> Professional Respect 	<p>Participants discuss their experiences being respected as professionals. <i>Keywords: respect, valued</i></p>	<p>“We get told, oh, no, she’s just going to work with her therapist, like we’re completely uneducated idiots. It’s like, no, we know what we’re doing. We’re not babysitters.”</p>	<p>“I’m working with some private centers now in the burbs, and they love me; they want to use me.”</p>
<ul style="list-style-type: none"> Emotional Responses to Collaboration 	<p>Participants discuss emotional reactions to their collaboration experiences. <i>Keywords: feel, emotions, fear, anxious, battle</i></p>	<p>“So I’m anxious”</p>	<p>“Because I feel like some service coordinators get it, some don’t – completely don’t get it. And then, some teachers get it, and some don’t.”</p>

Moving Forward to Successful Collaboration

Participants describe strategies and solutions they have used to better facilitate inclusion and collaboration. In particular, participants discuss that building relationships with each other with clear communication and role definition is key for successful collaboration. Additionally, participants provided ideas for models of collaboration including more individualized consultation and coaching between child care and EI providers as well as working with families as a team. Participants also discuss their needs for training including topics they are interested in and how they would like to receive information. Participants desired a format for child care providers, EI providers, and families to meet together to receive training and support together.

Code	Definition	Examples	Non-examples
Innovative Strategies and Solutions	<p>Participants discuss changes and ideas to better facilitate collaboration with each other and the inclusion of young children with disabilities outside of traditional professional development training formats. Additionally, participants discuss strategies they have used to improve carryover and inclusion.</p> <p><i>Keywords: consultation, talk to each other, ongoing relationships</i></p>	<p>“Setting up some sort of system or a relationship for communication and collaboration with the teachers that you work through.”</p> <p>“We’re not able to purchase the resources, so we create our own things.”</p>	<p>“Then the other thing that happens is they’ll be a staff change and then you kind of have to start all over again.”</p>
Suggestions to Enhance the Current Professional Development System	<p>Participants discuss their training experiences related to the existing professional development system as well as what training opportunities they think would better support their skills in collaboration and inclusion. Participants discuss possible formats, participants, and schedule of training opportunities.</p> <p><i>Keywords: training, webinar, meetings</i></p>	<p>“I would probably have it on the Saturday with pay. They’ll come then. Four hour training with pay, they’ll be there.”</p> <p>“It’s something I can do at home.”</p> <p>“There needs to be training that brings all of those providers together.”</p>	<p>“It all goes back down to what the model of Early Interventions says.”</p>

Appendix G:

IRB Materials: IRB Approval

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Office of the Vice Chancellor for Research

Office for the Protection of Research Subjects
528 East Green Street
Suite 203
Champaign, IL 61820



07/20/2015

Rosa Santos Gilbertz
Special Education
288 Education Building
M/C 708

RE: *Project Collaborative Care: How Child Care and Early Intervention Providers Support Infants and Toddlers with Disabilities in Child Care*
IRB Protocol Number: 16066

EXPIRATION DATE: 07/19/2018

Dear Dr. Santos Gilbertz:

Thank you for submitting the completed IRB application form for your project entitled *Project Collaborative Care: How Child Care and Early Intervention Providers Support Infants and Toddlers with Disabilities in Child Care*. Your project was assigned Institutional Review Board (IRB) Protocol Number 16066 and reviewed. It has been determined that the research activities described in this application meet the criteria for exemption at 45CFR46.101(b)(2).

This determination of exemption only applies to the research study as submitted. Please note that additional modifications to your project need to be submitted to the IRB for review and exemption determination or approval before the modifications are initiated.

We appreciate your conscientious adherence to the requirements of human subjects research. If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me at the OPRS office, or visit our website at <http://oprs.research.illinois.edu>.

