THE JUXTAPOSITION OF INCLUSION AND QUALITY IN EARLY CHILDHOOD EDUCATION

by

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(Under the Direction of Zolinda Stoneman)

ABSTRACT

Recent research has indicated that child development centers rated as high quality are more likely to enroll children with disabilities (Baker-Ericzén, Mueggenborg, & Shea, 2009). Yet many of the standards and assessments used to determine the quality of a center do not assess inclusive practices. With this in mind, the purpose of this study was to investigate the families of three children with mild to moderate disabilities and the high quality early childhood development center the children attend as they define and navigate the meanings and interactions involved in inclusion. Taking a Bronfenbrenner ecological perspective to early childhood education (ECE) and inclusion (Odom, et al., 2004), I conducted interviews to explore how members' within the micro and macro systems of the child's classroom and family life have made meanings of their experiences with inclusion and quality child care. Further, I completed interviews with teachers' and administrators' to explore how their definitions of quality in care related to those of the families. Finally, standards in high quality care, specifically the Developmentally Appropriate Practice (DAP) position statement from National Association for the Education of Young Children (NAEYC) and NAEYC accreditation were considered as an influence on early childhood settings (Copple & Bredekamp, 2009; NAEYC, 2009).

INDEX WORDS: Early childhood education, quality, inclusion, children with disabilities, ecological framework

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DEDICATION

I dedicate this work to all of the children that have inspired me over the years and to those that will inspire me in the future. Their strength, beauty and laughter are the impetus for the work I do and want to do. And to the “CDP;” you know who you are. Thank you for opening your doors to me, providing me with advice and a place to discover and learn with children and early childhood educators. Thank you all.

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And finally thank you to the families, teachers and administrators that helped me craft this exploration. You have each taught me so much about the world of education. Thank you for our honesty and willingness to think through what inclusion and quality really represents for you in your life and through your experiences. To the families especially, thank you sharing your children with me and allowing me to enter a small part of your lives. I hope I have not let you down.

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CHAPTER 1

INTRODUCTION

Young children with disabilities are being enrolled in early childhood classrooms at higher rates (Buysse, Wesley, Bryant, & Gardner, 1999; Essa, et al., 2008; Wiebe Berry, 2006). Research has recently shown that centers rated as high quality are more likely to be inclusive of children with specific learning needs than those who do not meet quality standards (Baker-Ericzén, et al., 2009; Hestenes, Cassidy, Shim, & Hedge, 2008). Children with varying learning needs often times require a different level of assessment, planning, and documentation in regard to goals and developmental outcomes versus children without disabilities. Children in high quality care are typically educated under the auspices of developmentally appropriate practice (DAP) as advocated by the National Association for the Education of Young Children (NAEYC) (Copple & Bredekamp, 2009). There have been attempts to combine the DAP statements from NAEYC and the statements for inclusion from the Division for Early Childhood of the Council for Exceptional Children (DEC). This has resulted in a statement developed by DEC that has been endorsed by NAYEC (DEC, 2007) rather than including information regarding with children with disabilities ingrained with DAP. In 2009, DEC and NAEYC joined forces to produce a position statement on early childhood inclusion (DEC/NAEYC, 2009) to define tenets necessary for quality inclusive services.

While these documents may have specific or more general influences over administrators and professionals in early childhood education (ECE), many educators define quality and inclusion based on their own personal context, background, and perspectives (Leiber, et al., 1998). Leiber and her colleagues pointed out that “as these [inclusive] programs proliferate what inclusion means and how it is enacted will be defined by staff member within the programs themselves and the families of the children that attend the program” (p. 89). Further the families and staff, as well as the child’s temperament, and severity and type of disability, interacts to as they create their own definitions of quality and inclusive classrooms (McDonnell, Brownell, & Wolery, 2001).

The purpose of this research study was to juxtapose the definitions of quality care and inclusion families and educational staff, including teachers and administrators, within the Child Development Program (CDP) and to explore how their definitions are made meaningful in their lived experiences. Each child, parent, teacher, and administrator has his or her own unique experiences that guide how they viewed children with disabilities in the specific classroom. In order to achieve as close to an ecological framework as possible, I juxtaposed the beliefs and definitions of the participants with that of those set forth by NAEYC’s DAP position statement. I utilized an ecological framework in order to explore multiple perspectives across levels yet within one situated setting. Or as Seidman (2006) put it, “[w]ithout context there is little possibility of exploring the meaning of an experience” (p. 17).

Personal Research Purpose

My primary reasons for exploring these lived experiences or personal realities (Lincoln & Guba, 1985) regarding inclusion and quality in ECE grew out of my own perceptions and observations of different educational settings for children with disabilities. I have interacted with children and staff and/or family members in settings such as Head Start, segregated special education classrooms, community childcare, and a university child development laboratory. I have also had more personal support roles with families and their children with disabilities. As I looked cumulatively at the different experiences of those I interacted with, it was clear to me that there was not only a difference in definitions of care and inclusion between each site, but also between the people involved in the same classroom or program. Where do these views come from? What personal experiences as well as professional guidelines do individuals use to make decisions regarding children with disabilities in these settings? How do "official" definitions of quality influence such beliefs?

To me, the most important aspects to delve into further were those personal experiences. As this study portrayed a representation of situated phenomena (Dyson & Genishi, 2005), I chose to look at the constituents at one particular site due to my familiarity with its processes and its uses of NAEYC standards as a high quality childcare center. While my curiosities about inclusion across sites has not diminished in the least, I hope this particular study will serve as a directional indicator as to next steps in the search of the differing and personal definitions of inclusion in ECE. Further, my experience with families who decided to take their children to centers other than the CDP influenced my interest in this site in particular. Why did these families choose and stay with the CDP for their child(ren)?

Research Questions

The following question and subquestions will guide this research project:

How do parents, teachers, and administrators define and enact quality inclusion and quality care in a specific early childhood education center?

a. How do these definitions shape how parents select(ed) a center for their child with a disability?

b. How do the DAP standards’ influence definitions of participants in a center rated as high quality that included children with disabilities? And how do the participants’ definitions compare to one another’s?

CHAPTER 2

LITERATURE REVIEW

An Ecological Systems Approach to Inclusion and Quality in ECE

Researchers can and have used the ecological framework in various ways depending on what they place at the center level with the systems model. For example, if an administrator's development within an educational system is at the focus of a study, they would be considered within the microsystem and children within the center would most likely make up a piece his or her mesosystem (e.g., Harms & Clifford, 1993). For my study, I placed the child, the biosystem, at the heart of the ecological model within this childcare center. The biosystem for the focus children included the factors associated with who the child was such as those traits influenced by the child's disability. The microsystem contains the developing child and those relationships that immediately affect the child including relationships the child has and the immediate environment the child is being educated and raised. For my study, this included the child's relationship with his or her parent, teachers and peers. The mesosystem "comprises the interrelations among two or more settings in which the developing person actively participates" (Bronfenbrenner, 1979, p. 25). For the children in my study, this incorporated parent-teacher relationships, relationships with service providers, and those with administrators in the program. Finally I looked at the exosystem, particularly how the DAP position statement influenced descriptions of teachers' actions with children and the awareness of this statement by parents. The exosystem does not directly involve the developing child, but indirectly influences the child as others follow or ignore specific policies and practices imposed on those in the meso and microsystem. Figure one below illustrates my interpretation of the ecological model for the purposes of my study.

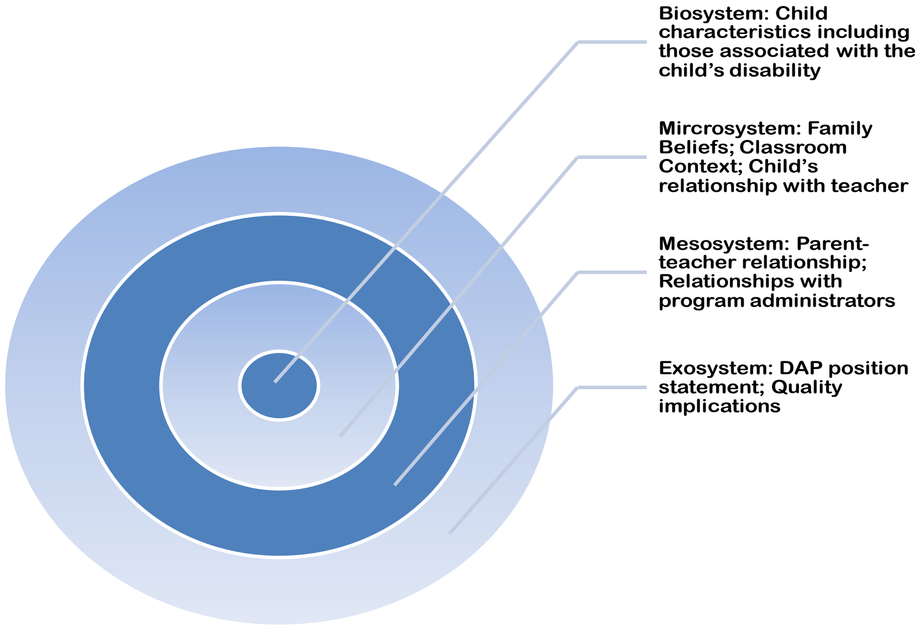

Figure 1: Influences on Inclusion and Quality in Early Childhood Education

The following sections of the paper were included to introduce the topic of high quality care and inclusion and how they have been studied in context in the past. Definitions from existing standards and from past research studies are included. A summary of research findings surrounding teachers' and parents' perspectives are presented; guided by Bronfenbrenner's (1979) ecological framework and Odom's (Odom, et al., 2004) review of preschool inclusion research from an ecological perspective. I have not included the most overarching layers of the ecological framework, the macrosystem level which looks at cultural and societal influences or the chronosystem of development across time, but I have focused on those levels closest to the individuals at the center. The literature was arranged looking at how inclusion and quality are defined within the following layers of context: the exosystem, the meso and microsystems, and the biosystem. But first I define both quality and inclusion in the context of my focus document, the Developmentally Appropriate Practice position statement.

Defining Quality in DAP

Bronfenbrenner (1979) noted that "policy has the power to affect the well-being and development of human beings by determining the conditions of their lives" (p. xiii). As a policy or practice, DAP has been defining by NAEYC as the standard for early childhood settings since 1986. This DAP "framework outlines practice that promotes young children's optimal learning and development" (Copple & Bredekamp, 2009, p. 1). Much of the position statement (NAEYC, 2009) within Copple and Bredekamp's DAP text focuses on how an understanding of a child's age-related development and learning allows for "general predictions about what experiences are likely to promote children's learning and development" (p. 9). DAP is most often summarized by three primary characteristics: (1) knowledge of child development and learning; (2) what is known related to children's individual strengths, needs, and interests; and (3) awareness of each child's social and cultural contexts (Charlesworth, 1998; Copple & Bredekamp, 2009; Filler & Xu, 2006). The original purposes of publishing the position statement on DAP were to assist programs seeking accreditation through NAEYC (Charlesworth, 1998) and in response to the push to implement more stringent, academic-focused models of instruction in ECE (Carta, 1995; New & Mallory, 1994). In the original accreditation standards, NAEYC suggested that teachers utilized activities that were developmentally appropriate for children enrolled in their classrooms, but offered much else on what these looked like.

All three editions of the DAP text (Bredekamp, 1987; Bredekamp & Copple, 1997; Copple & Bredekamp, 2009) have included examples of DAP in the early childhood classroom as well as their opposite DIP, or developmentally *inappropriate* practices. It is this dichotomy of teaching and other examples of dichotomous thinking that some in the ECE field have opposed since the introduction of the DAP publication (Cannella, 2002; Lubeck, 1998; New & Mallory, 1994; Raines & Johnston, 2003). Some other views that challenge parts of or the ideas in DAP include:

- DAP's lack of direction for teaching to national standards or lesson plans (Graue, 2008)
- That it defines "dominant cultural practices as normal, positive, and universally acceptable" (Lubeck, 1994, p. 20)
- The portrayal of development is "linear, progressive, and cumulative" (Mallory, 1994, p. 56)
- Lack of explicit information on how to and when to individualize teaching strategies for young children, particularly for those with disabilities (Carta, 1995).

Although this last statement speaks directly to inclusion for children with disabilities, which is at the heart of this study, each of the above points affects teachers' interactions with children with and without disabilities. In the more globalized and transformed society of today's ECE classrooms, Grieshaber (2008) recommends that teachers should engage in the "active interruption of stereotypical pedagogical performances…in relation to children in ECE" (p. 515). The stereotype she was referring to was the idea that too much teaching in ECE is reactive and grounded within the Piagetian theoretical approach.

Although DAP is not a curriculum that is specifically followed, it guides many high quality centers in how to support children to develop and learn. Some have argued that DAP may be taken further than it is intended in many classrooms; "transformed into a prescription for pedagogic practice" (Grant 2000, as cited in Grieshaber, 2008, p. 509). This means that while

DAP is not meant to provide direction for classroom activities, teachers may take the text too literally and not only use it as a foundation to build their curriculum, but as a guiding curriculum in itself. Grieshaber (2008) suggested that teachers may even be reluctant to engage in direct instruction or "teaching" with young children because of the importance DAP puts on child-led activities. Lack of direct and intentional teaching in the ECE classroom could be detrimental to all children but particularly to children with disabilities.

In December of 2008, NAEYC published an article explaining the premise of DAP in their journal *Teaching Young Children* (TYC) which targets "the preschool professional" (NAEYC, 2008). In this article, the organization stressed the importance of being familiar with the guidelines in the DAP position statement and referred to it as a necessity for a professional in the early childhood field. This article demonstrated NAEYC's active role in the circulation of these standards.

Immediately preceding this TYC article on DAP by just a few pages was a brief overview of preschool inclusion (Hayslip & Colker, 2008). What was missing was the connection between these two key premises in ECE. It seems that as long as the most influential organization in ECE is separating inclusion and DAP in its literature, the topics will not connect for those using the frameworks in practice.

Defining Inclusion in the Context of DAP

Part of the disconnect between DAP and inclusive practices is the overarching frameworks within each ECE more generally and early childhood special education (ECSE) (Fox, Hanline, Vail, & Galant, 1994; McDonnell, et al., 2001; Sexton, Snyder, Lobman, & Daly, 2002). Commentary and recommendations on how to combine DAP and inclusion (or ECE and ECSE strategies) have continued in the literature for over two decades. More than ten years ago, Fox, Hanline, Vail, and Galant (1994) remarked that one primary difference in the philosophies of the two disciplines was special education's focus on individualized goals. Another point noted by the authors was that "adult-child interactions in ECSE programs tend to be more teacher-directed and focused on teacher-chosen topics or instructional targets rather than on child interests" (p. 248). Fox and her colleagues observed that naturalistic teaching, a type of systematic instruction used in ECSE, aligned more closely with DAP than some of the more teacher or therapist implemented strategies so often found in ECSE classrooms. The impetus in ECSE to strive for more naturalistic teaching strategies has grown since 1994. With its roots in early intervention law (IDEA, Part C), families' natural environments are where all services for children should occur (Walsh, Rous, & Lutzer, 2000) such as home, school, community, etc. Systematic teaching strategies for children with disabilities are determined by what is a 'natural' setting for a child who is typically developing.

In relation to inclusion, teachers should consider that while DAP supports many aspects of learning for young children, they must also have "inclusive attitudes and skills" (Mogharreban & Bruns, 2009, p. 407). Inclusion is more than a set of beliefs; teachers must actively engage with these inclusive beliefs in the classroom in order to genuinely support children with disabilities in practice. In 1994, Mallory stated:

> If early education programs could be guided by inclusive theory, they might be more apt to engage in inclusive practices. If in the past we have judged that some children do not "fit" in particular early childhood settings, perhaps it is time to expand the parameters within which those settings operate in order to assure that there is room for everyone (p. 55).

Since Mallory described this over a decade ago, there is now a new opportunity to continue his expansion on inclusive theory. Children with disabilities are attending early childhood programs today due in part to legal mandates that entail both their civil rights in community settings through Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) (Office for Civil Rights, 2009) and their rights to be educated in the least restrictive environment ("IDEA," 2004). Due to this fact and the fact that many more private ECE programs are admitting children with disabilities, the natural next step is to begin the examination and adaptation of the statement guiding the teaching of young children.

Where does the information and definitions for inclusion stem from? The legal mandate, the Individuals with Disabilities Education Act (IDEA) was adapted in 1990 (PL 99-457; PL 101-476) with a provision that requires publically funded preschools to provide free, appropriate education to three to five year olds with disabilities; just as it mandated for children over age five since 1973. The Americans with Disabilities Act (ADA; PL 101-336) which is not specific to educational settings grants individuals with disabilities in all public settings full civil rights including access for children. For these purposes, childcare settings, whether funded publically or privately, are expected to make “reasonable accommodations” in order to serve all children and families.

The legal jargon typically used to define inclusion is “least restrictive environment” (Guralnick, 2001) which was developed within the context of IDEA. But teachers, parents, and others involved in ECSE have been charged with the responsibility of defining what this term means for each individual child with a disability enrolled in any educational setting (Guralnick, 2001). The movement in early intervention (for children receiving state services under the age of three) has classified the home as the least restrictive environment. With the rise in mothers working out of the home and varying family compositions, this has branched out to include the educational setting for the youngest children enrolled in various childcare programs. In both of these situations, the legality of least restrictive environments entails that service providers travel to wherever is most convenient for the family rather than requiring that the child be brought to the provider for services.

Since the ADA and the provision to IDEA were passed in the early 1990's, parents of infants, toddlers, as well as preschoolers may now expect that their children regardless of disability will be accepted into a program and be educated with their same age peers. Although successful inclusion should be more than the presence of a child with a disability in a class with children without disabilities, it is often actualized as such. For example, in their meta-analysis of preschool inclusion Odom and his colleagues (2004) defined "inclusion as programs or groups in which children with disabilities and typically developing children participate" (p. 16). Other authors have continued to define inclusion in early childhood as the presence of a child with a disability in the classroom. McDonnell, Brownell, and Wolery (1997) surveyed 500 early childhood educators and found that the most common response (42%) was they did not currently have a child with a disability in their class (but may have previously) and the second most occurring response was that the teacher was currently serving one child with a disability in their classroom (25%) and thus defined their classroom as inclusive. This study did not indicate whether the child was in their classroom for the entire time period or just for a segmented part of the day. DeVore and Russell (2007) added the changing roles of service providers, regular education teachers, and special educators when explaining inclusion in early childhood. This description of inclusion referred to the increased collaboration between the educators along with family members in order to provide the most appropriate options for children in childcare settings.

As mentioned in the introduction, DEC and NAEYC in 2009 published a joint position statement on inclusion in early childhood settings (DEC/NAEYC, 2009). The entire definition and explanation for the definition on inclusion can be found on both the DEC and the NAEYC websites (www.dec-sped.org; www.naeyc.org). According to this statement on inclusion, the three components necessary for inclusion are: access, participation and supports . While the statement does offer insight into quality components of inclusive services, particularly when thinking about the mission of inclusion, it does not provide approach next steps for actually implementing inclusion or making programmatic changes to improve inclusive services.

Guralnick's (2001) call for change in early childhood inclusion generated a definition that I feel contains, in short form, the necessary requirement for true inclusion. He calls for advocates of inclusion to "encourage efforts that promote interactions between children with and without disabilities in every manner and at every level" (p. 4). Although it is does not include specifics about teaching methods or approaches, it does emphasize the fact that inclusion is more than the presence of a child with a disability and that it is necessary to "promote interactions between children with and without disabilities" rather than expecting them to happen without facilitation or intervention. Sandall and Schwartz (2008) provide a more comprehensive definition of inclusion specifically stating that it is more than "the active participation of young children with and without disabilities in the same classroom and community setting" (p. 4). They continue to expand on their definition of inclusion:

> "Inclusion is about ensuring that all children, staff, and families who participate in a program feel supported in that program…Inclusive early childhood classrooms should

> provide all children with the supports and related services needed to achieve valuable learning outcomes as well as to form and maintain productive social relationships with other children" (p. 4).

It is important to state that Guralnick's interpretation and that of Sandall and Schwartz is also my belief of how ECE inclusion should be represented and I am acknowledging it now to guard against potential bias when collecting others' personal and applied meanings for inclusion.

The Exosystem of an Inclusive, Quality Early Childhood Program

As previously mentioned, the co-occurrence of inclusion and developmentally appropriate practice are being enacted in the same contexts more often than in previous years (Baker-Ericzén, et al., 2009). Programs ranked as high quality use the standards of DAP to educate children, arrange the classroom environment, work with families, and define professional development for ECE teachers and administrators (Copple & Bredekamp, 2009). The exosystem, as defined by Bronfenbrenner (1979) "consist[s] of one or more settings that do not involve the developing person as an active participant but in which events occur that affect or are affected by what happens in that setting" (p. 237). A requirement of the exosystem is being able to connect the exosystem "to processes in the developing person's microsystem" (Bronfenbrenner, 1979, p. 237). The NAEYC's DAP position statement as it guides educators is an example of an exosystemic influence on children and families enrolled in centers following this guideline. To provide some context to the exposure of the DAP text, I contacted NAEYC and received the following information from the media relations coordinator:

> The Revised edition (1997) of *Developmentally Appropriate Practice* sold about 150,000 copies (which does not include the approximately 25,000 copies distributed to the Association's Comprehensive Members) within the first two years of release, with annual

> sales at a high of almost 90,000. The prior Expanded edition (1987) had built momentum more slowly, and sold a high of just over 80,000 in 1993 (K. Gawrgy, personal communication, May 12, 2009).

I want to point out that this does not of course include how many people have downloaded the online position statement which is free and available to anyone with or without NAEYC membership.

Much of the pretext of the DAP position disseminated by NAEYC is based on an educators' knowledge of typical development. DAP includes having a foundational understanding of the developmental domains, how this development effects a child's learning, and responding to the unique developmental rates of individual children; in other words, not expecting that each child will follow the exact same developmental pathway at the exact same rate. DAP stresses the importance of other primary goals in ECE including building strong relationships with adults, awareness of family cultural context, and examples of positive guidance and positive teaching strategies. There is also a mention of assessment and curricular planning for child outcomes.

NAEYC, which puts forth the DAP text and statement, is the professional accreditation organization recognized by many early childhood scholars, researchers, and educators in the United States. Founded in 1926, NAEYC boasts over 90,000 members across the world, with over 300 regional and/or state affiliated organizations (NAEYC, n.d.). While the organization acts as many professional organizations by offering conferences, trainings, and scholarly publications, they also keep one foot firmly planted in the application of high quality early childhood education. With this second purpose in mind, their accreditation system is regarded as the national standard for acknowledging a center or program as high quality (Jorde-Bloom, 1996). Families looking for childcare and educators judging a program look for this NAEYC seal of approval as an indicator for high quality care. Programs meet these standards through a self-study and preparation guide that can last many months. Then a team of NAEYC evaluators makes the final decision on whether or not a program deserves the mark of NAEYC's accreditation.

It is important to note that there are specific indicators of quality that can be linked to NAEYC accreditation. For a review of how accreditation began, Jorde-Bloom (1996) provides a summary of the history of program evaluation that lead up to the accreditation standards. She notes that during the 1980's, the definition of quality moved from nebulous to specific. Her study, which included over 5,000 ECE directors, demonstrated that accredited centers tended to rank higher on ten different "organizational climate" indicators such as professional growth, innovativeness, and goal consensus. The National Child Care Staffing Study completed in 1989 also found that accredited centers offered advantages over nonaccredited centers including: "(a) better compensated teachers, (b) teachers with more formal education, (c) teachers with more specialized early childhood training, (d) better benefits and working conditions for staff, and (e) lower rates of staff turnover" (McDonnell, et al., 1997, p. 265). It is important to point out that in both these studies nonaccredited centers were surveyed at a much higher rate than accredited centers which may have implications on the findings. NAEYC accreditation is seen by many in the ECE, particularly in the United States, as an indicator of a program committed to DAP and high quality education for young children (McDonnell, et al., 1997).

ECE programs are required to meet state licensing standards regardless of their national accreditation intentions. These while not as stringent as NAEYC's guidelines do set the stage for whether a certain level of program quality. In the state of Georgia, evaluators from the

Department of Early Care and Learning, “Bright from the Start,” enter a center on regular monitoring visits to see if it meets criteria to operate and to serve young children. These criteria include things like child to staff ratios, safety and health precautions, and scores on the Early Childhood Environment Rating Scale (ECERS; ages 3-5 years) and the Infant and Toddler Environment Rating Scale (ITERS; ages birth – 3 years). Bright from the Start assists Georgia ECE programs and preschools in gaining NAEYC (National) accreditation. Further, they reward centers who go above and beyond Georgia state standards as “Centers of Distinction” (see their website at http://167.192.222.136/default.aspx for more information).

The ECERS is often cited in studies looking at quality in ECE settings including those assessing or researching inclusion in addition to quality (Odom & Bailey, 2001). McDonnell, Brownell, and Wolery (1997) pointed out that overall NAEYC accredited centers have higher scores of quality as based on the ECERS. This score is often referred to as a measure of global quality in ECE (Buysse, et al., 1999; Clawson & Luze, 2008). The ECERS, originally created in 1980 by Harms and Clifford, is a standardized quality measurement consists of 43 items making up 7 subscales. The subscales, assessed via observation, include (1) space and furnishings, (2) personal care routines, (3) language-reasoning, (4) activities, (5) interactions, (6) program structure, and (7) parents and staff (for a more detailed explanation of each subgroup, see www.fpg.unc.edu/~ecers). Further, there are also three other editions assessing global quality in ECE including versions specific for infants and toddlers (ITERS-R), family child care (FCCERS-R), and school age care (SACERS). Three of these scales, including the ECERS-R are available in revised and updated formats (Harms, Clifford, & Cryer, 2005). The ECERS produces an overall mean rating based on a one to seven scale with seven indicating the highest overall quality.

The ECERS includes little on children with disabilities within its assessment but embeds particularly aspects of inclusive practices within the subscales. For example, within the space and furnishing subscale, one criteria to reach a five on the scale of seven, a ranking of “good” is that “space is accessible to children and adults with disabilities” (p. 10). In the “notes for clarification” within this section, the authors explain that a center must be accessible to reach a score of five “regardless of whether or not individuals with disabilities are involved in the program” (p. 11). This is also what would be required under ADA and a part of universal design for all public spaces. Thinking specifically about inclusion, having aspects of inclusive programming embedded into the scale is the most appropriate way to show acceptance and criteria for supporting children with disabilities. In other words, it is a better alternative to having a separate index to assess programs serving children with disabilities; it assumes that children with disabilities are part of programs. Unfortunately, the ECERS ratings associated with supporting children with disabilities are only expectations of the highest ranking centers.

In their study of 180 ECE programs, Buysse and her colleagues (1999) found that 62 reported enrolling at least one child with a disability (the definition of “inclusion” used for the study’s purposes). And that overall these inclusive programs performed better on the ECERS, representing global program quality, than those that were not inclusive (i.e., did not enroll any children with disabilities). Although the majority of inclusive programs (71%) ranked between three and five on the ECERS, twenty-six percent fell at five or higher. Only eight percent of the programs that were not inclusive demonstrated a score at or above five.

As previously mentioned, Clawson and Luze (2008) used the ECERS-R as an overall global quality indicator but also individualized the scale to focus on children’s individual experiences. None of the eleven inclusive programs participating in the authors’ study ranked below an ECERS-R score of three. In contrasting the global quality indicator to individual quality within a classroom, the Clawson and Luze reported that an “individual child’s experience was positively related to level of global classroom quality...Disappointingly, participation in good quality classrooms did not ensure that individual children experienced activities and interactions likely to enhance their competence, especially in the area of language reasoning” (p. 143). This indicates that although the overall picture of a classroom may look to be high quality individualized measures and adaptations may not meet the same high standards when broken down by child. This information may be in interpreted as how individual teachers define and act on their individual definitions and meanings associated with individualized services necessary when there is a child with a disability in the classroom. And overall indicates the necessary examination of standards used to rank and qualify a program as quality particularly when labeled as inclusive.

The Mesosystem and the Microsystem of an Inclusive Early Childhood Program

Because the mesosystem and the mircrosystem consist of relationships between people within childcare centers, it was difficult to separate the two by the artificial boundaries constructed within the ecological framework. Although microsystems consist of the child’s immediate surroundings, those he or she interacts with directly, the mesosystem greatly influences those environments through the relationships between the child’s parents, teachers and administrators. In other words, through the interactions between these groups, as well as their interactions with the children, the mesosystem is formed. Each constituent at the early childhood center has his or her own set of personal definitions and beliefs regarding inclusion, but it is how these definitions interact and react within relationships that create a classroom and early childhood center. This means it would be difficult to explain an individual in the microsystem without connecting them to the effect they have on others (or the effect others have on them) in the same context.

Perceptions of inclusion can be shaped by the views of administrators who oversee the programmatic direction of a center. Relationships between administrators and parents, administrators and teachers, and parents and teachers can all also influence how individuals receive information about educating children with disabilities. The mesosystem, defined as “a set of interrelations between two or more settings (Bronfenbrenner, 1979, p.209), is often explained through the relationships between school and home. But the administrators’ effects on the teachers in a school can indirectly affect a family therefore also considered an influence found in the mesosystem (Bronfenbrenner, 1979).

In order to explain the possibilities of the influences from the multiple participants, I try to explain and provide evidence of each starting with the role of the administrators or directors of a program. When I refer to administrators, I am referring to those individuals who lead an early childhood setting including making the major decisions about curriculum, planning school policy and procedures, troubleshooting when issues arise, and interfacing with new families in a program. Administrators may from time to time act as teachers and educators to children, but this is not their primary responsibility. They oversee the actions of the teachers and assistants in a program. Typically directors are also responsible for applying for accreditation and completing large portions of the NAEYC accreditation self-study which requires that they continuously assess the standards and practices within their center’s classrooms.

In Grace and colleagues’ study of early childhood inclusion in Australia (Grace, Llewellyn, Wedgwood, Fenech, & McConnell, 2008), interviews revealed that the directors or administrators of a center can have a powerful influence on the attitudes of his or her staff regarding inclusion. The authors found that if the director was positive and enthusiastic about inclusion the staff seemed to follow suit. Similarly if the director felt providing inclusive services was a burden on the center, staff reported feeling more exhausted and burdened with supporting children with disabilities in their classrooms. Bronfenbrenner (1979) would describe the effect that administrators have on families via teachers as an “indirect linkage” (p. 210). When the majority of a person’s interactions fall within one context and he or she does not necessarily interact with the individuals in the microsystem (i.e., the child’s family), their influence is intermediate or part of a secondary network. But in order to provide an enhanced developmental setting for the individuals in the microsystem, linked settings should “encourage the growth of mutual trust, positive orientation, goals consensus, and a balance of power responsive to action in behalf of the developing person” (p. 216). What this infers is that if administrators negatively affect the attitudes of teachers regarding inclusion, it is likely this will inadvertently affect the experience families with children of disabilities have within the center. The same would be true for administrators with positive attitudes.

Following Grace and her colleagues conclusions (2008), I would suggest these findings may also be a direct result of the administrators own experiences with supporting children with disabilities as well as their comfort level and previous training in inclusive services (Ceglowski, 2004); a phenomenon I expect to see within my own data. Supporting this idea was research that indicated that if a director has participated in disability specific coursework his or her likelihood that his or her current center was inclusive (as defined by the presence of a child with a disability) increased (Essa, et al., 2008). Providing relevance to these findings, Bronfenbrenner (1979) has noted that positive impacts on development within the microsystem is directly related to the “person’s prior experience and sense of competence in the settings involved” (p. 215).

Therefore, just as we will see with teachers' beliefs, administrators own training and confidence can impact the relationship formed with parents and children involved in their program.

Publications, whether relating to special education or more general education, across time have described how the teacher-parent relationship can be influential on and influenced by a variety of topics including: child's scholastic success (Petr, 2003), beliefs about parent involvement (Souto-Manning & Swick, 2006), level and type of parental involvement (Gallagher, Rhodes, & Darling, 2004), the environment of the school or characteristics of the classroom (Adelsward & Nilholm, 1998; Allen, 2007), the roles of parent and teacher within their partnership (Goodnow, 1995), and other aspects of the home school-relationship.

It has been shown in numerous research studies that quality of inclusion can be partly demonstrated based on teacher's training related to disability services and support, their particular experiences with children with disabilities, and/or their attitudes and beliefs about inclusive services (Arceneaux Rheams & Bain, 2005; Baker-Ericzén, et al., 2009; Leatherman, 2007; McLeskey, Waldron, So, Swanson, & Loveland, 2001). Teachers are often expected to include children with disabilities in their classrooms without much information to go on. This ambiguity of the definition of inclusion for their school can further disengage teachers (McLeskey, et al., 2001). The teachers are unsure of their role, who the children are, and their own potential for success in supporting children with disabilities (Ceglowski, 2004). It is important to note that the majority of teachers in early childhood settings, whether in inclusive programs or not, agree that children with disabilities do have an inherent right to general education as do all children (Arceneaux Rheams & Bain, 2005; Leatherman, 2007; McLeskey, et al., 2001). This assumes, as Scruggs and Mastropieri (1996) found, that other conclusions for negative or ambiguous teacher perceptions are at the heart of access and inclusion such as lack of confidence in their own abilities to support children with disabilities.

There isn’t as much research on whether teacher perceptions on inclusion have a direct effect on children’s developmental outcomes or quality of classroom environment. Although Baker-Ericzén and her colleagues (2009) did find that specific inclusion training programs can influence “early child care providers’ attitudes toward and perceived competence of inclusion” (p. 204) providing the most positive changes the more trainings providers attended. Guralnick (2001) makes the argument that professional training should be considered within the many tenets that potentially influence the goals of inclusive practices.

With the known theory on the connection between attitudes and action (Bronfenbrenner, 1979; Stoneman, 2001), it seems reasonable that to suggest that negative beliefs about disabilities would ultimately lead to less successful child outcomes and less dedicated professionals. Lieber and her colleagues (Leiber, et al., 1998) attempted to compare the reported beliefs of teachers and their enacted behavior regarding inclusion. Their results indicated that often teachers may have similar descriptions of the benefits of inclusion but represent these through differing actions. For example, although teachers in their study believed that being enrolled in inclusive programs can be beneficial to children without disabilities, teachers may enact this belief by speaking directly to the children describing and celebrating differences while others attempt to minimize or ignore differing levels of ability (p. 100). This study indicates the importance of including both surveys or interviews as well as observation to confirm and interpret collected data. Similarly Stolber, Gettinger, and Goetz (1998) surveyed teachers trying to discover how specific beliefs about inclusion “impacts classroom life and actual instructional practices” (p. 110). Yet due to the fact that they only surveyed teachers and did not observe them in the classroom, the researchers could only offer the conclusion that perceptions can be related to the ease of accommodation based on disability type but not how those accommodations were carried out.

It would be neglectful not to mention the service providers who work with children with disabilities as well. Service provider is a comprehensive term that can include teachers, but for the purposes of this paper, refers to any individuals who work with the child outside of the teachers in order to provide services based on the child's disability. For example, this may include speech language pathologists, occupational therapists, or itinerant special educators. The relationships between all service providers and team members within a child's mesosystem can influence a child's developmental path. Odom and Diamond (1998) summarize research on cooperation between team members that cumulatively indicated that "collaborative relationships among early childhood teachers and specialists were a hallmark of successful inclusive programs" (p. 14) and that most teachers prefer a consultative relationship with specialists over a medically framed approach. The relationship between specialists and general education teachers could be indicative of how the child is accommodated in the classroom and how the teacher reacts to and implements suggestions received from parents and service providers.

The Biosystem of an Inclusive Early Childhood Program

This last level within the ECE inclusive classroom ecology relates to a child's specific characteristics how it could potentially affect classroom interactions as well as parent decision making. To begin, a child having a mild or moderate disability increases the likelihood that they are included in classrooms with typically developing children when compared to children with more severe disabilities (McDonnell, et al., 1997). Research has shown that children with more severe disabilities (i.e., challenging behaviors, neurological problems, and autism) were "perceived by practitioners as requiring the greatest amount of accommodations" (Stolber, et al., 1998, p. 121) and they internally felt least prepared to support these children. The teachers in Stolber's study felt more confident about supporting children with "speech and language delays, learning disabilities, and mild cognitive impairments" (p. 118).

As mentioned in previous sections, Clawson and Luze's study (2008) used the ECERS to assess global quality in inclusive classrooms as well as an adapted ECERS to assess individual global quality between children with and without disabilities. When parents in this study reported their child with a disability as having fewer behavior problems, "children had higher quality individual experiences" (p. 144) yet there was no relationship between teacher reported behavior problems and an individual child's quality of experience. In the context of the Individualized ECERS which reflected child interactions with teachers or peers, the latter conclusion could be surmised to mean that teachers in higher quality classrooms tend to focus more on engaging children with expressed behavior problems versus those who do not demonstrate attention getting behaviors (Clawson & Luze, 2008).

Although their study did not specifically focus on early childhood settings, Kasari and colleagues (Kasari, Freeman, Bauminger, & Alkin, 1999) found that parents of children with autism and Down syndrome were more likely to support putting their child in inclusive settings if the child was diagnosed with Down syndrome while parents of children with autism favored part time inclusive settings. A similar finding was reported from their study regarding the age of their child and past experience with general education settings. Parents felt that inclusive settings were more feasible for their child if they were younger and if they had previously been enrolled in an inclusive setting. These results infer that specific child characteristics located with the biosystem level of an ecological framework of inclusion can affect both parent and teacher perception.

Conclusion of Literature Review

Overall, there is evidence for looking in-depth at each individual level influencing a developing individual, but looking at only one level provides a one-sided view of that individual's context. Because my purpose was to find out how parents make-meaning for inclusion and quality for their child, it was important to consider and investigate the relationships influencing those meanings. These relationships whether within the child's microsystem or influence the child through their parents' relationships with others affect how the children are educated and supported across levels. Researchers have looked within particular levels and Odom and his colleagues (2004) brought many of those studies together. At the end of their review of the research, Odom challenged researchers to "[examine] these linkages" (p. 41) as the next direction for research on preschool inclusion. And while I offer a situated representation (Dyson & Genishi, 2005) of inclusion in a childcare center, I rely on the "intersetting knowledge" (Bronfenbrenner, 1979, p. 210) that connects individuals across the children's ecological system to make meaning of inclusion and quality in their lives.

CHAPTER 3

METHOD

Methodological Framework

In order to locate meanings of inclusion within a particular early childhood center, I utilized three tools of qualitative research including document analysis, interviews, and participant observations. To set up my inquiry methodologically and guide my data collection, I drew primarily from Lincoln and Guba's (1985) framework of naturalistic inquiry and Seidman's (2006) three interview series. Naturalistic inquiry's view of constructed realities considers my previously formed relationships and knowledge within the child development program (CDP) at the focus of this study as a part of "complex mutual shaping" (p. 39) that came from my data. As the instrument in qualitative research, it is the investigator's, my, duty to "adjust to the varying realities that [were] encountered" as I collected and analyzed data (p. 39). As I embarked on the journey that led me to the definitions of inclusion within this specific context, I hoped the resulting meanings satisfy and sincerely express views of families and staff I interviewed. Naturalistic inquiry stresses multiple data sources. The data I collected within this study came from the DAP position statement as a document, interviews with parents of children with disabilities, teachers of these focus children, and the two administrators within the center. Further my inquiry, specifically my interview questions, was guided by my two plus year of observation within the CDP classrooms and interactions with the constituents within the center.