Sincerely,

Rose St. Clair, BA
Assistant Human Subjects Research Specialist, Office for the Protection of Research Subjects

c: Jenna Weglarz-Ward

Appendix H

IRB Materials: Informed Consent Forms

Project Collaborative Care: How Child Care and Early Intervention Providers Support Infants and Toddlers with Disabilities in Child Care

You are invited to participate in a research study on the needs of early childhood professionals that serve infants and toddlers with developmental disabilities and delays in child care settings.

This study is conducted by Jenna Weglarz-Ward, Ed.M. and Rosa Milagros Santos Gilbertz, Ph.D. in the Department of Special Education from the University of Illinois Urbana Champaign as part of Ms. Weglarz-Ward's doctoral research.

This study will take approximately 15-20 minutes of your time. You will be asked to complete an online survey about your knowledge and understanding of caring for infants and toddlers with disabilities in child care, perceptions of the inclusion of infants and toddlers with disabilities in child care, and training needs to care for infants and toddlers with disabilities in child care.

Your decision to participate or decline participation in this survey is completely voluntary and you have the right to terminate your participation at any time without penalty. You may skip any questions you do not wish to answer. If you do not wish to complete this survey just close your browser.

Your participation in this research will be completely confidential and data will be averaged and reported in aggregate. Possible outlets of dissemination may be published articles and conference presentations. Although your participation in this research may not benefit you personally, it will help us understand to support early childhood professionals support the learning and development of infants and toddlers with disabilities. There are no risks to individuals participating in this survey beyond those that exist in daily life.

As a token of our appreciation, upon completion of the survey you will be directed to a page where you may enter a lottery to win a \$25 Amazon gift card. In order to participate in the lottery, you will be asked to provide contact information. The information you provide on the lottery form will only be used to contact you if you win and will not be connected to your survey response. Winners will be notified via email by the researcher no later than one month after the survey closes. Participants will have a 1 out of 25 chance of winning. Additionally, at the completion of the survey you will be provide with a list of internet resources on caring for infants and toddlers with disabilities in child care.

If you have questions about this project, you may contact Dr. Rosa Milagros Santos Gilbertz at (217)333-0260 or rsantos@illinois.edu. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board at 217-333-2670 or via email at irb@illinois.edu.

*To indicate your willingness to voluntarily take part in the study and certify that you have read and understand the above consent form and are 18 years old or older please click **NEXT** and proceed with the survey. You may print out a copy of this screen to keep for your records.*

Thank you very much for your cooperation. I appreciate your time and help in understanding the personnel preparation of early intervention providers.

Sincerely,

Jenna M. Weglarz-Ward, Ed.M.
Doctoral Candidate, Special Education
University of Illinois
weglarz@illinois.edu
(217)333-0260

Rosa Milagros Santos Gilbertz, Ph.D.
rsantos@illinois.edu
(217)333-0260

Project Collaborative Care: How Child Care and Early Intervention Providers Support Infants and Toddlers with Disabilities in Child Care

You are invited to participate in a research study on the needs of early childhood professionals that serve infants and toddlers with developmental disabilities and delays in child care settings. This study is conducted by Jenna Weglarz-Ward, Ed.M. and Rosa Milagros Santos Gilbertz, Ph.D. in the Department of Special Education from the University of Illinois Urbana Champaign as part of Ms. Weglarz-Ward's doctoral research.

During this focus group session, we will discuss your knowledge and understanding of caring for infants and toddlers with disabilities in child care, teaming with other professionals, and training needs to care for infants and toddlers with disabilities in child care.

This session will be audio recorded and later transcribed for analysis. Names will be removed and not included in any reports. Your participation in this research will be completely confidential and data will be averaged and reported in aggregate. Due the nature of group discussions, we cannot guarantee that fellow participants will not discuss issues related to the focus group outside of our time together. However, we highly encourage you to respect to privacy of other focus group participants.

Possible outlets of dissemination may be published articles and conference presentations. Although your participation in this research may not benefit you personally, it will help us understand to support early childhood professionals support the learning and development of infants and toddlers with disabilities. There are no risks to individuals participating in this focus group beyond those that exist in daily life.