The primary difference between naturalistic inquiry and my own interpretation of collected data may come when attempting to complete the data analysis. While naturalistic inquiry tends to only focus on inductive analysis, my interpretation of my study was best informed by a combination of analytic procedures. I go into more detail of data collection and data analysis in the following sections. Part one describes my systematic analysis of the DAP position analysis. In part two, I inform the reader of how I went about recruiting and interviewing participants from the CDP as well as how I analyzed the data collected.

Part One: DAP Document Analysis

To begin, I want to describe briefly my own experience with the DAP position statement. I have used the position statement in both on my coursework as a student. I also incorporated the document as a part of the required readings within classes that I taught on child guidance and on inclusion in ECE. I have read the document many times, often looking as a practitioner looking for its applicability to my own work with young children or to my students' work in the classrooms. For the purposes of this analysis, I changed my view to an inquiry-based reading as I looked for what it told me specifically about children with disabilities.

According to Lincoln and Guba (1985), documents are a "rich source of information, contextually relevant and grounded in the contexts they represent" (p. 276-277). The DAP document is grounded within the early childhood field, but does it represent a description amenable to all children? In order to piece out information surrounding children with disabilities from the DAP position statement, I engaged in a document analysis. A document can be classified as "any written or recorded material *other than a record* that was not prepared specifically in response to a request form the inquirer (such as a test or a set of interview notes)" (Lincoln & Guba, 1985, p. 277). Because the DAP document can be described as an "agent in networks of action" and more than just a "receptacle of content" (Prior, 2008, p.112), a document analysis of the position statement must consider the use of the document and the context when interpreting it. To give readers a clear view into my analytic procedures, the next section describes my thinking of data analysis followed by my step by step analysis procedures.

Data analysis.

I found it necessary to combine inductive and deductive analytic coding procedures in order to interpret the data. I followed a procedure aligned with that of Lincoln and Guba (1985) who described the data analysis techniques of the constant comparison method without the end expectation of prediction as in grounded theory. The relevance of its methodology to inductive analysis provides a useful framework for this document study; although deductive analysis was the most useful place to start my analysis because I understood that I was looking for information that related specifically to children with disabilities in DAP.

More specifically, Patton's (2002) brief yet precise explanation of combining deductive and inductive analysis was useful in guiding my thinking about the most appropriate process when analyzing this particular document. Patton (2002) described a type of inductive analysis called "analytical" which he explains as "sometimes… qualitative analysis is first deductive or quasi-deductive and then inductive as when, for example, the analyst begins by examining the data in terms of theory-driven sensitizing concepts or applying a theoretical framework developed by someone else…" (p. 454). Fortunately, inductive analysis allows for the freedom to move within and between other types of analysis as long as there is recognition of this movement by the researcher(s) (Patton, 2002).

My first step in analysis was to reacquaint myself with the document and take notice of any new items in the revised, newest edition (NAEYC, 2009). I reread the document with analysis rather than my typical course goals in mind. Second, utilizing the computerized qualitative program, Atlas.ti, I searched for words related to disabilities, inclusion, and special needs. I did this using the search feature following the thoughts of Prior (2008) who noted he begins document content analysis by identifying specific words used within a document.

"A good place to begin inductive analysis," according to Patton (2002), "is to inventory and define key phrases, terms, and practices that are special to the people being studied" (p. 454). As I began the deductive process, I found myself using "disability" as the driving a priori code but at the same time I inductively began to add clarifying codes in the form of single words (such as individuality) or short phrases (such as teaching strategies). This process was similar to Patton's quote mentioned earlier regarding analytic coding. I was attempting to analyze the document using particular words that relate to children with disabilities in ECE while also remaining open to the terminology used by the authors of the document. Third, I created a text file compiling the coded segments or "units" from the document.

At this point, I went back to the authors' online version of the DAP position statement and highlighted and marked the coded units found in my analysis in order to keep the coded material in the immediate context of the document. This previous step was also completed to look for portions of the document related to abilities or skill levels that may have been overlooked in the initial search. Finally, I read and reread coded segments and updated codes; I compared and combined segments under more descriptive categories. My course of action described here was similar to Lincoln and Guba's (1985) definition of inductive analysis; "from specific, raw units of information to subsuming categories of information" (p. 203). Although I utilized a priori coding initially, not simultaneously analyzing the data inductively would have been impossible because each "unit" I coded under my a priori category of disability had emergent codes embedded within the language of the document. Next I described my methods for data collection with the participants from the CDP, including participant recruitment and interviewing procedures. I end the next section with my analysis procedures of the data collected from the participants.

Part 2: Quality and Inclusion with the Child Development Program

At the focus of this study was a university sponsored child development program (CDP). Although the CDP prioritized children of university staff, siblings of already enrolled students, and students with disabilities on their application list, all members of the community were welcome to submit an application to have their child enrolled or be placed on a wait list. The program consisted of six classrooms with children ranging from ages eight weeks to five years old including one publically funded preschool, one mixed age prekindergarten classroom (approximate ages 3-5 years), one four year old prekindergarten classroom, an older toddlers classroom (approximate ages 2-3 years), a younger toddlers classroom (approximate ages 1-2 years), and an infant class (approximately 22 months or younger). The CDP follow the standards of developmentally appropriate practice (DAP), as stated on their website, and have met all state requirements for a licensed childcare. In a recent programmatic review, two classrooms were selected at random to undergo the ECERS-R and/or ITERS observation assessment with both scoring a 6.5 out of seven. This ranking was indicative of such high quality that they were recognized as a Center of Distinction by the state early childhood licensing agency. Two years ago they were awarded “Program of the Year” by the state organization associated with NAEYC.

Participants.

Three families who have children with disabilities enrolled in the CDP, these children’s teachers, and the CDP directors were recruited as potential participants using purposeful sampling (Patton, 2002). This type of sampling, utilized often in qualitative research, selects informants with the purpose of “selecting *information-rich cases* for an in-depth study” (italics in original, Patton, 2002, p. 210). The families and other participants who were recruited for this study were selected based on the fact that they are connected to a child with a disability enrolled in the focus center (i.e., family member or teacher of the child). I have had a working relationship with both the families and staff at the center through my involvement as the instructor of a course that placed students in the CDP classrooms to support inclusive practices. Table 1 below describes each family participant in more detail and Table 2 describes teachers information; the tables should be used a reference throughout the findings chapter to connect teachers and parents to specific children. All names are pseudonyms except for one family who opted to maintain their real names. The information was current at the time the interviews were completed (May through June of 2009).

Table 1: Parent and Child Descriptions and Limited Demographic Information (at the time of the interviews)

FAMILIES			
CHILD	**Olivia,** 5 years old, enrolled in 3-4 year old class	**Walter,** 3 and ½ years old, enrolled in the older toddler class	**Jacob,** 5 years old, enrolled in the preschool class
PARENTS	Kelly- Georgia Magazine Editor; Scott- Sports Columnist for the Augusta Chronicle	Holly- Professor in Music Department at large University; Jack- Financial Advisor	Ellen-Works from home Dan- Professor at a large university
CHILD DISABILITY	Velo-Cardio-Facial Syndrome (VCFS)- a genetic 22Q chromosomal deletion	Cleft lip and cleft palate bilateral	Down syndrome (and additional diagnosis of autism spectrum after interviews)
SIBLINGS	Zhenia- Adopted from Russia, Age 8	Sally- Adopted from China, Age 6	2 brothers; one 13 and one 10
DESCRIPTORS	Olivia is very smart and loves to play with her brother. She is smaller in stature for her age, has difficulty with expressive communication and uses some sign language.	Walter has a great sense of humor. He was adopted from China at 18 months old. His parents specially requested a child with cleft. He has had two failed surgeries to repair his soft palate. He has a lot of difficulty with expressive language	Jacob loves books and music. He likes playing on the computer. He has difficulty making new relationships with his peers because of his difficulty with expressive language.

Table 2: Educational Staff Descriptions and Related Information (at the time of the interviews)

	STAFF			
	CAROLINE	**MARTHA**	**CARRIE**	**LAURA**
ROLE	Jacob's teacher (Public PreK at CDP)	Walter's teacher (older toddler classroom at CDP)	Assistant Director of CDP	Director of CDP
YEARS AT THE CDP	1 ½ years	16 years	Almost 4	3 years (began as interim director)
EXPERIENCE WITH CHILDREN WITH DISABILITIES	This was her first classroom with a child with an "identified" disability	Guessed she has had a child with a disability in her classroom about every other year or so	Co-taught & lead teacher as special educator for 11 years	NA
YEARS TEACHING/ OTHER EXPERIENCE	1 ½ years, Student teaching prior	29 years; 13 years at a private childcare before coming to the CDP	Almost 14 years teaching in various schools (Head Start; PreK through 2nd grade)	13 years at various programs (experiences with young toddlers through kindergarten)
EDUCATIONAL HISTORY	BA in early childhood education; Getting Masters in Early Childhood education	BA in child development and family studies	BA in Early Childhood Education; Masters in Special Education; Administrative Degree	BA in Child and Family Development/Early Childhood Education; Masters in Elementary Education; Working on PhD in Language and Literacy Education since 2000

Recruitment of parents and children.

The families were first contacted by the program coordinator through email or telephone based on her previous knowledge of their preferred method of contact. She informed them that I would be contacting them shortly (in the same manner she did) to arrange a brief meeting to discuss my study. When contacting parents, I requested to meet with them as they dropped off or picked up their child from the CDP or at a more convenient time. I presented each parent with a recruitment letter written personally for each family (see Appendix C). In this letter, I introduced myself as well as the idea of participating in the study as part of my dissertation research. At this time, participants and I discussed the research project and I also presented the guardian consent form. The guardian consent (see appendix E) requested the parent’s permission to allow me to observe and minimally interact with their child in the context of the classroom as they played and learned. I emphasized that there was no intervention involved with this research and that the child was never to be removed from their natural classroom setting for the purposes of this study. Second, the family member was asked to commit to a time to be interviewed. When the interview took place, the second consent form (see appendix D) regarding the interview data was be presented and explained in more detail.

All three families who were contacted by the assistant director decided to participate in the study. I also had teachers within the classrooms of the focus children distribute a “permissible consent” letter. This letter (see appendix G) informed families that I would be coming into the classrooms from time to time to observe and could potentially interact with their child. The letter described that I would only be recording field notes on their child if observed and any names would be changed if utilized in the notes or later disseminated products. I indicated a specific time in the letter when I would be at the center available to discuss the study with parents of non-focus students. This time period was scheduled in the morning around drop off because pick up times tended vary for individual families. I had three parents of non-focus children stop by to talk with me. One of these parents had a child with a disability enrolled at another school and just wanted to learn more about my study. The second parent was a doctoral student in special education and we discussed briefly ideas around special education services, including a particular child he was concerned with in his daughter's classroom. The third parent was interested in finding out how I would be observing children with disabilities and wanted to know if I would be bringing in children with disabilities to interact with the other children at the CDP. I informed this parent that children with disabilities were already enrolled within the center and I would just be observing interactions within the classroom context.

Recruitment of teachers and administrators.

Teachers were recruited based on the families with children with disabilities who were participating. Teachers were contacted personally or through email to discuss a time to meet to briefly to go over their potential involvement in the study. If they agreed to participate, they were asked to sign the consent form (see appendix F) as it gave permission for me to observe them in the context of their classrooms. We then discussed and set a time for interview. Administrators were recruited through informal conversations and asked to sign the same consent at this time. I described the study and I explained that they could be observed when in the classroom settings. I also arranged times to interview them about inclusion and quality in ECE.

Researcher relationship to the participants and the center.

Over the past three years, I had an ongoing relationship with the focus center. For three semesters, as an instructor in a small course on inclusion, I had placed and supervised undergraduate students in the center as they worked to support the active inclusion of children with disabilities. Through this I have worked most closely with two of the participating families and the administrators. I had developed a working knowledge of the classrooms and the center. I had worked as a substitute teacher for approximately five months at the center which contributed to the familiarity I had with the teachers who were accustomed to seeing me observe in their classrooms or stop by to engage the children. There were both potential benefits and biases that could result from these working relationships. It was my tacit knowledge of the center overall that inspired this study. Lincoln and Guba (1985) explain this knowledge in relation to qualitative research as legitimized "because often the nuances of multiple realities can be appreciated only in this way… and because tacit knowledge mirrors more fairly and accurately the value patterns of the investigator" (p. 40). Because I have my own definitions of inclusion and personal feelings related to it as well as a relationship with the participants, I must be in constant check of the emotions brought forth by the "interaction between investigator and respondent" (Lincoln & Guba, 1985, p. 40). By immediately recording any initially unspoken feelings or thoughts after each observation and interview, I hoped to keep my biases in check. In the following section I move into how I interacted with the participants through interviews to collect data.

Data collection.

In depth interviewing can expose how "the meaning people make of their experience affects the way they carry out that experience" (Seidman, 2006, p. 10). In my particular study, interviews were best suited because I wanted to "link the individuals' experiences to the social and organizational context in which he or she operates" (p. 120). My purpose was to locate the parents' and teachers' definitions of quality and inclusion within their experiences, but particularly to their shared context of the CDP. For the parents, I followed Irving Seidman's (2006) suggestion of three interviews per participant, going into the research realizing this may not be a possibility for all participants. Teachers and administrators were interviewed once to build on the discussions with parents and to confirm or disconfirm my findings from the parent interviews. I was looking to examine the meanings found through interviews to portray a collective definition of inclusion within this quality childcare center (Seidman, 2006). Because "realities are wholes that cannot be understood in isolation from their contexts" (Lincoln & Guba, 1985, p. 39), each interview was a vital part of this study in order gain an understanding of the contexts in which the participants were interacting. Interviews for all participants included specific questions about DAP that may or may not have guided their day to day classroom behaviors or their understanding of classroom roles (see appendices A and B for parent and teacher interview questions).

I conducted interviews wherever was most convenient as decided by the individual participants. The participants' comfort was my top priority when scheduling an interview. Parents chose to participate in the interviews by either coming to my office on campus or by inviting me to their offices also on campus. Teachers and administrators were interviewed in their offices, except for one teacher who met with me in the conference room where both my office and her classroom were located. Interviews lasted between fifty to seventy-five minutes. Each one was recorded on a digital tape recorder. For parents, between interviews, I either transcribed it fully or listened to the interview while taking detailed notes. These were then used to provide follow up questions in second or third interviews as well as ask for clarification on statements made in previous interviews. I also provided parents with a summary of my understanding of the topic we had discussed previously as a conversational member check. And while reading the following paragraphs that describe my meaning making experiences with my participants, I want to stress that an important aspect of in-depth interviewing as described by Seidman is to follow the participants lead not being too concerned with variation from the questions. This was most important for me to remember before each interview as the purpose of my study was not to imply meanings, but to discover them within the participants' stories and experiences.

Following Seidman's (2006) guide, the first interview with parents focused on educational background of their child although not a complete life history as he describes it. I encouraged parents to speak about their experiences up to that point in relation to their child with a disability specifically in educational settings. The purpose of this first interview is to put the "participant's experience in context by asking him or her to tell as much as possible about themselves in relation to the topic" (Seidman, 2006, p. 17). In my case, it was primarily around parents' experiences of and with their child within the context of the CDP and other possible schools they had attended. Additionally, I asked definitional questions related to quality and inclusion in this first interview in case any follow-up interviews were inconceivable for any reason by any participant.

"The purpose of the second interview is to concentrate on the concrete details of the participants' present lived experience in the topic area of the study" (Seidman, 2006, p. 18). Parents and I engaged in discussions regarding their child's current placement including the details of their child's placement and decisions made recently. Further, we had conversations about the importance of different aspects of their own and their child's life regarding education systems. This was also a time to reopen topics from the first interview, compare definitions with spouses and ask for stories or examples related to parents' meanings of childcare.

The third interview gave participants a chance to reflect on past conversations we had and discuss the impact quality care and inclusion had on their children's classrooms overall. Families were asked to consider future plans for their children's education. According to Seidman (2006) it is ideal for these interviews to be structured within three days to three weeks. Based on my experience with these families and teachers, I fell closer to a week or a little more between interviews. It seemed like this more time-delayed structure better suited this particular study as the participants had to make decisions about the following school year as the interviews were conducted in the beginning of the summer (May-June)

As I previously stated, I conducted interviews with teachers and administrators on one occasion. Teachers and administrators were asked about their training in regards to education in general as well as to inclusive practices. Teachers were asked to relate their current experience of inclusion in their classroom through narratives ("tell me a story about a time when the focus child was fully included in your classroom") and about current support for inclusion and quality in their center overall. Teachers and administrators were prompted to discuss where they saw their center and classrooms going in terms of quality and inclusion in the future as well as to describe where they had been in the past based on their time at the CDP. I asked teachers and administrators questions about more general ideas about center policies and practices and their understanding of these standards.

As I mentioned I had been observing and moving through these classrooms as both researcher and instructor for a number of months. The primary purpose of the observations utilized in this study was to assist in my development of the questions for the interviews and to integrate myself into the center. I focused on interactions situated around the focus child in a classroom with her or his environment, peers, and educators. During observations I jotted down notes and thoughts. Following observations, I recorded field experience logs in order to immediately record my own experiences and reactions to observations (Lincoln & Guba, 1985). Due to the fact that the children were familiar with me, I read children an assent script (see appendix H) and reminded them when necessary that I was there to watch them play rather than play with them. There were occasions when I felt it was necessary to for me to assist a teacher, tie a shoe, or help in other ways. For these reasons, I opted to participate rather than create an awkward situation. It seemed by purposefully ignoring participatory situations that arose in the classroom, I would become an obtrusive observer. Whenever possible I observed in the observation booths within each classroom to remain as inconspicuous as possible but often in order to hear complete conversations or when the children were outside, it was necessary to observe within the setting of the class. Using observations to get to know a site and as a precursor to interviews provided familiarity with topics when discussing them with teachers and parents.

Data analysis.

As mentioned in the description of the document analysis, I struggled with the pull to engage in inductive analysis knowing that I had preconceived notions based on both my tacit and explicit knowledge of inclusion in this particular high quality center. For my purposes and to try to adhere to both naturalistic inquiry and my known biases, I reduced data in two steps. First, as I described within the data collection, I transcribed between parent interviews or listened and took notes on points of interest for follow up. This is known as “marking what is of interest in the text” (Seidman, 2006, p. 117), a precursor to analysis. Second, following the naturalistic inquiry framework, I coded interviews following the premise of the constant comparative method as described by Lincoln and Guba’s (1985). The authors point out that their constant comparative method follows the traditions of its originators, Glaser and Stauss, but does not intend to use data analysis for grounded theory. In fact naturalistic inquiry sees the constant comparative method more as a data processor than a method of theory development. After importing transcripts directly into Atlas.ti., I began to look for patterns and coded data segments. As I coded I immediately recognized some points of discussion that were found in every interview based on questions that specifically asked for the participant's description of broad topics like DAP, inclusion and quality. Within coding, I also found that many codes overlapped and this often was the beginning of sub-codes leading to emerging themes. For example, decision-making started as a more general code that was eventually broken down into more discrete types of decisions parents made.

There is quite a bit of reckless abandonment in this type of coding in that the investigator has total control of the naming or inferring what is revealed through the coding. My coding was either descriptive or explanatory in nature, but of foremost importance of my data analysis was continuing to compare the current code to that of the previously coded "unit" (Lincoln & Guba, 1985). The purpose of comparing was to eventually create categories as I recognized codes that begin to fit together or delineate from one another. Further, I used marginal notes or memos as suggested by constant comparative method in order to record my thoughts while coding. Naturalistic inquiry more specifically suggests memo writing or notations in order to

> "uncover the *properties* of the category. Knowledge of properties makes it possible to write a *rule* for the assignment of incidents to categories that will eventually replace tacit judgments of "look-alikeness" or "feel-alikeness" with propositional rule-guided judgments" (italics in original, Lincoln & Guba, 1985, p. 342).

I integrated codes and categories together, specifically using memo writing to note themes I saw occurring across parent, teacher, and administrator interviews. This allowed for more distinct classification of units of data as I continued in my analysis. The last step was to begin to construct or interpret my categories. Grounded theory would now begin to develop a theory from the data analysis whereas naturalistic inquiry refers to this as a "construction" (Lincoln & Guba, 1985, pp. 343-344). I arranged data segments by code and then eventually by theme. Before I discuss the themes that were contrasted from the coded data, I mention a few limitations within data collection.

A few limitations to note.

As with any research involving people, participants of course have free will to decide whether or not to participate in the study. I had one teacher who, after many attempts, did not want to participate in the study. I attempted to recruit him, like I did with the other teachers, first through email. After not receiving any response I went to him personally to discuss his participation. At this time, he agreed to participate via written responses to the interview questions. I sent him the questions a number of times, but again was unable to obtain a commitment from him or any answers to the questions.

Second, I was unable to complete the third interview with one family due to my own and their travel schedules that summer. With some knowledge that this may occur before the second interview, I was prepared to ask many of the questions I typically would at the third interview during the second meeting. I feel that I was able to get the answers to all of my questions without the third interview.

Finally, parent dyads were interviewed in different ways depending on what worked best for that family. For all three couples, the first interview was with the mother only. This was primarily due to the fathers’ schedules. Holly and Jack, Walter’s parents, were interviewed together for the second and third interview. Scott and Kelly were interviewed together for the second interview (and a third interview, as noted above, was not completed). For Ellen and Dan, Ellen was interviewed alone for the first two interviews and Dan alone for the third interview. Interview questions were individualized based on each situation as it arose.

Studying multiple levels of a child’s ecological system, primarily focusing on those within the classroom settings, provided a sense of “ecological validity” (Bronfenbrenner, 1979, p. 33). Part of what Bronfenbrenner wanted to avoid with ecological validity was the failure of looking across levels, in other words, ignoring shaping influences on the family and child. While Bronfenbrenner discussed the differences, costs and benefits of doing “real-life” versus in laboratory research, because of the qualitative nature of my study, this is not a consideration that was necessary for me to consider. The real-life situations experienced by me and by my participants was a prominent and crucial part of my inquiry.

CHAPTER 4

FINDINGS

Part One: The Document Analysis of the DAP Position Statement

As mentioned, the search feature in Atlas.ti was initially used to find the word disability or related variations of (disabilities, abilities, special needs) within the DAP Position Statement. This lead to discovering other words directly related to education of children with disabilities, including developmental variation and individuality. There were segments that were coded with two, three or even all four of the overarching categories which included: 1. disabilities and diverse learners; 2. disabilities and instruction; 3. individuality/individualization; and 4. developmental variation. Most of the codes themselves were not disability specific in that they were being discussed as related to all children (or so it is implied in the position statement). Therefore it is important to keep in mind that the document analysis I have completed is my interpretation of terminology that I know to be related to best practices of educating children with disabilities within inclusive settings (see Sandall & Schwartz, 2008 for examples).

Disabilities and Diverse Learners

The term disability itself was most often placed in context with a group of children whom the position statement refers to as “diverse learners.” This is not limited to children with disabilities, but also “children who are English language learners, have special needs or disabilities, live in poverty or other challenging circumstances, or are from different cultures.” Explicating on diversities in the classroom was one of the key changes made to the newest edition of the DAP position statement. The opening of the newest NAEYC DAP statement is titled “Critical Issues in the Current Context” (NAEYC, 2009) These critical issues are referring primarily to

> [i]ssues of home language and culture, second language learning, and school culture [which] have increased with the steady growth in the number of immigrant families and children in our population. In addition, far more children with special needs (including those with disabilities, those at risk for disabilities, and those with challenging behaviors) participate in typical early childhood settings today than in the past.

The remainder of this opening section focuses on the former topic of diversity not necessarily including disability as a part of that diversity, or at least it is unclear if that was their intention. As the conversation around these critical issues continues, poverty is added as another primary concern facing young children and their teachers in “reducing the learning gap and increasing achievement among all children.”

Disabilities and Instruction

While the last thematic category is directly tied to this one, the primary difference between the two lies within the idea that disability was considered a subset of diversity while in this theme I note those codes related more directly to subsets of disability and inclusive pedagogy/teaching. In this category, emergent codes included: ‘meeting the needs of’ diverse learners, ‘teacher preparation,’ assessment, and family involvement. To emphasize some of the language that DAP uses related to disabilities, I have provided examples from the statement related to these codes.

Associated with (coded with) disabilities and learning needs in general were segments in the DAP statement that discuss strategies that would fall into the continuum of ‘meeting the needs of’ diverse learners. ‘Teacher preparation’ was often a code that overlapped with ‘meeting the needs of' children. For example DAP states that it is necessary that"[t]eachers are prepared to meet special needs of individual children, including children with disabilities and those who exhibit unusual interests and skills" in order to respond appropriately to children support children's individual variations.

Building on the idea of 'meeting the needs of' children, the position statement contends that

> Teachers use all the strategies identified here [in the position statement], consult with appropriate specialists and the child's family, and see that the child gets the adaptations and specialized services he or she needs to succeed in the early childhood setting.

Through using the words "see that," the quote takes responsibility of full inclusion out of a teacher's hands and places it firmly in the hands of specialists. This implies that general ECE teachers are not appropriately trained or capable of supporting children to "succeed in" their classrooms. As the position statement points out, teachers may receive support from individuals who specialize in a particular area or in special education more generally but this does not mean that they would not be the ones who work directly with children with disabilities to reach 'success'. Nonetheless, if a teacher does need extra support in including a child with a disability, would he or she necessarily know next steps for "adaptations or specialized services" or perhaps what this would even mean? Should these services be provided by the school? By the special education system? By the early intervention system? In other words, where would a teacher go in order to help her make adaptations as necessary. And may wonder who they should talk to first if they have concerns about the child; family, administrators, other teachers?

Assessment is easily located within the text of the DAP position statement. Assessment is a term often associated with children with disability as assessment can help teachers to individualize practices meaningful to children and their families (DEC, 2007; Smith, Hemmeter, & Sandall, 2009). DAP regards assessment as a natural piece of classroom activity that all teachers should be engaging in for all children.

> To be effective, teachers must get to know each child in the group well. They do this using a variety of methods—such as observation, clinical interview (an extended dialogue in which the adult seeks to discern the child's concepts or strategies), examination of children's work, individual child assessments, and talking with families. From the information and insights gathered, teachers make plans and adjustments to promote each child's individual development and learning as fully as possible.

Teachers' assessments typically tend to be a function as the type of curriculum utilized; for example, using a portfolio technique to collect and track a child's work through work samples and photographs is utilized in the Creative Curriculum (Teaching Strategies Inc., 2000; 2009). Given that the position statement is not a curriculum, it does not point to one particular assessment, but notes that it is a necessary piece of DAP which is in consensus with special education organizations (DEC, 2007).

The statement points out that "[w]hen a screening or other assessment identifies children who may have special learning or developmental needs, there is appropriate follow-up, evaluation, and, if indicated, referral." The lack of specificity in this quote may provide ECE teachers with the notion that they could potentially be identifying children with disabilities, when in reality, if they suspect a learning delay or disability, referral in collaboration with a parent or family member would be the first step rather than the last. This would not be to say that the classroom teacher would not have the authority to implement any plans of action (such as Individual Education Plans or Individual Family Service Plans) or collect data related to an assessment but would do so with the support of inclusion coordinators, families, special educators, therapists, or other specialists as indicated by the education plan as mentioned previously.

DAP describes that “the results of assessment are used to inform the planning and implementing of experiences, to communicate with the child’s family, and to evaluate and improve teachers’ and the program’s effectiveness.” But for children with disabilities, assessments tend to hold more meaning because they may produce labels that will continue to affect the child and family. Children who are assessed and meet particular criteria can thus become their disability; parents can become a parent of a child with autism rather than a parent of John. There seems to be no role for the parent in the process of presenting and/or gathering data. In particular including families as part of the assessment up front so that they can communicate their goals and wishes for progress monitoring as well as having families collect or observe at home to build on home-school relationships. Family perspectives can further contextualize assessment results (Sandall & Schwartz, 2008; Smith, et al., 2009).

Although family was referred to in the last data segment presented, including the child’s family was not something that stood out in the DAP position statement regarding children with disabilities, but is a primary goal of early childhood special education in any setting. Collaboration between families, teachers, and specialists is a necessary provision in ECSE (Noonan & McCormick, 2006; Swick, 2003). Family involvement in particular over the past decade has become a central focus across all early childhood settings (Swick, 2003).   The importance of parental input is not only helpful in including children with disabilities in the classroom, but mandated by the Individuals with Disabilities Education Act (IDEA) particularly for children under the age of three years. NAEYC’s final guiding section in the DAP position statement is titled: “Establishing reciprocal relationships with families.” In accordance with IDEA’s premise of family services in early intervention, the guideline is introduced as:

> Developmentally appropriate practices derive from deep knowledge of child development principles and of the program’s children in particular, as well as the context within which each of them is living. The younger the child, the more necessary it is for practitioners to acquire this particular knowledge through relationships with children’s families.

The position statement indicates the importance of both the “day-to-day communication” between teachers and families as well as not limiting the communication to the one or two scheduled parent-teacher conferences. It seems that according to the DAP position statement, the most important family-centered practice, based on the frequency it is mentioned, is that teachers should recognize that children are a product of their environments including their home environment. For example, an earlier section reads, “Understanding children’s development requires viewing each child within the sociocultural context of that child’s family, educational setting, and community, as well as within the broader society.” Obviously an important point, but out of the over 25 times the statement mentions family, more than half relate more to context in family rather than collaboration with families. It may be more influential for teachers to understand strategies of how to gather information on this “sociocultural context of that child’s family” than just stating it needs to be recognized as a feature of appropriate practice.

Individuality/Individualization

Part of getting to know a child’s family is to understand who that child is as a unique individual. As mentioned in the introductory section of this article, one of DAP’s basic premises includes:

> What is known about each child as an individual—referring to what practitioners learn about each child that has implications for how best to adapt and be responsive to that individual variation.

This section or category, ‘individuality and individualization,’ looked at those codes related to how individual child differences are viewed within DAP and for children with disabilities. The codes discussed include those around individuality and DAP’s definition of the term and individualized instruction as it relates to DAP and children with disabilities.

According to the DAP position statement, “[i]ndividual variation has at least two dimensions: the inevitable variability around the typical or normative course of development and the uniqueness of each child as an individual.” The statement goes on to say that individuality produces variation in “temperament, personality, and aptitudes, as well as in what they learn in their family and within the social and cultural contexts that shape their experience.” While these biogenetic, ecological and sociocultural considerations are much appreciated by scholars in the field of ECSE, there is no mention specifically related to how individual variation applies to children with disabilities or if children with disabilities are even regarded as part of this variation. Excluded from this last quote was the addition of “and variation among ability level.”

The DAP statement creates elusiveness in relation to individualized and direct instruction when stating, “[f]or children who have special learning needs or abilities, additional efforts and resources may be necessary to optimize their development and learning.” This is immediately prior to the statement that “[g]iven this normal range of variation, decisions about curriculum, teaching, and interactions with children should be as individualized as possible.” What is the or is there even a difference between necessary “additional efforts and resources” and “individualized as possible”? This statement may be confusing to teachers and childcare providers who aren’t sure what a “normal range of variation” is or what it means to be “as individualized as possible.” This will not only vary by classrooms and teacher knowledge, but by child, making it difficult to ever assume there is a “normal range of variation” that every child, particularly one with a disability, would fall in to.

In order to emphasize some of points I am trying to make, let me provide a personal example. I have known and observed a child in a 3-5 year old classroom for about a year and a half now. This child has a disability that causes her to have decreased hearing in one ear, limited verbal expression and slightly smaller stature than her peers. She has above average receptive language skills, can communicate through signs, and navigates the classroom activities well. Would she fall inside this “normal range of variation” or are her skills too “varied” to fit this developmental model? How would a teacher apply individuality here according to DAP? These are questions I have seen two sets of exceptional early childhood teachers grapple with over the past two years. She is a happy and engaged child, but her limited verbal communication decreases her possibilities for rates of peer socialization.

Whether or not “individuality” and/or “additional resources” are necessary for a child is something others in the ECSE field have considered. Individualization within special education may be defined slightly differently than that portrayed within DAP. This is important to note based on the fact that individuality in DAP is based on characteristic traits children demonstrate while individualization as defined for children with disabilities refers more the actual processes that a teacher would engage in to adapt curriculum or activities based on specific goals and knowledge of the child (Sandall & Schwartz, 2008). These two ideas, individuality and individualization, could easily complement each other in practice, but the DAP statement doesn’t help the reader make this connection. To summarize, I look to Noonan and McCormick's (2006) text on "Young Children with Disabilities in Natural Environments":

> The DAP model is based on assumptions that if children are allowed to explore their interests, their interests will guide them to choose and learn content that they are developmentally ready to learn. Infants and children with disabilities, however, will not always be ready to learn the same activities as their age peers with mild or no disabilities (p. 85).

With its emphasis on "knowledge of age-related characteristics that permits general predictions about what experiences are likely to best promote children's learning and development," DAP's individuality criteria may fall short of "appropriately" supporting all children. Can we honestly say that we put individuality first in relation to how we teach children if the standards that are written fit "normal development"?

Developmental Variation

The DAP position statement regards developmental variation similar to that of individuality of children;

> Developmental variation among children is the norm, and any one child's progress also will vary across domains and disciplines, contexts, and time. Children differ in many other respects, too—including in their strengths, interests, and preferences; personalities and approaches to learning; and knowledge, skills, and abilities based on prior experiences. Children may also have special learning needs; sometimes these have been diagnosed and sometimes they have not.

Interpreting this last segment textually leads me to believe that "the norm" of developmental variation among children does *not* include children with "special learning needs." This latter sentence seems to be a last minute addition; indicating that the development of children with disabilities are not be viewed within the boundaries of this normal range of variation. Children with disabilities still should be looked at for their individuality in terms of strengths, interests, and preferences, just as a child without a disability would. Developmental variation is intrinsically tied to individuality. The explanation on developmental variation is a direct result of differences in the actual developmental trajectory that has been defined as the norm for young children. This is also known as "maturationally" appropriate practices in the literature (Mallory, 1994).

DAP indicates that development, including developmental variation, is an important aspect of decision-making for how to arrange the classroom, plan activities, and which strategies to use in teaching individual or groups of children. The following quote describes this perspective:

> In determining the sequence and pace of learning experiences, teachers consider the developmental paths that children typically follow and the typical sequences in which skills and concepts develop. Teachers use these with an eye to moving all children forward in all areas, adapting when necessary for individual children. When children have missed some of the learning opportunities that promote school success, teachers must adapt the curriculum to help children advance more quickly.

Part of developmental variation is looking at strengths and interests of children which can be easily located to the world of inclusive education. DAP further points out that "[g]iven the enormous variation among children of the same chronological age, a child's age is only a crude index of developmental abilities and interests" yet this the first source of knowledge DAP suggests teachers use when making decisions? Perhaps it is time, as Grieshaber (2008) encouraged, that early childhood professionals begin to think outside this norm-referenced box and “disrupt the status quo” (p. 505).

The next section looks at how I interpreted the data collected from participants within the CDP. I begin by quickly reviewing the processes I followed for data analysis and then introduce the categories I found within the data.

Part Two: Findings from the Child Development Program

I reduced the data from the interviews conducted with CDP participants using a constant comparison method as described by Lincoln and Guba (1985). I coded segments of data by using the Atlas.ti qualitative software. I created larger categories by joining codes together. I wrote memos as I saw connections between ideas and thoughts the participants shared. Many memos included thoughts on how teacher/staff quotes confirmed or disconfirmed what had already been coded in the parents’ interviews. Through this process of coding and memoing, I create four overarching themes: types of decision-making, types of quality, types of inclusion, and types of relationships. I presented the themes in this order based on three primary reasons; 1. decision-making was uncovered only from parent data as it focuses on their processes of choosing centers, programs and services for their children; 2. quality and inclusion are presented second and third because the is an intrinsic and often explicit link between the two; and 3. relationships are presented last because the descriptions show how each person in the CDP ecological system influenced or was influenced by the actions of others.

Types of Decision-Making

Parents of the three children in this study discussed how they were able to choose the CDP as the center their child would be enrolled in either for numerous years or sporadically over their child’s young life. Decisions also had to be made for their child’s services such as therapies. Codes that I joined to create this theme included: experience-based decisions, disability-based decisions, child-based decisions, and quality-based decisions. While going through each of these codes, it is important to remember that the parents were taking all of these into consideration and that often they had to prioritize one type of decision over another; all in what they believed at the time was in the best interest of their child.

Experience-based decisions.

All three of the children in the study had older siblings. Although the difference in ages between the children and their siblings ranged from three years to seven years, all parents had been through choosing educational placements for the older siblings before doing so for their younger children. Both of Ellen's older sons were currently enrolled in a private school, but she felt this was not a good fit for Jacob. Similarly, Kelly and Scott had placed Zhenia in a daycare center when they lived in another town in Georgia. This experience influenced what they wanted when looking for early care for Olivia; Scott noted that they wanted

> a place that had teachers. Not, you know, not just people babysitting. And we'd had experience with that. We lived in Greensboro, Georgia when we adopted Zhenia. There was one daycare center down there and yeah it was, long story, but basically there was just somebody in there to make sure the kids didn't kill each other. So I knew we wanted the teachers to have some background in working with children.

The type of teacher they had in the past influenced what to look for in the future.

Jack and Holly, like Olivia's parents, had had a poor experience with particular types of teachers as well. Jack mentioned that he did not approve of the overall behavior of one of Sally's past teachers and Holly reiterated this: "The teacher was, I mean, this person has sense been relieved of their duties there but…it wasn't just the bad grammar but yelling at children."

The grammar that the teachers used and the way the spoke to the children became a leading reason for thinking about programs in the Walter's future.

When talking about his daughter's Montessori program, Jack noted that,

> I knew nothing about it when we went into it. I just knew that it was going to be a far better place then where we were. And we had gone and met the teacher who I really liked. But I just, my observations of our daughter while she was there, she just grew so much and started reading so well to where she's well ahead of other students now, but I just kind of liked how they catered individually to where the student was and I just thought it was an excellent learning environment.

Montessori became a consideration for Walter because of the particular experience they had with Sally at her Montessori program. But Walter continued to stay at the CDP because of his experience there. When I asked his parents about where Walter would go the following school year, Holly noted that "we had no question of should we keep him at the CDP next year. It's like 'of course' because it's been a great experience."

Jacob's parents saw the benefits of their son's past experience with the CDP as an indicator to return him there. They had made the decision to move Jacob to a new program for prekindergarten, which will be discussed more in-depth the disability-based decision section. But after a semester there, they decided to move him back to the CDP who fortunately had an opening in their publically funded prekindergarten classroom. Ellen noted that because of the comfort level that she and her husband had with the CDP she felt confident in their decision to reenroll him there.

Experience-based decisions overall are affected by what the family, particularly siblings, had encountered within the CDP or other childcare programs. For these families, a decision always took the particular child into consideration as well. These more child-focused thought processes are discussed next.

Child-based decisions.

Parents described making educational decisions for their children based on their child's temperament, the quality of education they wanted for their child, and wanting their children to learn as well as be happy and safe in their environment. And although they did actually base Walter's next educational move on his language delays, Jack summarized that, "I just I never really think of it as because of his disability when I made this decision or anything, just what's the best thing for Walter." He went on to explain to me that although he recognized his son's disability, it was just a piece of whom he was. And Holly agreed, noting that it would be like making a decision strictly on the fact Walter was adopted. His disability and his adoption were both just pieces; but neither were the whole Walter.