Your decision to participate or decline participation in this group is completely voluntary and you have the right to terminate your participation at any time without penalty.

The group will last for approximately 90 minutes. As a token of our appreciation, upon completion of the focus group you will be given a \$50 gift card to a national retailer. If you choose to terminate your participation, we will consider that as 'completion of the focus group.'

If you have questions about this project, you may contact Dr. Rosa Milagros Santos Gilbertz at (217)333-0260 or rsantos@illinois.edu. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board at 217-333-2670 or via email at irb@illinois.edu.

To indicate your willingness to voluntarily take part in the study and certify that you have read and understand the above consent form and are 18 years old or older.

Printed Name

Signature

Date

Thank you very much for your cooperation. I appreciate your time and help in understanding experiences of early childhood professionals with infants and toddlers with disabilities in child care settings.

Sincerely,
Jenna M. Weglarz-Ward, Ed.M.
Rosa Milagros Santos Gilbertz, Ph.D.
Department of Special Education
University of Illinois

weglarz@illinois.edu
rsantos@illinois.edu
1310 S. Sixth St., Champaign, IL 61820
(217)333-0260

Appendix I

IRB Materials: Recruitment Materials

Dear Early Intervention Providers,

You are invited to participate in a research study on the needs of early childhood professionals including child care and early intervention providers that serve infants and toddlers with developmental disabilities and delays in child care settings entitled *Project Collaborative Care: How Child Care and Early Intervention Providers Support Infants and Toddlers with Disabilities in Child Care*.

This study is conducted by Jenna Weglarz-Ward, Ed.M. and Rosa Milagros Santos, Ph.D. in the Department of Special Education from the University of Illinois Urbana as part of Ms. Weglarz-Ward's doctoral research. This study has been approved by the university's Institutional Review Board and Illinois Department of Human Services and funded through the U.S. Department of Health and Human Services.

You will be asked to complete an online survey about your knowledge and understanding of providing services to infants and toddlers with disabilities in child care, perceptions of the inclusion of infants and toddlers with disabilities in child care, and your training needs to providing services to infants and toddlers with disabilities in child care. This survey will take approximately 15 minutes of your time.

As a token of our appreciation, upon completion of the survey you will be directed to a page where you may enter a raffle to win a \$25 Amazon gift card. In order to participate in the raffle, you will be asked to provide contact information. Participants will have a 1 out of 25 chance of winning. Additionally, you will be provided with a list of internet resources about providing services to infants and toddlers with disabilities in child care.

If you have questions about this project, you may contact Dr. Rosa Milagros Santos at (217)333-0260 or rsantos@illinois.edu. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois' Institutional Review Board at 217-333-2670 or via email at irb@illinois.edu.

Thank you very much for your cooperation. We appreciate your time and help in understanding the needs of early childhood professionals in supporting infants and toddlers with disabilities.

If you are interested in participating, please click here (<http://www.surveygizmo.com/s3/2344583/7651acafa3c7>).

Sincerely,
Jenna M. Weglarz-Ward, Ed.M.
weglarz@illinois.edu
(217)333-0260

Rosa Milagros Santos, Ph.D.
rsantos@illinois.edu

Dear Child Care Providers,

You are invited to participate in a research study on the needs of early childhood professionals including child care and early intervention providers that serve infants and toddlers with developmental disabilities and delays in child care settings entitled *Project Collaborative Care: How Child Care and Early Intervention Providers Support Infants and Toddlers with Disabilities in Child Care*.

This study is conducted by Jenna Weglarz-Ward, Ed.M. and Rosa Milagros Santos, Ph.D. in the Department of Special Education from the University of Illinois Urbana as part of Ms. Weglarz-Ward's doctoral research. This study has been approved by the university's Institutional Review Board and Illinois Department of Human Services and funded through the U.S. Department of Health and Human Services.

We are asking you to complete an online survey about your knowledge and understanding of providing services to infants and toddlers with disabilities in child care, perceptions of the inclusion of infants and toddlers with disabilities in child care, and your training needs to providing services to infants and toddlers with disabilities in child care. This survey will take approximately 15 minutes of your time.