For Jacob's parents and Olivia's parents, happiness was a key indicator for their children. When I asked Ellen about how she and her husband looked at Jacob's emotional needs when making a decision, she responded:

> It's absolutely critical, which is why we pulled him from preK and put him here, because he was very unhappy and I think that the county preK had he stayed there, he would've learned more. I don't think there's a whole lot of question that he would've learned more but he was very unhappy and it was started to affect [other aspects of his life]. We would take him to speech therapy and stuff and he was resistant and he wasn't cooperating and as soon as we pulled him out and put him here, those behaviors went away. He's much happier when we brought him here.

And she admitted that this may change as Jacob gets older and she and her husband may stress academics more, but at this point in his life they wanted him to develop a love for learning which they believed would only happen in a classroom where he was happy. Jack agreed that learning and the child's happiness were linked and a major factor in why Walter continued to be at the CDP; "I want it [the program] to obviously be safe and good. But yeah I want him to be happy as well. I think if the child doesn't feel safe, doesn't feel happy where they are, their learning is certainly going to be slowed down if not completely stopped." These types of comments exemplified what many parents hope for their children regardless of whether or not their child has a disability. If their child was unhappy, it would influence the home life, a child's relationships with their parents and as Ellen pointed out even other educational services children receive.

Holly wanted to see her son feel comfortable in his school program. As she and her husband decided on his next year's classroom placement, she decided she wanted to see him learn about what it was like to have a new teacher. She noted that,

> the year after next year will be his preK year which he'll either be at the CDP or in a private school or in a public school. But even if it's the CDP it will be out at [the prekindergarten which was part of the CDP, but in a different location]. So he'll be geographically in a new location, possibly with some of his friends possibly not. Definitely with new teachers so we I thought if next year he's in the same building with some of the same peers, but all new teachers it kind of helps with that transition of okay this is still school and this is okay to have somebody other than Martha [Walter's teacher] there.

To her, this would help prepare Walter for a new setting, which was inevitably in his educational trajectory. She was also excited for Walter to have a male role model in his teacher.

Ellen and Dan utilized Jacob's interests to make decisions for his services. Jacob had been receiving more traditional physical therapy since infancy, but they were considering a change for the next year. Jacob's two older brothers were on the swim team and this was something that Jacob expressed an interest in so swimming lessons may provide the physical stimulation that Jacob needed in the future.

Parents often had to wrestle with what was best for their child emotionally and what would support their academic learning. A child's individuality could not be left out of the decision-making process. For these families, this included the child's disability. How disabilities affected parents' educational decisions for their children is discussed in the following code summary.

Disability-based decisions.

Ellen and Dan had moved Jacob to a public prekindergarten classroom that was collaborative in hopes that it would better support his learning. Ellen had been confused about what exactly this program would offer her son, "my understanding was that there'd be a typical teacher and a special ed teacher in the room which apparently, I had misunderstood. They had two collaborative classrooms, each was staffed by a typical teacher and a typical aid. Then they had a special ed teacher and a special ed aid who would flip between the two classes." The decision to move Jacob to this classroom was based on his disability and the support he would receive but once they realized that it wasn't what they had expected they decided to return Jacob to the CDP. Further, Ellen and Dan struggled in their relationship with the special educator and felt that she judged Jacob based on his disability, noting that "my sense of it was she wrote him off because he has Down syndrome. It was in the sense of, ‘oh well he has Downs.’ We’ve encountered that a few times. You know, there’s no point in…you know, don’t put resources towards the kid with Downs.” She felt like they never took the opportunity to get to know Jacob for his interests and abilities.

And although Olivia’s parents had based some of their decision on the great experience Zhenia had at the CDP, Kelly realized that because of Olivia’s disability, “the door was open and I was well aware that we could get her in at any time.” Walter’s parents on the other hand had no clue that children with disabilities received priority in enrollment at the center. They were primarily basing their decision on the center’s reputation for quality. But the summer we spoke, they did have to make a decision about which classroom to place Walter in for the next school year. They liked the idea of keeping him with the same teacher who would “loop” up to the three year old classroom, but in the end the decision to place him in the mixed aged three and four year old classroom was primarily, as Holly said, “based on my thinking with the three and four year olds was I just thought it would be good for Walter to be with older kids to start getting more of a desire to speak clearly. Although it’s going to cause him frustration. That was probably my biggest thing.” Jack agreed that that he hoped that by being with older children, Walter would feel inclined to produce more expressive language as well as hear language being modeled by the older children.

The disabilities that the children had, carried individual traits and concerns. Parents had to then decide how much of emphasis to place on those traits and how much focus they wanted placed on working with those traits in an educationally setting. And while the disability influenced their decisions, parents still communicated a want for their child to be in a setting that they considered to be quality, which is discussed in the next section.

Quality-based decisions.

> I mean I think it can't be overstressed with how shocked we were that he got into the CDP because I think as I mentioned to you before, Sally was on page seven on the waiting list, you know so when we were looking for a place for Walter even though we had him on that waiting list we felt like, "well we can't count on that" so we looked at a couple of places that would be able to take him when we got back from China because when we got back from China, he was about a year and a half old you know. So I think we weren't specifically looking for how they would you know deal with a child with special needs but more would it be you know a competent caring environment. Like we knew even though he had a slot where we had the bad experience, we looked at that as a very, very last resort back-up.

In this latter quote, Holly explained that quality for Walter was of primary importance for them; even over the previous code of disability-based decisions. They would only put Walter in the place they had not liked for Sally if they had no other option but either way his cleft lip/cleft palate was not the determining factor. Holly and Jack were also unaware that the CDP gave children with a disability priority, thus were extremely surprised when they were offered a spot at the center. Holly's statement was also linked to the family's previous knowledge and experiences; the first code within decision-making. They had decided this center was higher quality on its reputation, but also by their experience with a lower quality center. Scott described a similar sentiment for Olivia. Like Holly, Scott saw that while some other centers were okay or would have been fine, the CDP "stood out" from the others he had seen. Ellen and Dan were influenced by "the abominable farce of a program" Jacob was enrolled in and decided to reenroll him at the CDL, "which still didn't work real well for him but it was much better than the other one." So a decision based on quality is almost always done in the context of a parent's knowledge of other programs he or she has experienced.

Kelly agreed with her husband and even described further that when deciding on whether or not a program was quality for her child that sometimes she didn't even have to go inside:

> I drove by a lot of places and just went "nooooo." I mean and this is going to speak badly of me but, you know if there's a day care center with a little play lot in a fenced yard right on a busy street, I don't think that's a good place. Maybe the warmest most loving wonderful people but you still got gas fumes and who knows what going by every day. So I ruled out a lot based on that.

Thus even physical qualities in a program, which I'll talk more about in the types of quality category, were influential to parents' decisions on where to place their children.

All of the parents discussed that quality judgments of the CDP and other centers were often based on recommendations, listservs and conversations with other families with young children. Holly mentioned that she found her daughter's first program in another town through a passing conversation with a member of her church. She and Kelly both mentioned that they heard about the CDP specifically through a listserv of mothers working on campus while Ellen preferred word of mouth to electronic information: "I think parental reference is the best. For specific referrals and stuff, word of mouth and not email, because people a lot of times will tell you things that they won't want to put in an email so that's always the best." In addition, Ellen discussed that she knew universities often had higher quality programs and so when they moved to town, she and her husband thought of looking at the nearby colleges to see whether or not they had child development laboratories available.

Often quality decisions were made based on the centers that parents had seen and experienced that they did not consider quality. Quality, which is broken down in more detail in a later category, was an important factor for these parents in making a childcare decision for their young children.

Conclusion on decision-making.

Overall, families made decisions for their children hoping that the program would meet all their children's needs and that their children would feel comfortable, happy and safe there. They were able to utilized information collected through experiences with their children, with and without disabilities, to make judgments of what was quality for a particular child and what it was not. Their child's disability factored in for all of the parents at some point in decision–making processes but it was always in the context of who their child was and what program served their "whole" child best.

Types of Quality

Because all the parents I interviewed have a child with disability, it was difficult to think about separating out quality and inclusion as all of the parents wanted their child included in a quality classroom. Many of the parents utilized examples in order to describe what they were thinking as what quality meant to them. Further, they often discussed quality as it relates to their belief set for any and all children in an early childhood program, regardless of disability. Dan actually asked me if I wanted him to talk about quality for his son, Jacob, or in general. And Holly noted that she thought her beliefs on quality and inclusion in early childhood education were the same as before she had children. The parents provided many stories, examples, and definitions as they discussed what quality meant for their family and their children. The codes that I determined for this category consisted of: physical quality, teacher qualities, standards/policies, and developmentally appropriate practice (DAP). The coded segments in the teacher interview data represented of many of the same aspects discussed by the parents and thus were inserted to show confirmation or divergence between the constituents; except for the last code, DAP, which was primarily developed from teacher interviews and only mentioned briefly by parents in response to a specific interview question.

Physical quality.

Parents were asked to describe what a quality classroom would look like to them. Their responses incorporated aspects around both the actual physical make-up of the classroom as well as the structure and/or schedule of the classroom. Further, as parents discussed the programs their children had attended, examples of what they did not view as a quality classroom were communicated. One quality aspect that all families mentioned was having bright classrooms with lots of sunlight. And Dan noted, and Ellen agreed, that the classroom his child had been in was often closed off from the sunlight in order to help the children sleep better; “the one thing that I don’t like about [the prekindergarten classroom], the room there is that it’s dark. There’s no natural light in there. Granted they could open the curtains.” Ellen wanted the classroom for her son to be “bright and cheery and just really nice places to be and I think that that affects the kids too.” Sunlight was the first thing that Holly brought up in her description of a quality classroom, along with a place to go outside and play. Safety of the physical space and the center was a primary concern for all parents. Dan noted that a quality room needed to be “physically safe for the number of kids” based on an experience where he believed there were too many children in one of Jacob’s classrooms which hindered the children’s learning and affected their behaviors.

The parents all mentioned having age appropriate materials accessible to the children and child-sized tables and chairs for the children to use as part of a quality classroom. A couple of parents also discussed having free or empty space, such as a large carpeted area, where children could work together, participate in group activities or play more independently. Dan liked to see both a "private space and a public space" where children could go. Ellen agreed that the children needed a place to decompress. Kelly mentioned that a quality classroom was "a room that's got a lot of books, you know. It's got the alphabet everywhere. Signs in Spanish- you know what I'd like to see is signs in sign language." Holly's description brought her back to the classroom that Walter was currently in,

> I mean when I walked into older toddlers for the first time last summer, I was just like "oh my gosh, I want to go to school here." And I mean that, that to me is sort of my dream set up. I mean the way even the kind of U-shape with the observation booth in the middle. I mean we thought younger toddlers was great but now young toddlers looks like a little cell.

The activities the children were engaged in throughout the day were important to in a quality classroom. Holly liked that her son's classroom had designated areas for particular activities to help structure children's play. And although Ellen didn't think there were currently enough creative activities in Jacob's classroom, she thought that having opportunities for creative activities, such as painting were part of a quality classroom. Kelly wanted to see "a highly stimulating environment. You could tell that there were a lot of different activities [going on]." Similarly, Laura noted that she had once been told that the highest compliment a teacher can receive is when someone walks into his or her classroom and cannot find the teacher. She connected this to quality as she thought it indicated the teachers' full participation and engagement with the children.

There were particular structures of programs parents described as quality. At the CDP because it is a laboratory school, there are observation booths where parents can, as Ellen put it "unobtrusively observe." Both she and Dan thought that Jacob's previous program was less quality because there was no way to observe without affecting the teachers' and students' behaviors with their presence in the classroom. The parents saw the benefits of the comfort at the CDP and being able to stop and talk with staff in the morning easily. And while one parent saw the ratio of students to teachers as being too high, the rest believed the ratios in the CDP classrooms where an aspect of its physical quality. Carrie, the CDP's assistant director, confirmed the parents' beliefs when she mentioned how she related quality to low student-teacher ratios when thinking about the CDP as well as programs she had looked at for her own children. Martha, Walter's teacher at the time, also discussed ratios, "because our ratios are met… where we have one teacher with three extra children so that gives a little more movement and opportunity to deal if it should be a child who would need more one on one opportunities in their learning." She was particularly referring to a child with special needs but comparing the CDP to a program where she had worked previously that could not accept a particular child with a disability because of the lack of staff support in her classroom. I will discuss services more in-depth within the inclusion category.

Much of what goes into making up a physically quality classroom are the teachers and staff involved in putting the classroom together and providing the materials and activities for the children. These teacher qualities within early childhood classrooms are delineated in the following section.

Teacher qualities.

The characteristics that their children's teachers possessed (or did not possess) were a important factor in what made a classroom quality. Learning during the school day was an important aspect of quality in their children's classrooms. Scott compared Olivia's classroom to one Zhenia had been in previously to demonstrate the type of teachers he hoped to have for his children. In describing Olivia's classroom, Scott noted that a classroom Zhenia had been previously was "just a room to keep them in all day and hopefully entertain him until we picked him up. Here [the CDP] I thought they were learning a little bit more. And I thought that was a key. I mean I really thought that there was a stronger emphasis on learning here as opposed to just babysitting." Which Laura, the CDP director, reiterated Scott's thinking when talking about quality at the CDP: "It's just part of what this program is as far as the quality of care the children receive, the level of expertise and professionalism that is expected of the teachers…The adults and the staff here are teachers, they're not just babysitters."

Of key importance for all parents were caring teachers: teachers who loved what they did and loved the children they supported. When I asked parents about their favorite thing about the CDP, many referred to their child's current teacher at that time or a teacher their child had been with in a previous school year. When asked about quality, Scott immediately responded with "caring teachers." Holly noted that when other parents ask her about having her son at the CDP, "I always say 'I've had a great experience there, you know, he's had great teachers.'" Martha reinforced the parents' discussions on caring teachers as she described her favorite thing about the CDP, "But the thing that I like the best is the children and being able to interact with them and conversations that you get with them. And watching their accomplishments." She enjoyed working with young children and thus portrayed the caring relationships that parents wanted to see. Carrie further emphasized caring teachers when she noted that "you just got a feeling about the care, I mean, that they cared about those kids and were concerned about them."

Dan described two of the teachers that Jacob had had as an infant and toddler to exemplify why he thought they were both part of a quality classroom: "And she's just a caring person, that's just her personality. And so those things enable her to work with little kids. I mean you know infants and toddlers, that's really where she likes to be and that's where she is." He described the second as having a "pied piper quality to her in the classroom so the kids follow her and want to do what she's doing."   Kelly described how she observed each of Olivia's teachers express specific personality traits when interacting with the children:

> And this classroom, actually David [the lead teacher] is kind of like the mama bear in the classroom. He's the one who will pick the kids up. And [one of the assistant teacher's] more of the I'm going to play ball with you and clean you up and do this stuff but I'm not real hug-y and [the other assistant teacher], I think she wants to be sort of a warm, motherly person…

Similarly, Jack described his son's teachers,

> They just really show how much they care and love all the kids in the class. And there's always just time for the kids…you just watch them in there and you see they care for those kids. And the way they talk to parents. And they talk to you about stuff, about what your child's done good and done bad. They brag about the accomplishments they've done and you just feel really comfortable leaving your child there with them.

Jack's description represents what many of the parents conveyed when talking about quality teachers for their children.

Some of the parents did provide examples where they believed there were some aspects that they did not see as quality. Kelly noted that within another center, not the CDP, she had "walked into classrooms to see women rocking in chairs and you know the kids are just playing by themselves." She goes on to say that she doesn't think they need be constantly playing with the children because they do need some independent play time, but "the teachers need to be providing stimulation, encouraging them to think, encouraging them to work out issues between each other and so that's it. And you really can tell a lot about a class from a classroom." Dan described an experience with a teacher at the CDP he felt may not have been doing enough to engage his child when comparing her to the teachers Jacob had his first years at the CDP:

> I would've liked to see them be more attentive to his tendency to withdraw from social interaction and not participate in group activities; that they would've been more proactive in engaging him in those activities and insisting or modifying those activities in such a way that he wanted to participate.

Parents discussed teacher training and experience. Many mentioned that they had assumed that the teachers at the CDP all had Bachelor's degrees, but it was not as important as the caring and loving personalities they wanted the teachers to have. Kelly stated that "I knew that the teachers were certified and I knew that there was very little turn over…but no I would probably say that was way down on the list" which is similar to the sentiments found with both of the other families. The consistency of the teachers was something that Carrie referred to as "our staff are not a swinging door" and that she loved that staff stayed for such a long time once they were hired.

Experience seemed to play a more important role over their actual training histories. Kelly, Ellen, and Dan noted that they had concerns about teachers in the past because of their level of experience, but ended up in very different situations. Kelly had a new teacher for daughter's special education class that she thought ended up being extremely helpful to her Olivia's language development. While emphasizing that they thought Jacob's teacher was a very caring person, Ellen and Dan thought that her inexperience made it difficult for her to handle the children in her classroom. Ellen felt that she couldn't express her concerns completely to the teacher because of her inexperience:

> I don't want to come down too hard on her, because she is a very new teacher and I just don't think that she was able to thoroughly do what I would've like to have seen her do. I don't even want to say it's what she should've done, it's what I would have liked to have seen her do. She just couldn't- which is one of the reasons I didn't ask for too-too much, you know?

Opposite to this, both Olivia and Walter had veteran lead teachers in their classrooms during the time of the interviews and their parents saw the benefits of their years of experience. Walter not only had a teacher who had been at the center for ten-plus years, but who he had been with for two years. This stability was an important part of the relationship that Martha (Walter's teacher) and Walter had, which is discussed more in the types of relationships section.

Parents included experienced, caring, loving, and engaged teachers as part of what was quality education for their children. As parents described their children's teachers, both enduring and variable characteristics were mentioned. Some of what teachers do in the classroom was based on what standards are set forth by their employers. This was not an exception at the CDP, and it's relation to quality is addressed next.

Standards/policy.

Because the CDP is a university child care program, certain aspects of the standards and policies are guided by the university, including particular relationships that may not be seen in other childcare centers. For example, students intern in the center as part of their class work and student teaching practica. While it was not the most prominent topic, parents did discuss both the benefits and concerns they noticed from having students in the classrooms. Kelly mentioned that the student interns helped to decrease ratios. For example, the student interns allowed for smaller groups of children to work with one teacher more regularly. She continued to say that "I love the fact that there are student interns. Some are better than others. Some have been fabulous. My kids just latch on to the good ones. They just love them. So those would probably be my favorite things about it." One the other hand, Ellen felt that having the students in the classroom was often at a detriment to the children, noting that "some of them are great and some of them are adding but there are some that are detracting from my kid's childcare." She continued on that she thought that the university may want to rethink the way that they offer students' placements in the classrooms:

> And I would like to see the university recognize that there is a cost to the parents and to the childcare…that is not just a benefit. The university seems to think "oh we're giving you free students, you should be happy." And no, maybe I don't want your students. Some of them are great and some of them aren't. And I'd like to see, if I could change things, which I, like I said, I know this isn't possible, I would like to see them allow the teacher to boot them to the street.

So while she understood that this was a part of the university system, it may not always be seen as a quality indicator of a university child development program.

As mentioned in the physical quality section of this category, the open door policy at the center provides a certain level of comfort for parents. Because the CDP has observation booths, teachers were always on a stage. Parents commented on appreciating being able to observe at anytime, which was not available at other centers. They also felt comfortable, as Kelly put it, “You’re not discouraged from being there either. I mean you can linger as long as you want.” In other programs, if a parent wanted to observe, all teachers as well as children would be aware because the parent would be in the classroom.

Another, more unofficial, indicator of quality at many centers may be the level of difficulty of getting into a center. Holly noted “I had friends that would literally fax their application from the birthing room, I would have too!” Each parent had their own experiences in dealing with trying to enroll their children in the CDP. Both Olivia and Walter had sibling that the parents wanted in the center. Zhenia, Olivia’s brother, was able to get into the prekindergarten classroom off of the waiting list while Sally, Walter’s sister, was on page seven of the list. Holly had a difficult time when trying to enroll Sally in the CDP. First, Holly believed that children who were adopted were at an immediate disadvantage for enrollment. Both of her children were adopted at an older age; they were not infants:

> But then I thought well with the preK thing, at least Sally could be on a level playing field. And so I called like on a Tuesday, because I saw this notice that said Friday from 8-2 we’ll be accepting, and I said is this a lottery or first come first serve. It’s a lottery I was told. I don’t know who I talked but it’s a lottery. So I come waltzing at like 10 o clock Friday morning. And they, “Oh hi”, and they give me this form to fill out and they said, “You’re twenty-seven on the waiting list.” So I’m like, “I thought this was a lottery.” “Oh no.” And so they brought Laura out to talk to me and she, I mean I was

> just was crying. You know, I was so frustrated and I said I thought finally [Sally] was going to have an equal chance you know.

Holly's experience with the waiting list system for Sally jaded her experience with the program, but didn't deter her from putting Walter on the waiting list. It did influence her relationship with Laura, the CDP director as she felt disrespected during their experience over the waiting list. Ellen described a similar experience and stated she called to put her son, who was eighteen months old at the time, on the waiting list. She was told

> …the waiting list was so long that there was no point in putting him on. And then later on, when we brought Jacob in here, they were like, "No, we never tell people that." And I was like, "I don't know who answered the phone that day but that's what they told me."

All families, even with difficulties with the program's policies, choose to keep their children in the program and were all happy with their child's time at the center. All families and teachers discussed with me their experience with the program's slots for children with disabilities, but this will be discussed within the types of inclusion category.

Teachers noted aspects of quality standards that parents may either have not been aware of or considered their most important factors in determining quality for their children. Martha mentioned that center-wide, teachers used the Creative Curriculum to guide their assessments of a child's developmental progress through checklists as well as building an understanding of where the child was when they enter the classroom. Caroline because her classroom fell under specific public prekindergarten guidelines was required to follow particular standards regarding child observations, assessment, and goal setting in her classroom. She felt for the most part she was able to adapt her strategies of teaching to embed the prekindergarten standards. She provided an example of how she may take one prekindergarten standard and individualize it by the children in her class;

> Some children this age don't have that ability to follow those directions so you have to model it for them or show them exactly what we're doing or what we want from them I guess. Take them with you so they can get that. And I mean that's a preK standard too, "is able to follow one and two step directions." By having that I was going in to it, I was getting familiar with the standards, I was very aware, okay some of the kids are going to understand how to do things, activities and if I just tell them or give them some directions.

Standards and policies can come from both inside and outside the center, affecting the center's quality. Teachers at the CDP were all required to use observations and assessments to help their children learn, although Caroline had the additional public prekindergarten standards to follow. Parents' relationship to policies tended to be connected to particular experiences such as the waiting list and procedures to enroll in the program. But quality in the center outweighed the negative experiences they had had with policies in place at the CDP. Developmentally appropriate practice, which I discuss in the subsequent section, seems to be one standard that affected teachers' much more than parents' discussions of quality.

Developmentally appropriate practice.

Parents discussed with me their understanding of developmentally appropriate practice (DAP) only once I prompted them with an interview question. First I asked if they had ever heard of or were familiar with the term; each parent answered no. Second I encouraged them to discuss, just based on the term itself, what they thought it meant. Interestingly, all parents commented that it would be connected to individual children rather than to a specific developmental trajectory. Jack clarified his idea of developmentally appropriate;

> The difference between age appropriate and developmentally appropriate is that you know obviously different children are, you know, there's a distribution of abilities across children at every age so developmentally appropriate, I would take it to mean that it's more customized to the child.

Teachers and administrators who I interviewed were talking about what was developmentally appropriate and strategies that related to children's ages before I brought up the topic. Laura described developmentally appropriate in the classroom as, "It's knowing where the kids are. It's knowing what the realistic and appropriate expectations are for children within that age range…knowing where they are, where they can be. And not necessarily where they should be." All of the staff provided examples of how they used DAP in the classroom when working with their students. For example, Martha described the developmentally appropriate process involved with teaching children to cut with scissors:

> One [example] would be that the children are able to cut with scissors so it might be that this child really is still learning how to hold the scissors so the activity that the teacher actually does with the children is going to incorporate each one of their needs. And it might be that the child who is just learning to cut, to hold the scissors, is just given a piece of paper to snip, to learn the process of opening and closing the scissors. One who has moved a little forward and can actually open and close the scissors may be given a narrow piece of paper with a straight line drawn through it for them to cut on the line, to cut it into two pieces. So it just kind of varies. They could be given a shape as they have

> advanced to cut it so it’s sort of up to the individual teacher doing the activity with the children to see where they are and what they need to do.

All the staff interviewed agreed that DAP was a key piece of quality at the CDP. Carrie summarized her and the other teachers’ thoughts on quality and DAP when she stated,

> I feel like part of being high quality is understanding the children in your program. And so, providing them with experiences and activities that are meeting [their] needs and furthering them developmentally, I feel like those two things go hand in hand.

Caroline furthered this idea: “If we truly want to teach kids to do different concepts and have them truly understand it and truly learn it, then we have to do it in a way that’s developmentally appropriate.”

Prior to this statement, to help exemplify what she was thinking, Caroline discussed an example that she thought would not be developmentally appropriate for young children. She described how you would not give a child a simple pattern and tell them to “here make this.” She said that you would first need to help the children grasp shapes, sorting and other perquisites for making patterns; that “you can’t expect the child to I guess learn backwards because it’s not going to make sense and it’s not developmental.”

Other teachers also used examples of classroom learning that they thought would not be classified as quality because they were not developmentally appropriate. Martha, referring to the older toddlers she was teaching, stated, teachers should

> …not to expect the class of three year olds to be given a book and say, “Here you read it” because of course they can’t. But to be able to introduce to them print and letters and the process of putting those letters together to make the words and realizing you know that words that I say can be written down.

Like Caroline's example with teaching shapes before patterns, Martha saw familiarity with words and language to be a prerequisite to reading, but children at age three should not be expected to read without first meeting certain developmental milestones. Part of what the teachers in the CDP saw as developmentally appropriate or not developmentally appropriate extended from the overall program's goals and missions. Carrie discussed that although she and Laura believed that they were providing families with the highest quality care, all families may not have the same view of what was appropriate for their child:

> I mean, for example, we have a family that their son came here for this year, and he was in our preschool program. And he got into our pre-K, and his parents opted to send him somewhere else because they were more academic and did flashcards and things like that, and that was something that they valued and see as high quality. Whereas I'm appalled by that.

DAP was a term that all early childhood professionals within the CDP were familiar with. They each also saw its connection to quality educational practices. Parents on the other hand were not familiar with the term and described it solely on context cues. Overall, both groups wanted to see developmental progress overtime for each child.

Conclusion on quality.

The last quote in the DAP section from Carrie demonstrated how though many of the parents within this program saw many indicators quality; it was not the consensus of every family that had considered enrolling their children in the CDP. Further, while teachers and families referenced many similar aspects of quality classrooms and teachers, the staff at the center were much more likely to describe learning processes that followed DAP. Parents' thoughts focused more on the safety and quality of the physical classroom and caring, compassionate teachers.

Types of Inclusion

Some examples of a range of inclusive and noninclusive practices were embedded within the discussion of quality. For example, Dan discussed his expectation that Jacob's teacher should have done more to encourage his interactions, a teacher characteristic he tied to quality. But as I coded and determined categories, there was a separation between what participants defined as inclusion and what they defined as quality. One factor that I believe contributed to this delineation was that the parents connected inclusion to aspects of their children's lives beyond the classroom doors, which was not obvious within quality-related data segments. The codes I discovered within the data for inclusion consisted of: defining the ideals of inclusion, exclusion (or noninclusive practices), peer relationships and socialization, societal influences, diversity, and admissions and administrative influences. As with the presentation of the quality theme, each section below includes quotes from parents augmented by teacher and administrator comments.

Defining the ideals of inclusion.

Many of the parents and teachers discussed inclusion as being idealistic, perhaps even unachievable. Ellen who in her first interviewed described inclusion as a myth, started the second interview by explaining what she meant:

> Before I said that I thought inclusion was a myth and what I really meant was true inclusion, I think of a child who is significantly off norm…I haven't seen it happen, and I think mainstreaming is possible but I think inclusion is…will have a whole lot of effort on everybody's parts on other things than what's in the IEP. Mainstreaming means

> the kid goes to the class with everybody else and does what everybody else is doing as much as possible. Inclusion means they're actually included as part of the whole and I don't think that in general [education], that's possible given the resources…

Both Carrie and Caroline talked about inclusion in an ideal sense and what was and was not realistic. Caroline discussed implications of trying to have both quality and inclusion in the classroom;

> I think that in an ideal world they work together but I think you really have to be aware that…it's not always going to work the same way. What worked before is not necessarily going to work the second time or again so, it's just real tricky.

Carrie described what she meant by the term inclusion:

> The purest form for me of an inclusive environment is that everything is included within that environment so all the child's needs are being met within that environment. If that means therapies or whatever, all of that is happening within a single environment. So if they're being pulled out or if, you know, or…even if they're doing a separate activity in the back of the room, I mean, I still don't see that as meaningful participation of what's going on in the classroom.

Meaningful participation was an aspect of education for children with disabilities that Carrie thought was a key to inclusion. Scott's description of ideal inclusion centered on what he would like for Olivia, but he started by describing something similar to Carrie's idea of inclusion. Scott stated, "The perfect thing with her would be incorporating what would be taking her away to a different place to do into her current class." At that time Olivia was attending two classrooms and Scott thought ideally, combining what Olivia gets from each class into one would be the perfect classroom for her. This class would also include "total communication stuff" and incorporate sign language for everyone to use in order for Olivia to communicate with others, but also so they could communicate effectively with her.

Ellen mentioned that she also thought about inclusion for Jacob, but thought what she would want, ideally, "was if they can create a whole curriculum on activities that would include Jacob." But Ellen thought that her ideal inclusion placed "unreasonable demands on teachers that you need to do this and that with my kid." Jack, on the other hand, noted that part of inclusion for Walter was what the teachers, particularly Martha, were already engaging in: "You know, encouraging and insisting that things are clear. I don't really think…there's anything they need to be doing specifically for Walter differently, other than just the speech." He felt the program was incorporating this particular need of Walter's into the classroom. And Kelly shared that "I expect classrooms to be inclusive" and a part of inclusion for her was that Olivia felt included in her current classroom, which hadn't always been the case.

Other parents defined inclusion generally, as Holly said, "I think it is, you know, a child's right to have the same experiences of another child… like all children would have an opportunity to be in the environment unless for some reason it's going to be detrimental to that child." So did Dan, who summarized inclusion as "that the child is included in activities. I would say that the… a child with special needs is incorporated in such a way that they feel part of the group." Laura noted that inclusion was an environment that was conducive to all children's learning and she noted: "Again, it's going back to the individuality of the children in the classroom… regardless of their developmental abilities or their needs or wherever they are on whatever spectrum."

Ellen commented that she thought the number of children with disabilities in the classroom could influence inclusive practices in the classroom. If there were too many, it became difficult for the teacher to handle and/or meet the needs of all the children but she also noted that "it helps to have two in the classroom. You know, it really does. This idea of just having one special ed, one token special ed kid in every classroom, you know is…I just don't think it's so good, you know?"

When parents and teachers alike were asked about what inclusion means to them, some provided what they had seen in classrooms while others described what they wished they could see. Realistically, some parents and teachers didn't think "pure inclusion" was possible because of the resources and demands it would place on school staff. Parents further explicated inclusion by discussing what they thought was its opposite, exclusion, which is covered in the following paragraphs.

Exclusion (or noninclusive practices).

After discussing the effect of a having a large number of children with disabilities in a classroom, Ellen continued that being the only child with a disability in the classroom made that child an outlier from his or her peers. This was one example of how exclusion was defined by parents in the interviews. Both parents and staff discussed what noninclusive experiences or examples looked like while defining what inclusion meant to them and the children. Holly stated that inclusion to her was "not exclusion" which is similar in sentiment if not identical to some of the other constituents' comments. Laura also commented on exclusion when defining inclusion, but with a slightly different implication: "You know, it's just being able to really meet the needs of the child in the class and that's I think a big thing for me, inclusion is not pulling out. That's exclusion." She was referring more specifically to instances when children were being pulled out of classrooms for a specific service or therapy that she thought could be integrated into the child's classroom.

Related to her ideal view of inclusion, Kelly discussed a more holistic view of education more generally for all children, which she called a “pie in the sky”

> …because every school system needs special ed teachers. You know there’s just a dearth of them. And so for that to happen I think it would be very difficult. But I think you know to have the resources in place where special needs kids felt comfortable you know not shuttling them off to a room where everybody is just alike. “Oh, that’s only hearing impaired kids, and here’s all the visually impaired kids, here are all the kids who have you know Down syndrome.” And that’s what we do.

Kelly experienced this when she and Scott made the decision to pull Olivia from the CDP to place her in a hearing impaired, total communication class. They had gone back and forth on which was the best setting for Olivia and felt pulled between her academic development and her social development, which she didn’t feel Olivia could get in just being in one of the programs.

Three parents mentioned exclusionary examples that pertained to the circle time or large group activity in the classroom. Dan reported observing the following example with his son Jacob:

> …Inactive involvement would be being in the circle at circle time but lying down. That’s not active involvement but being in the circle and you know, being part of the communication that’s going on, that’s active involvement…and I can’t recall, you know, maybe once ever witnessing the teacher direct a question at Jacob. So that to me is not inclusive…that is something that I spoke specifically to them about so I think they dropped the ball on that one.

Dan recognized that he had of course not seen every circle time in the classroom, but had observed regularly when dropping off or picking up Jacob. He also felt that the teachers did follow through with a specific goal he had discussed with them.

Kelly described a similar experience that she observed at circle time: “I have been there though when there all wanting to answer questions and she’s raising her hand and it seems like she was intentionally not being called on.” Like Dan she admitted that she wasn’t in the class every day, so could not report accurately how often this occurred, but thought that the difficulty in understanding Olivia may have affected the teacher’s decision not to call on her.

When asked what inclusion was, many of the interviewees responded with “not exclusion.” Parents and staff found that they could describe inclusion by thinking about what inclusion did not mean to them. Exclusion for children with disabilities in a classroom can be created from their peers. I describe the parents and teachers thoughts on socialization and inclusion in the following section.

Peer relationships and socialization.

Dan believed that Jacob’s teachers weren’t always doing enough to engage him as expressed in the previous section. A reason that Jacob’s parents wanted the teachers to increase his participation in circle time was so that, as Ellen stated, Jacob could have a “positive experience of coming up and doing whatever it was or answering the question and the other kids could see that ‘hey he can do this stuff.’” She was concerned that teachers were not helping the other children to see Jacob’s abilities so that they could become more comfortable interacting with him. Both Ellen and Jacob’s teacher, Caroline, discussed that there were particular children who called Jacob “stupid.” This was something that disheartened both of them. Caroline went on to describe the teachers’ reactions to this situation:

> We would have to talk to them and tell them, “He’s not stupid.” I mean we would put it a more positive way, you know. We would just talk about the things that he could do, you know? We would tell them, “Did you know that Jacob knows another language?” And we would talk about sign language some.

Holly and Jack pointed out a particular example how one of the modifications that Walter needed in the classroom to help him with speech became a bonding experience for him and his peers. The speech therapist spoke with Walter’s teachers about “using his pointers” to help him close off the air to his nose in order to help him with pronunciation of particular letters and words. He did this by putting an index finger on each side of his nose and pushing them together to close off his nostrils. Holly described this connection with his peers:

> They’ll use their pointers and it’s great, I mean some of the other kids do it now too. You know and they’ll talk to Walter and they’ll go (*puts index fingers on each side of nose*) “puh,” “puh.” So it’s good, because they think it’s kind of fun. You know I mean they don’t realize why, so that’s fine, you know.

Scott and Kelly discussed how in Olivia’s previous classroom at the CDP, they felt that she was the “class mascot.” Scott expanded on this idea and how that relationship with her peers changed to what it was in her classroom at the time of the interview,

> She was another toy for some of the other kids to play with and they treated her as that more than they did as a peer. Whereas now, I believe that she’s really got friends in that classroom. And they really like Olivia and as a friend. And you know, when she shows up on the playground at 11:00, I mean they are thrilled to see her. They come running to see her and they’re not you know coming to dress her up.

Further, as an example of inclusion, Scott mentioned how Olivia's classmates had written her letters and sent them to her while she was having surgery done in New York. Kelly believed that part of the improvement in Olivia's peer relationships was because "we've talked to David about helping the kids understand that Olivia's just like them." Carrie made a similar comment to that of Scott: "The kids that are already in the program, interacting with those children, becoming their peers, not their…'Let's take care of them,' you know, but actually have peer relationships with those kids."

Parents and teachers saw the benefits of cohorts of students moving through the CDP classrooms together. Caroline mentioned that when Jacob came back to the CDP he already knew many of the students: "He gravitated more towards a couple of the kids who were here from last year." And Dan agreed with her but also that he understood why some children did not interact with Jacob:

> …So by the time they were all four years old, they knew each other and they knew each other well. And Jacob knew who he should stay away from and he also knew who he could trust and they knew as well that Jacob was difficult to understand. You know I mean there was a natural, which is perfectly understandable, "I can communicate with this child, I can't communicate with this child, so I'm going to go play with the kid I can communicate with." I mean it's not that hard to understand right?

Dan thought that the next obvious step would be for teachers to intervene to help encourage socialization between Jacob and his peers, whereas Ellen thought this may be asking too much of the teachers.

Martha noted that overtime she saw a lot of changes in Walter's interactions with friends. Some of this was due to all the students' growth and the natural progression toward playing with others rather than parallel or singular play. She worked with both Walter and his classmates on understanding one another’s wants, providing an example of how she tried to encourage their communication;

> I’m seeing him respond to friends with more language back to them. Sometimes I see them looking questioning and that’s when I try to… repeat what he said in, “Walter did you just tell him so and so and so,” so that they can kind of pick up on his language as well.

Overall, the families all mentioned socialization as a concern that they had for the child. And although it was on their mind at the time of the interviews, they believed it may become more of an issue in the future. Dan provided his thoughts on what he hoped for Jacob: “If there’s one thing that I think would have the most impact on him, on his quality of life would be communication. His oral, verbal communication. So that’s what I hope for him. And if it doesn’t happen this year, I’ll hope it again next year.” Dan’s comment for Jacob related to what many of the parents discussed as inclusion for their child, societal or outside influences, being able to communicate with others in all aspects of life. This is considered in the subsequent section.

Societal influences.

Part of parents’ concerns over their children’s future was based on societal influences around their children not only being included in their educational program but in the larger community. Jack noted that “like Walter is always going to have scars, I mean…you can’t start too young of just sort of gradually equipping them with how to respond when people say things.” Holly agreed with Jack: “So I think our biggest hope and dream is that he can be who he wants to be and have the tools to… protect himself from, from just society’s curiosities, society’s judgments, society's meanness." Parents worried that people will judge their children based on specific qualities related to their disabilities. The larger normative discourses of society framed these children in particular ways for parents. Scott doesn't want to see other children make fun of Olivia when she gets older because of how she sounds. He hoped that she would "speak well enough to survive, you know, other children in a mainstream school." Ellen hoped that one day Jacob would be "a functioning member of society on some level; you know he's in kindergarten right now so that's my hope…but I would like him to be independent." Holly too saw future benefits of inclusive communities, but for all the children in the classroom with Walter,

> I was definitely for [inclusion] in all educational settings before we had children, but now having had children, one with a special need, one without, I'm even more in favor of that because I think it's just good for everybody. Good for the child and also good for the environment, good for the teachers, the other parents, I mean just so that as these children get older they will become part of society, the part of society they've grown up in, just like everybody else.