As a token of our appreciation, upon completion of the survey you will be directed to a page where you may enter a raffle to win a \$25 Amazon gift card. In order to participate in the raffle, you will be asked to provide contact information. Participants will have a 1 out of 25 chance of winning. Additionally, you will be provided with a list of internet resources about providing services to infants and toddlers with disabilities in child care.

If you have questions about this project, you may contact Dr. Rosa Milagros Santos at (217)333-0260 or rsantos@illinois.edu. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois' Institutional Review Board at 217-333-2670 or via email at irb@illinois.edu.

Thank you very much for your cooperation. We appreciate your time and help in understanding the needs of early childhood professionals in supporting infants and toddlers with disabilities.

If you are interested in participating, please click here (<http://www.surveymoz.com/s3/2384802/b0959f09d95c>).

Sincerely,
Jenna M. Weglarz-Ward, Ed.M.
weglarz@illinois.edu
(217)333-0260

Rosa Milagros Santos, Ph.D.
rsantos@illinois.edu

Dear Child Care Directors,

You and your staff are invited to participate in a research study on the needs of early childhood professionals including child care providers and early intervention providers that serve infants and toddlers with developmental disabilities and delays in child care settings entitled *Project Collaborative Care: How Child Care and Early Intervention Providers Support Infants and Toddlers with Disabilities in Child Care*.

This study is conducted by Jenna Weglarz-Ward, Ed.M. and Rosa Milagros Santos, Ph.D. in the Department of Special Education from the University of Illinois Urbana-Champaign as part of Ms. Weglarz-Ward's doctoral research. This study has been reviewed by the university's Institutional Review Board and Illinois Department of Human Services. Additionally, this project is supported by a grant from the U.S. Department of Health and Human Service's Administration of Children and Families.

The participants from this survey will include child care providers and early intervention providers across the state. In attempts to reach as many providers as possible, we are working with Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) to recruit participants. Email invitations will be delivered within the next week and the survey will remain active until the end of December.

Participants will be asked to complete an online survey about their knowledge and understanding of caring for infants and toddlers with disabilities in child care, perceptions of the inclusion of infants and toddlers with disabilities in child care, and training needs to care for infants and toddlers with disabilities in child care. This survey will take approximately 15 minutes to complete.

As a token of our appreciation, upon completion of the survey participants will be directed to a page where you may enter a raffle to win a \$25 Amazon gift card. Additionally, at the completion of the survey you will be provide with a list of internet resources on caring for infants and toddlers with disabilities in child care.

If you have questions about this project, you may contact us at any time.

Thank you very much for your cooperation. We appreciate your time and help in the needs of early childhood professionals in supporting infants and toddlers with disabilities.

Sincerely,
Jenna M. Weglarz-Ward, Ed.M.
weglarz@illinois.edu
(217)333-0260

Rosa Milagros Santos, Ph.D.
rsantos@illinois.edu

Social Media Posts

Child Care Provider Survey

Twitter

Take this survey about the needs of professionals who serve infants with disabilities in child care settings <http://tinyurl.com/qcmv9w5>

Facebook

Share your experience! Take this survey about the needs of early intervention and child care providers who serve infants and toddlers with disabilities in child care settings. This survey will take approximately 15 minutes of your time and help us understand the needs of providers in Illinois. Upon completion of the survey, you will have the opportunity to enter a raffle for a \$25 Amazon gift card (chances are 1/25 of winning).

(<http://www.surveygizmo.com/s3/2384802/b0959f09d95c>)

EI Provider Survey

Twitter

Take this survey about the needs of professionals who serve infants with disabilities in child care settings <http://tinyurl.com/p4a4bd6>

Facebook

Share your experience! Take this survey about the needs of early intervention and child care providers who serve infants and toddlers with disabilities in child care settings. This survey will take approximately 15 minutes of your time and help us understand the needs of providers in Illinois. Upon completion of the survey, you will have the opportunity to enter a raffle for a \$25 Amazon gift card (chances are 1/25 of winning).