Parents agreed that often society judged their children now based on particularly characteristics. For example, Kelly noted that even though Olivia can do just about everything other children in her age can do, "people don't really think that because she doesn't talk so that you can understand her." Holly had similar sentiments regarding Walter and told of what it was like when they went out sometimes:

> Even just in a restaurant, "how old are you" and he holds up three fingers but he can't really say that I'm three. Or they hear him talking right away, kind of looks like, "Oh what's going on there?" Or you can kind of see people kind of they see a scar, "Oh there

> must be something wrong with his mouth." So I think that's more sort of the mama bear in me just wanting to protect him from feeling attention that way.

Kelly noted another time when Olivia's disability may influence how people treat her, but not necessarily in a negative way, although not what she would want for Olivia. She felt that people may "go softer on, you know, the kids that have special needs, but it's really important that we hold her to the same standards so she doesn't grow up expecting people to do things to make things easier for her." Kelly had seen examples in the classroom where she worried that Olivia was perhaps not being disciplined as another student without a disability; she wanted her child to be treated equally in all aspects of her life.

Holly also referred to an one example of how even an accommodation to a building can either be seen as exclusive or as "the norm" depending on the context for people more generally:

> For instance if you had child who was going to be in a classroom that say couldn't walk up steps, needs a ramp. So then the school would be like, "oh, okay we'll build a ramp." But then all the other students are like, "oh, the ramp is here for Bill." But then you think okay does every classroom have a ramp just in case a student like Bill comes along. You know, and I can see to a certain point that that is good because then that way it gets where everything has to be handicap accessible, whether you have a student in your class that's going to need that or not. You know it just gets, everyone thinking about how that's just normal.

Dan agreed that accommodations, even in community locations, were important for inclusion: "I think it's very similar to what I said about the schools. That activities should be open and he should be welcomed to participate. And they should be when necessary, modified in such a way that he can participate."

Societal influences could include access as well as participation in communities. But for these parents, the focus tended to remain on their fears and anxieties for their children in the future. Part of what influences society is what communities are exposed to and the diversity within a classroom or community; it influences what becomes the norm. In the proceeding section, diversity as it related to inclusion for these parents and staff is discussed.

Diversity.

Kelly described that part of the societal influence on inclusion came from the community that her family lived in. She noted that she took her children outside their school district to “places that my kids are always around children who have physical limitations… you know, mental limitations, you know we’ve got a world of wonder and I mean you’ve just got a melting pot out there.” Although not as prominently mentioned as some of the other topics, interviewees discussed how diversity was a piece of their inclusive definition. For Kelly, it was one of her main concerns. She continued to describe that to her inclusion in education meant “that you’ve got kids of all shapes, sizes, makes, models, disabilities, colors, languages, religions and they’re all treated the same.” She continued to note that this definition incorporated classroom quality as well and that the children were exposed to this type of diverse inclusion:

> For example when I walk in a classroom and I see…dolls with different skin tones or let me take that back. If I walk in a classroom and I don’t see dolls with different skin tones or I don’t see, for some reason we’ve got Christmas trees and we don’t have anything that addresses holidays for other religions, I do pick up on that. So…I expect classrooms to have that; you know? I didn’t necessarily expect there to be…Spanish words posted on all the different things in the CDP but I was thrilled that there were.

Holly commented on how her own family because of their diversity felt some exclusion. Because both Walter and his sister are adopted internationally, they were not able to put them on the waiting list as newborns for the infant classroom. Referring to internationally adopted children, she felt that “if you’re trying to have an inclusive school that’s one way you’re really excluding, you know?”

Both the administrators commented on how they wish their center were more inclusive of diverse families as well. Laura thought that currently the center served a “homogenous group” due to the fact that entrance is based on income. By that she meant, a family had to be able to afford the program’s tuition to enroll their children thus excluding families from lower socioeconomic backgrounds. Carrie agreed as she explained,

> I wish that we could provide spaces for kids that couldn't [afford it], you know, scholarships or incentives or something for families that can't afford to come here. I mean, all of our families, you know, obviously can afford it and their kids benefit from that type of lifestyle too.

The cost to families described by Carrie and Laura was one aspect of how admissions can influence inclusion within the CDP or a school. In the next section, interviewees related their experiences with administrative procedures to inclusive services.

Admissions and administrative policy.

Parents primarily discussed understanding of policies in the program as it related to their child with a disability. The CDP had spots or ‘slots’ reserved for children with disabilities. This meant that the children with disabilities were not placed on the waiting list but were enrolled ahead of other children on the waiting list without disabilities. Most of the parents were not aware of this designated slot. Holly and Jack discussed that they were unaware of the slot until they were called and offered a spot in the center for Walter. Holly described feeling overwhelmed once she and Jack received the phone call because they had two hours to decide if they wanted the spot for Walter, and were about to leave for China to adopt him.

Further when the parents did find out about the slot, they were unsure of what it entailed or the purpose of the slot. Once Holly was told that there was a slot for children with disabilities, her expectations of their services were influenced:

> I then thought that meant there was also going to be some services and sort of a little more of a formalized approach…and there hasn't been…I mean it's more just like well you know we've got our twins here and we've got our child with special needs, you know?

Jack on the other hand didn't really read that much into having a special slot for Walter. He believed that perhaps the purpose of the slot was to imitate the public school environment since the CDP was used for observation, but he did recognize that it was the fact that Walter had cleft lip/cleft palate that to qualified him for the slot. Dan assumed it was because that Jacob's disability was on "one of those grand lists of disabilities."

Kelly had learned about the slot when Zhenia had been in the prekindergarten at the CDP. She and Scott knew that Olivia could be enrolled and reenrolled pretty much anytime because of her disability, which they did twice. They were unhappy that the program would not allow Olivia and another child with a disability to share a slot. Kelly particularly was so unhappy with the situation that she contacted other people within the department and college that the CDP fell under:

> You know how the public schools work with special ed. These younger kids are only there three hours. You know, this place is supposed to be you know a living laboratory;

> you're supposed to be able to work with kids with special needs. I don't know how you're going to do it if you're you know shutting the door to this kind of… I made the same argument to [the department head at the time] and like I said, he was like, "I can't see a flaw in your process. It makes perfect sense to me. Let me talk to [the director]." I left there feeling good. Good, you know, we're going to get this problem solved. And the next thing I know, I actually got a letter back: "Ms. Simmons, I'm sorry we're not going to be able to honor your…" I never got a good reason. I never got any real explanation as to why.

So Olivia was then placed in only the half day special education program until the following year when Kelly and Scott placed her part time in the CDP and in the half day special education classroom. They had to pay full tuition and arrange transportation to the program in the middle of the day, but thought that Olivia needed the academic support of the special education class and the socialization with typical peers at the CDP.

The teachers also discussed their understanding of the slot for children with disabilities. Caroline noted that "I'm not sure in those terms what they mean by it. My only thing that I think that they think that they would mean by it is that it's a child that receives services or has an IEP." She added that she had never asked what it meant, and now she wanted to. But that she also considered that it may include children who did not have IEPs. Martha confirmed that the slot was specifically for children with disabilities, but that she didn't think that it altered her teaching strategies: "All of them have to be encouraged to develop as they go and if someone is labeled as special needs than they're still needing that same work as far as where they're at and where they need to go to."

Laura was able to provide the CDP's definition used to qualify for this slot:

> What our criteria is that there is a medically diagnosed or medical diagnosis by a professional doctor. Now, I mean, we've got speech to, you know, Down syndrome, autism spectrum, I mean, anything with a diagnosis.

And what was not included in the criteria for the special needs slot: “A parent saying, ‘well, my two-year-old can't sit still and I really think that she's ADD.’ That's not enough to have a child come into the special needs slot.” Carrie confirmed Caroline’s assumption that it was a child with an IEP or IFSP and added children receiving services for a diagnosis or disability.

Another topic that was discussed by both parents and staff was the administrative influence over inclusion. Carrie provided some support to teachers and families for children with disabilities, but as Ellen described it, “she just dabbles in special needs as a hobby.” And Carrie agreed that it was not the bulk of her job. Parents and staff who were at the center when there was a coordinator whose job was completely dedicated to inclusion noticed a change in the support offered for children with disabilities. Ellen discussed that the inclusion coordinator at the center “paid a lot more attention to therapies and who was coming in, who was leaving. She tried to sit in a lot of therapies and things like that and follow up.” Laura noted that inclusion was “not where it was when I was here in the early 90s [as a student] definitely. I feel like we are committed to, I mean, I know we reserve a spot per classroom so there's, I guess, somewhat of commitment, you know, to providing an inclusive environment and to supporting children, having children with special needs be in the program.” Both Carrie and Laura mentioned that one thing that would improve their inclusive services would be, as Carrie put it, “somebody that was dedicated to those kids” referring to children with disabilities specifically. And Laura agreed that if they had the financial means she would like someone to support inclusive practice. She wanted someone where “that is their focus and their only focus and just who has the time, the energy, the focus, the experience, the education, everything to pull it all together.”

Conclusion on types of inclusion.

Parents’ definitions of inclusion were varied and extensive. The definitions consisted of components that directly related to their child and what they wish they had for their child as well as their concerns for societal norms in the future. Diversity was a part of what an inclusive classroom meant to some participants regardless of whether this classroom had children with disabilities. And both parents and teachers had struggled with policies for inclusive practices within the center, somewhat due to nebulous criteria for children with special needs.

Types of Relationships

Relationships within and outside of the CDP were described as pieces of inclusion, quality, and even parents decision making processes. For children with disabilities, in addition to the typical relationships with parents, teachers, and administrators, there was an additional relationship with the service providers. I determined this category based on descriptions of relationships with the service provider, between teacher and parent, between teacher and child, and with administration. Each had components and codes that often overlapped with earlier codes, but focused primarily on the relational qualities between the various constituents involved with the focus children.

With service providers.

Service providers could be speech therapists, early interventionists, physical therapists, or other types of special education support staff. They work with children with disabilities in order to assist them in improving skills and abilities that may be affected by a child’s disability. All of the children in this inquiry had been seeing or were being served by service providers. Walter was seeing only a speech therapist. While Jacob also saw a speech therapist, he was being supported by an occupational therapist, a physical therapist, and a county special educator. In addition, Jacob attended a half day behavior focused classroom two days a week and went to hippotherapy on the weekends. Olivia was also going to hippotherapy where she engaged with a speech therapist. The rest of her services, including county supported speech therapy, were provided in the total communication classroom that she attended in the mornings (which changed to afternoons half way through the school year).

Both teachers and parents commented on their relationships with service providers and their thoughts on bringing these services into the classroom. Holly noted that based on a suggestion from Walter's craniofacial doctor in Atlanta, they wanted his speech therapist to come into the classroom to work with Walter. The speech therapists, who were a student intern from the university and her supervisor, were resistant to this idea as Holly explained:

> What the deal was…They said, "You know we're going to do better at the clinic here." So what we finally worked out, kind of negotiated, was they would come twice a week to the CDP and we would take him once a week to the clinic. So Monday and Wednesday mornings from 8 to 830, they would come to the CDP and then Thursday afternoons, I would take them to clinic, take him to clinic. But it was the same clinician each time, same supervisor.

For Olivia, Kelly felt that she also had to work to encourage her therapist to integrate more of her daughter's services into the classroom:

> They were pulling out mostly until we started talking about it and they started doing more in the classroom. That really didn't start happening until toward the end of the year though and I think if we'd gotten a jump on that earlier that might have helped the

> situation in the classroom last year. You know, there may have been more of integration as opposed to a group of kids and Olivia, but who knows?

For many therapists, coming into the classroom to provide their services is atypical. Most are trained to take children away from the classroom because it provides a less distracting environment for the child. Dan noted that he could see the benefits and demands on the therapist based on the type of service the therapist was providing:

> I think that it's more effective for [Jacob] to be in a quieter space where one on one interaction can take place uninterrupted so I think that's how he learns best. And I'm not saying learns everything, but this is speech therapy. And as far as the physical therapy, I mean I know [she] worked with him on the playground too so I mean…it doesn't need to be removed from the setting in order to do that effectively... Occupational therapy is easily done [in the classroom]. [His OT] is excellent at her job and she did her stuff with him in the room and I think that was a very appropriate and effective way for her to interact with him. But with the speech therapists went there to give him his speech, it was better for them to be outside of the room.

Dan recognized that learning different skill sets varied for Jacob as far as which type of environment worked best.

Caroline's belief around why speech therapy did not work with Jacob in the classroom was more logistical: "They didn't come in the classroom for speech because they came during nap time." They could not work in the classroom while the other children were trying to sleep. And unlike Dan she thought Jacob may have been more engaged in speech therapy if the provider had tried to work with him in the classroom. And although she admitted that she didn't know a lot about what exactly went into speech therapy, she described,

> I feel like with him he would’ve benefitted a lot more from rhymes and songs- I mean he loves music and he loves singing songs. I mean you can understand him clear as day when he’s singing a song and I don’t know that she uses that a lot, but when we would sing songs especially when he knew them, I felt like he was learning speech things that way…

Carrie agreed that having service providers in the classroom could be beneficial to the children and to the teachers. She asked, “How do you get a teacher to reinforce something when they haven't seen it in practice in their environment?” Thus if a therapist was engaging the student within the classroom, teachers would be better equipped to replicate their strategies to support their students.

Complimentary to Carrie’s description, Caroline had a difficult time relating to the service providers in her classroom and there was a lack of communication, particularly for discussing her role for supporting Jacob. Caroline noted that “even asking, saying ‘What’s my role’ was difficult. I’m not even sure they could explain what my role was. It was kind of like ooo-kay, I’ll do what I can, I’ll do my best. That’s all I can do right now.” For Caroline, she thought that part of the problem was that many of the therapists and the special educator were frustrated with Jacob’s parents’ decision to pull him out of the collaborative public prekindergarten to return him to the CDP and it may have influenced their interactions with her.

Martha on the other hand felt that many of her previous relationships with therapists had been positive and helpful to her in working with children with special needs. She noted that most of the therapists she worked with “were very willing to tell you ‘I’m working on this with them and I need you to help do this’ and show me what to do and how to do it too. So the teachers were included also which was really good.” And in one particular case with a physical therapist who pulled a student out of the room, she still came back and told Martha what goals she wanted her to help the student with.

For Walter, whose speech therapist was coming in the classroom, Martha, towards the end of the year, found herself becoming more engaged in their interactions due to Walter's refusal to participate. She would encourage Walter to "go cook" with the therapist because that was one of his favorite activities and by the end of the year, he would tell the therapist, "No, go away." Holly and Jack noticed this "stubbornness" in Walter as well. Holly described the situation:

> She would literally kind of be chasing him around the room. Which of course, she's trained as speech therapist, she's not really trained in… early childhood manipulation shall we say. I mean so I think Walter was totally playing her. I mean he realized… she was going to stay there no matter what so if he was playing with trains and she came over, he would just walk over somewhere else and I mean he was just leading her on a little chase.

Jack and Holly decided that next year they would not be using the university center for speech therapy again. So like with each year in the past, they would have to research and try to find a new therapist; preferably one that had experience with both young children and cleft lip/cleft palate.

Overall, parents and teachers had differing ideas of what was most suitable and inclusive for service providers working with the children. These beliefs influenced their interactions with the service providers now and as they thought about the future. Staff and parents alike saw that therapists provided important and necessary services for children with disabilities, and engaging teachers and parents into those services seemed to provide children with the most benefits.

Between parents and teachers.

Service providers were often a topic of discussion between teachers and parents, thus a piece of that relationship. Communication between parents and teachers was described by all participants when thinking about relationships in child care settings. For Caroline, communication with parents greatly influenced her approaches with Jacob but she felt the communication with his parents could have been greatly improved. She saw this as a learning experience with room for her professional growth:

> I feel like I need the most help in but that's what I think is most important too is just communicating- okay what are we seeing here, what's going on at home, how's that different from what's going on at school, what do we need to be working on, what's the issue. But then all working on it together within the settings.

Ellen on the other hand, because of past experiences with teachers, had a hard time believing that talking with teachers would benefit Jacob much. She described what she would change about communicating with Jacob's teachers across school years:

> Well they could ask and they could believe what they hear…What we found is that… a lot of time that they really don't believe you. When you say he can do this and this and this, they don't believe us. And you can tell they don't believe you. And then three months later say, "Oh, he can do da-da-da-da-da." "Well I told you he can do da-da-da-da-da three months ago"…If they truly want to learn about him quickly, you know… listen to what we have to say, take it to heart and then make your observations based on that. You know it will happen a little bit faster than just trying to get to know him.

She continued that she thought that "I don't want to get involved in telling the teacher how to do their job" and so she described being more likely to communicate a goal she had for Jacob to the therapists first and thought that they should then relate it to his teachers.

Kelly on the other hand felt that Olivia's school year had improved over her previous classroom because of her and Scott's communication with David, Olivia's teacher. She stated, "I also think we've been more… out front this year. We got to David before school started and said you know, 'this is what we **don't** want to see happen.' And so there's been an effort made." And Holly made a blanket statement about Walter's time at the CDP overall: "the relationship with the teachers has been fabulous." She went on to explain that "[I] always feel like with Walter's teachers that I can send an email or I can ask for a conference and they are right there you know, 'what can we do for you?'" So part of her positive relationship with Walter's teachers was due to her feelings of access to the teachers and their welcoming response. Martha agreed that the relationship between her and Walter's parents was beneficial. She noted that "Holly has been very good about elaborating on everything that she has been told about what he needs and what to expect and what to require him to do as far as his placements and using his pinchers to you know close his nose off." And Jack, who took Walter to his therapies in Atlanta, would keep the teachers updated on new skills Walter should be working on to improve his speech.

Carrie expressed she believed that part of the positive experiences parents had with their children's teachers was from the stability within the CDP; that many families would come and stay at the center for their child's early childhood education. So many of the teachers knew of families from seeing them around the center, if not in their own classrooms, and from having a multiple children from the same families come through their classrooms.

Parents expressed both positive and negative experiences affecting their relationships with teachers. From an administrative perspective, the fact that families tended to stay with the center could strengthen bonds between parents and teachers. Children were the commonality within the parent-teacher relationship. Therefore the communication between parents and teachers influences the child-teacher relationship, which is discussed in the subsequent section.

Between teacher and child.

Families became close with teachers in personal in addition to professional ways. For all of the families, over their years at the CDP, certain teachers had become in home childcare providers, or babysitters. Kelly commented on how they had asked a specific assistant teacher to babysit in a previous school year because of her connection to Olivia through her use of sign language. One of the assistant teachers in Walter's class had been watching he and his sister at home for quite some time, intensifying the bond with Walter. Holly noted,

> [The assistant teacher] does some babysitting for us and so she in a certain sense she, you know, sees a little more of his kind of nighttime routine if she puts him to bed some nights. Also he has always had, right from the beginning, a real affinity to her. I mean there's just a real good connection there.

Holly continued to discuss Walter's relationship with the teachers, mentioning how with

> [the assistant teacher], there are a couple of them in that class that just adore her you know... She's just a kid person, you know. I mean she's a little more… in your face than Martha is…She kind of cajoles them out of that behavior or, and she won't put up with anything, but then she is incredibly sweet and loving too. And so [Walter] talks about her a lot.

Parents commented on how some teachers and children relationships were affected by the teachers' temperaments in interacting with the children. Holly noted that Martha was so in-tune to Walter and helping him with his words:

> Often Walter was being more diligent about, you know, using his pointers or whatever with Martha then he was with his speech therapist. Clearly, Martha has been able to kind of set down parameters and boundaries of like okay this is the way you're going to have to do this.

Dan noticed how a teacher's personality trait had created more of a distance between Jacob and Caroline, his teacher:

> It's nothing bad about her, it's just who she is, right? And she's not a very strong personality and so other children took advantage of that and it inhibited her ability to interact with Jacob as much as she could have. You know it's basically overwhelmed. I think that Caroline was to a large extent overwhelmed.