(<http://www.surveygizmo.com/s3/2344583/7651acafa3c7>)

Focus Group Volunteers

Interested in Talking More About Early Intervention and Child Care?

Thank you for you sharing your thoughts and experiences about serving infants and toddler with disabilities in child care settings.

To learn more about these experiences and factors that support and hinder collaboration between child care and early intervention providers, we will be holding focus groups. During these small group discussions, we will discuss these factors in depth.

Focus groups will be held in January and February 2016.
Groups will be held in different areas of the state and last approximately 90 minutes.

Upon completion of the focus group, each participant will receive a \$50 gift card to a national retailer.

(If we have an abundance of volunteer, participants will be selected at random for participants from volunteer pool).

If you would like to volunteer to participate in one of these focus groups, please enter your contact information below.

Survey information will not be associated with your contact information but only used to inform you about focus group participation.

Participants will be notified about participation in January 2016.

1) What is your name?

2) What is your phone number?

3) What is your email address?

4) What region of the state do you provide services in?
(only participants providing services in Illinois are eligible to participate)



- Region 1 (Cook County)
- Region 2 (Boone, Carroll, DeKalb, DuPage, Grundy, JoDaviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will, Winnebago County)
- Region 3 (Bureau, Champaign, Ford, Fulton, Henderson, Henry, Iroquois, Knox, LaSalle, Livingston, Marshall, Mason, McDonough, McLean, Mercer, Peoria, Putnam, Rock Island, Schuyler, Stark, Tazewell, Vermillion, Warren, Woodford County)

Region 4 (Adams, Brown, Calhoun, Cass, Christian, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Effingham, Greene, Hancock, Jersey, Logan, Macon, Macoupin, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Scott, Shelby Counties)

Region 5 (Alexander, Bond, Clay, Clinton, Crawford, Edwards, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White, Williamson Counties)

5) What county do you live in?

Thank You!

Thank you for your time in completing this survey. If you would like to enter a raffle for a \$25 Amazon gift card, please click [here](#). Odds of winning are 1/25. Raffle winners will be notified in January 2016. Contact information will not be associated with your survey response but only used to contact you about raffle results.

[Please click here for resources on Early Intervention in Child Care from the Early Intervention Training Program.](#)

If you do not wish to enter the raffle, you may close your browser.

Appendix J

IRB Materials: Incentive Materials

Survey Raffle

1) Thank you for your time in completing this survey. If you would like to enter a raffle for a \$25 gift card to a national retailer, please enter your email address below. Odds of winning are 1/25. Raffle winners will be notified in January 2016.

Contact information will not be associated with your survey response but only used to contact you about raffle results.

Thank You!

Thank you for taking our survey. Your response is very important to us.

If you would like to participate in focus groups about early intervention and child care, please click [here](#).

[Please click here for resources on early intervention and child care from the Early Intervention Training Program.](#)

Project Collaborative Care (Santos/Weglarz-Ward)

Focus Group Incentives

Please complete this form in order to receive a \$50 Amazon gift card as a thank you for your participation. This information will be kept confidential and not be connected with your responses from our discussion today.

Thank you.

Name:	
Address:	
Phone Number:	
Email:	
Signature:	

Post-Survey Resources

Early Intervention and Child Care: Natural Partners in Natural Environments

<https://www.youtube.com/watch?v=vMcTEch--Lc>

Supplemental Information from video (available through Early Intervention Training Program Website—linked off of video above).

- Early Intervention and Child Care: Natural Partners in Natural Environments
- (booklet)
- Early Intervention and Child Care: Natural Partners in Natural Environments: Tips for Child Care Providers
- Early Intervention and Child Care: Natural Partners in Natural Environments: Tips for Early Intervention Providers
- Early Intervention and Child Care: Natural Partners in Natural Environments: Tips for Families