Teachers also discussed their relationships with the focus children. Martha told a story about how she and Walter had been communicating more and more, which she saw as a sign towards Walter's language progression: "he has moved to more conversational type talking with me." She recalled an instance;

> Walter asked for more corn please and I set the bowl in front of him and said 'get one spoon please.' And he was, "No you." And I said, "What's wrong with you, why can't you do it?" He pats his head and says, "My head hurts," *(laughing)* which that would've never come out before. So I'm hearing more and I understood what he said.

Martha noted that she was a little worried that it wasn't Walter's language improvement that allowed her to understand him better, but perhaps it was that she had been around him so long that she had adapted to how he communicated.

Caroline noted that she had a more challenging relationship with Jacob. She felt that Jacob's schedule made it difficult for her and the other teachers to make a strong connection with Jacob. He came to the classroom right when it was time to go outside:

> Like on those days we stayed out[side] like five extra minutes because I wanted him to have some outside time. Cause he loved it. Like, he knew when he got off the bus, he was like "go outside?" And I was like, "Yeah we're going to go outside." So…he looked forward to it, so I didn't want to take that away from him too. So it's very difficult. And then when we would come in, read a story, go to lunch…and you know go lay down for rest time. I mean it was just, it was always just something I felt like was keeping where I couldn't do enough with him like I wanted to.

Caroline continued to say that both of her assistant teachers felt the same way about his shortened school day in their classroom. Caroline described how one of the assistant teachers could engage Jacob particularly well in class activities: "She is amazing with kids at this age and she could easily get him involved in like a game, song or like *Going on a Bear Hunt* or something. She could get him involved in and pull other kids into it." Caroline did feel that overall she and Jacob had a good relationship. She commented that he would often tell his special educator "bye-bye" when she walked in the door, but Jacob seemed comfortable asking Caroline to play music so they could dance around.

Relationships between children and teachers were based primarily on interactions they had in the classrooms; which may have lead, for some children, to a relationship at home.

Teachers did describe aspects of their relationships with the children that were influenced by the child’s disability. Caroline felt the secondary classroom Jacob attended made him more removed from her classroom while Martha was able to integrate Walter’s additional supports into the classroom. When problems do arise with these children, as well as children without disabilities, teachers may opt to discuss issues with the program’s administrators, whose relationships I discuss next.

With administration.

Parents and teachers alike would seek out administrators for advice, recommendations, and of course when a problem arose with a child. Ellen, who as I reported earlier, had a more difficult time communicating with teachers than some of the other parents but she felt that

> I can call and talk to people and express my concerns even if I have to express the same concerns over and over again. I can call and express my concerns which really with Carrie and I could call Carrie, and I can call Carrie, and I can do that.

She relied on Carrie when there were any issues over the years that Jacob was at the CDP. Caroline also commented that she felt Carrie supported the relationship between her and Ellen. When she had a concern about Ellen and/or Jacob, Caroline felt comfortable talking to Carrie because “Carrie was very aware of the situation and Jacob and his parents and she knows them so well. She was easy to talk to about it.” Part of Carrie’s ease in communicating with Ellen came from her “favorite things about the job, my position is just the family aspect because it's like I know families from infancy through pre-K. And then the next [sibling] comes through.”

Martha commented that she often relied on Carrie when she needed support or had questions, “And I feel comfortable telling [parents] what I think when they have questions, but I know I can go to Carrie and say, 'This was presented to me, what kind of information can you give me that I can share with the parents to give them, support in whatever they're asking for.'"

And for both parents and teachers, Laura noted that when the discussion was around a child with a disability, "My perception is Carrie is an incredible resource… [special education] is her background and her training. And so I feel like that's the resource." Carrie in turn described:

> If it's classroom teacher specific, sometimes they come to Laura and I. I think most of the time they go to Laura with those things. I do a lot more problem solving with teachers in response to parents' needs or a class. I would say very huge issues? Those usually fall on Laura's desk.

So as the director, when parents had a larger or more systematic issue, they would have confrontations with Laura. Some parents described instances where there were disagreements with administration. Two which influenced parent-administrator relationships were described within the policy/standards code in the quality category; both revolving around misunderstanding with trying to enroll children. Holly, who was one of the parents influenced by a confrontation, discussed this a little more: "Relationship with Laura [is] not that good. Part of it is, I feel like there's just a lack of succinct and direct communication, sort of a lot of…just kind of an orifice." Holly continued to tell of a more recent incident to exemplify how she felt about their relationship:

> I mean just yesterday I went to talk to her about the teaching situation for next year and why there was no looping going on into the next classroom because we got this email that talked about how best practice shows how important it is for one teacher to move up, but yet in one classroom there's going to be no looping in the 3 and 4 year old. So, she was trying to explain it and I wasn't trying to argue with her but I work in higher education so

> I'm just trying to get information here that just doesn't seem to be adding up in my mind. And then she'd say, "Well Carrie knows better and she's not here right now, just talk to Carrie about this," you know?

She felt that often there was "sort of a disconnect, I just can't put my finger on it" but thought it may be related to Laura's priorities being more focused on the idea of the CDP being a laboratory school, a resource for the college, rather than on the children. Kelly also commented that:

> Not that everybody was thrilled with the administration before, because it has some issues too, but I think people felt like when Laura came in, she was making a lot of decisions without consulting other people. And I think there was a feeling that…a feeling that she really doesn't understand children as well as someone who has children.

She noted that this judgment may have not been a fair one, but it was the perception she had heard parents discuss. Part of both Kelly and Holly's thoughts on administration were partially based on their experiences with the director before Laura.

Laura did comment that she wasn't as connected to the families as Carrie was because Carrie most often served as the liaison to the families. Returning to relationships with parents who have children with disabilities specifically, Laura noted:

Carrie meets with the families. At least that's what's happening now in that having a more specific, one-on-one meeting that doesn't happen with every family across the program. Also, if there are any types of goal setting, you know, IEP or IFSP meetings, or anything that's happening, Carrie has made a specific request to be included with that to have that information. And so, those definitely are beyond things that would occur for other families in the Center.

Laura did bring up that she thought the center may have been able to receive more support if there was more recognition for all of the different things the program offered the university, such as research, observation and teacher training; believing they added value to the center.

Kelly summed up her current relationship with Laura:

> I think she’s figured out we can do this the easy way or we can do this the hard way. And it’s not necessarily that I’m going to get my way, but I’m certainly not going to back down easily. And so I think we’ve learned how to work together. I think that they have started listening to parents more.

She continued that she thought the administration now had more of an inclination to listen to parents and ask for their input based on the realization that “okay parents know there kids better.”

The administrators were particularly useful as a resource for teachers. Both Laura and Carrie noted that if they came across new information that they wanted the teachers to know, they would make copies of articles and discuss them with the teachers. Further, trainings for the CDP staff were based on feedback that Carrie and Laura requested from staff. Carrie noted that when she and Laura first started at the center “we spent a lot of time thinking our staff was one place in training, and it took a lot of backs… we would be like, ‘Oh, they're here.’ And then we would do something, and we're like, ‘Oh, they're not ready for that.’” By backs, she meant that they had to back up and start with a little more perquisite training before moving on to new topics.

Relationships with administration were influenced by experiences and needs. All of the parents had experienced a situation with administration at some point that had not been resolved as they felt best supported their families, thus creating a certain level of tension between each of them and the director at the time. Because Ellen felt more comfortable with Carrie, that relationship was her primary means of communication with the CDP. And both Carrie and Laura admitted that connecting with families, particularly those with children with disabilities, fell under Carrie's umbrella of responsibilities at the program. Overall, teachers felt supported and Laura tried her best to make sure they had the information they needed to remain a high quality center.

Conclusion for relationships.

Relationships intersecting at microsystem level influence the mesosystem level. The relationships permeate system boundaries when a parent needed to refer to an administrator or a service provider that worked directly with a child, thus influencing the teacher in that classroom and her relationship with the child. Experiences with one constituent could affect relationships with others in the center. For example, because of her relationship with teachers and communication in the past, Ellen opted to relay concerns to Carrie rather than Jacob's teacher. Cumulatively, the relationships affected parents' ideas of quality and inclusion in the CDP and their definitions of each.

CHAPTER 5

DISCUSSION

In this last chapter I discuss the elements that I identified from the interviews and interactions with constituents within the Child Development Program (CDP). I interpreted the participants'' understandings of the definitions of inclusion and quality. Their understandings were shaped through the experiences and thoughts that they shared with me. I have arranged the discussion based on Bronfenbrenner's ecological model (Bronfenbrenner, 1979) as I did with the literature review. While I sorted the findings into categories based on the data, I explain these findings based on the bidirectional influences as elucidated by the ecological theory in order to place them in the broader context of the CDP and society as a whole.

As Bronfenbrenner has pointed out, I want to emphasize that the ecological model cannot be discussed within strict boundaries at each level (1979). Relationships between people and policies are permeable thus crossing through these borders and even changing levels as new situations arise. For example, administration could be situated with the exosystem as the policies and practices that influence the way a parent moves through the enrollment process following these policies. In my study, administrators and parents interacted regularly thus moving their relationship into the mesosystem and influencing the parent's relationship with the child and possibly that of the child and teacher. Children's development is influenced by their participation in societal activities, the educational practices in their school, and by their communities (Matusov, DePalma, & Drye, 2007); each of these also influences the teachers, staff and parents surrounding the child's biosystem.

After interweaving the findings into the ecological framework, I present implications for policy and practice affecting inclusion and quality in early childhood education. I refer to both research and my own interpretations of this study to recommend new pathways early childhood education could follow to build more inclusive programs. I end with a brief conclusion, which includes looking at unconsidered findings, influences at the chronosystem and macrosystem levels, and the implications for future research.

Applying the Ecological Framework

Unlike my literature review, I start the discussion with the level closest to the child, the biosystem or the child's characteristics, because this seemed to be at the heart of the parents' stories. I follow through with each of the following levels: the microsystem, the mesosystem, and the exosystem. I have also, unlike my literature review, separated the micro and mesosystems in to different sections. I may not have easily been able to separate these within the literature but the stories of staff member and parents can more readily be delineated by system level influences and experiences. The exosystem section describes the relationship between the findings from the DAP document analysis.

Biosystem

Parents in this study were concerned about their children's education, concerned about their family's future, but they were mostly concerned for their children. As summarized in the literature review, research has shown that parents have reported making specific decisions for placement based on the disability that their child had (Kasari, et al., 1999). Parents in this study never made specific statements regarding children's disability as a final factor in placement decisions, but they did relate decisions to individual traits, both related and unrelated to the child's disability. Walter's parents decided to move him into a mixed aged group classroom the following school year so he would be exposed to more advanced language models in his peers. Both Olivia and Jacob attended separate, segregated special education half day classes because their parents believed they would receive additional support that they could not get at the CDP. Bailey and colleagues (1998) reported that “professionals and parents are often placed in a position in which inclusion must be weighed against other compelling values.” The parents in this study felt that they often had to choose between disability services and the benefits of being in a classroom with their typically developing peers.

Parents also made judgments based on their children’s emotions. Both Walter and Jacob’s parents prioritized their child’s happiness with a school system, noting that if they were not happy, the child’s learning could be affected in a negative way. Jacob’s parents even removed him from a classroom because they felt he was becoming despondent which in turn affected other aspects of his life adversely. They had originally placed him in this classroom because it was suggested it was where he needed to be to make academic advancements. In the ecologically organized article on inclusion by Odom and his colleagues (2004), the biosystem was only defined by two characteristics, type of disability and severity of disability. To these parents, that was not necessarily the most important factor in their decision making processes.

Odom and colleagues were looking at the biosystemic influences on classroom interactions rather than on parent decision-making, but it is important to recognize that parents are influenced to make decisions (such as with Walter’s and Jacob’s families) based on how happy their child was as a result of those classroom interactions. For the teachers in this study, their relationship with the child was influenced by biosystemic characteristics, but those typically played out in the microsystem and mesosystem. For example, teachers discussed relationships with service providers coming into the classroom, both positive (as with Martha) and negative (as with Caroline). These service providers were only at the CDP to serve a child who had a disability but the interactions or lack of interactions were often more influential than the child's disability itself. With that said, the number of therapies each child had on their schedules was a result of his or her disability. Because Walter had more physical impairments, he was seeing more therapists. His school day was primarily arranged based on his educational *and* his emotional needs. This influenced both his quality of education and the time that his teacher thought she could include him in classroom activities.

The children's communication patterns, based on interpretation of interviews, were all influenced by their disability. Parents and teachers commented on the students' unintelligible or hard to understand speech. So while each had a different diagnosis, they may have experienced similar interactions because they could not exchange information with others. For young children, conversations are short and often based solely on their current needs: emotional expression, wanting a toy, hunger, etc. Children are building conversational skills, for a child who has difficulty communicating even the basic essentials, it seems probable that their quality of life would suffer. This was a concern the parents expressed particularly when discussing their concerns for their children in the future, which also ultimately is tied to societal influences, which are examined within the concluding section.

Overall, children were connected to traits from their disability, but it was only within the context of the whole child. Unfortunately teachers may overlook the whole child and concentrate on what aspects the child's disability brings in their classroom (Baker-Ericzén, et al., 2009). This was brought up explicitly by Ellen but referred to by both Kelly and Holly as well. Fortunately, through interactions with the child in their classroom contexts, one of the child's microsystems, the teacher learns more about whom that child is as a unique individual not just as a disability label. This context and other microsystemic influences are negotiated in the next summary.

Microsystem

The biosystem of the child is in a reciprocal relationship with individuals in his or her immediate life. These microsystems are all the settings that the child participates in directly: home, school, community and others (Fink & Fowler, 1997). Parents influenced their child by the opportunities they provided them outside of the school setting, but this was not of particular interest in this study. Kelly did specifically bring up that in order to expose her children to more diverse populations, she had to go beyond their classrooms and immediate community her children were growing up in. This exposure to diversity was part of her definition of ideal inclusion.

The microsystem influences in this study were extracted from stories within the classroom context or service provider context. Parents discussed their beliefs about what quality and inclusive environments were for their children and how these directly affected their children's education. Some parents described how qualities of teachers could negatively influence their children, primarily coming from examples from experiences with other childcare programs. Some parents did not want teachers to be a model for poor grammar. Others thought that teachers should be regularly engaged with the children's learning rather than just "keeping them from killing each other." Each of these quality indicators was a part of the child's microsystem. Both of administrators also commented on the qualities of "teachers" versus "babysitters."

Parents noted many positive characteristics of teachers including caring and loving teachers. Others mentioned specific personality traits, such as "mama bear," "a pied piper quality," and "motherly"; all three related to care and love for the children. Each was also a factor in describing the relationships between teachers and children. Ceglowski's (2004) study with stakeholders in early childhood care found the trend of comments around "providers who like or love children" as the parents and staff communicated to me. Quality indices such as the ECERS includes somewhat similar standards, such as "Staff show warmth through appropriate physical contact" and "Staff seem to enjoy being with children" (Harms, et al., 2005, p. 61).

Teacher qualities like these were a large part of the overall quality indicators that parents had for their children. Children were then placed in a program that their parents thought was quality thus influencing who the child inevitably interacted with. Overall parents were happy with the teachers their children had at the CDP and the relationships with teachers had with the children. For some of the teachers, two microsystems overlapped, home and school, on a more personal level as they were invited home to babysit. This additional relationship allowed for the teacher to learn more about who the child was at home and then bring that information into the classroom setting.

Another influence on the child's school context was the physical quality of the classroom. For parents, this meant a bright room with lots of activities and safe spaces for the children to play. Jacob's parents thought his classroom was too dark and that more natural light would have improved its quality. Holly thought her son's classroom at the time was exactly how she would describe a quality classroom. All parents wanted materials accessible to children. As part of an inclusive classroom, Jacob's parents wanted a place where he could go decompress and take a break from the chaotic prekindergarten class. Both DAP and the ECERS comment on physical quality for early childhood classroom. For example, a standard in the ECERS is "natural light can be controlled" and ample space for play activities; parents commented on both. Ceglowski

(2004) also found that physical qualities were important to everyone involved in childcare settings including safety, age appropriate material, and low teacher-student ratios.

Teacher beliefs have been shown to directly relate to how the teacher enacts inclusive practices (Arceneaux Rheams & Bain, 2005; Leatherman, 2007; McLeskey, et al., 2001). Teachers in my study described different beliefs regarding their interactions with children with disabilities, which in turn affects the child's classroom environment. Because Martha thought that all students learned following the same developmental principle, challenging yet achievable, she didn't feel she necessarily needed to do anything differently for Walter than for any other child. Yet her description of their interactions was slightly different as she described encouraging him to "use his pointers" and speak clearly. Further, her relationship with his parents was influenced by his disability as she agreed their conversations were regularly around new goals that she needed to be supporting or working on with Walter to improve his speech.

Part of teachers' different enactments of inclusion in their classrooms may have also been influenced by their level of experience. This was commented on by both Jacob's teacher and parents. Arceneaux Rheams and Bain (2005), in their study of teachers in inclusive and segregated settings, found that years of experience working with children with disabilities contributed to their "perceived acceptability, feasibility, and current use of interventions" (p. 53) when thinking about inclusive classrooms. Dan commented on his belief that Caroline's lack of experience in general put Jacob at a disadvantage in the classroom. Caroline also expressed that she knew she would continue to learn. On the other hand, Martha had no hesitation in discussing the specific strategies she used for helping Walter in the classroom and her comfort level in engaging with his parents. McLeskey and colleagues (2001) reported that teachers in their study who were in inclusive settings were more likely to have confusion over their role and function with children with special needs. Caroline, who is in an inclusive setting but had only been teaching for a short time, expressed concern over her what her role was with Jacob and felt that she couldn't get anyone to tell her. Oppositional to this, Martha did not expect to be told.

Relationships between children and service providers could influence the microsystem context for the child and the teacher. Within my study, many discussed their thoughts on whether services could and should be provided within the classroom. Research has shown that incomplete staff awareness of speech services in particular could influence how teachers and therapists work together in a school system (Baxter, Brookes, Bianchi, Rashid, & Hay, 2009). This idea in particular may have affected Caroline's thinking as well as her lack of experience working collaboratively with therapists; although Caroline did see promise for Jacob if they speech therapist had come into the classroom setting. And Martha's positive situation with Walter's therapists was shaped by the therapists she had interacted with overtime. Additionally because Walter's therapist was coming into the classroom, Martha could imitate what she saw the speech therapist doing, and Carrie agreed this was the "purest" form of inclusive services.

Socialization and peer relationships within the microsystem were also influenced by the teachers' perceptions of their role. All of the parents described their belief that teachers should be encouraging children to interact, particularly when a specific aspect of the child's disability was impinging on their ability to play, communicate and make friends. Research has shown that children with disabilities often have a harder time interacting with friends, particularly having sustained interactions (Guralnick, Neville, Hammond, & Connor, 2007) and reciprocity with peers (McCormick, 2006). Their child's disability influenced my conversations about socialization with parents and was part of many of their stories around peers. Parents all discussed with me limited peer interactions outside of the school setting, besides occasional birthday parties and sibling play. This is something that tends to happen for many young children with disabilities (Diamond & Innes, 2001). Both Jacob and Olivia's parents had seen negative examples of peer relationships in their children's classrooms. Olivia had been treated like a "mascot" one year, or a pet more than a peer, but her parents had seen this improve drastically in her most recent classroom. Jacob's teacher and mother commented on him being labeled as "stupid" by other children. And while the teachers commented on their attempts to work with children on socialization, it was not always successful. Suggestions for inclusive classrooms recommend that teachers take a very intentional approach to engaging peers with children who may have difficulty making and sustaining friendships (McCormick, 2006).

Beliefs about inclusion and the necessary intentionality that teachers must have to enact inclusive practices also influence the child's context (Arceneaux Rheams & Bain, 2005). Teachers and parents had slightly different ideas of inclusion. The people around Walter, teachers and parents, seemed to believe that he was included and that just taking developmental approaches a slight step beyond what was necessary for the other children provided an inclusive environment for him. Olivia's and Jacob's families saw that more was needed to provide an optimal inclusive classroom. Each of them defined an ideal of inclusion that they discussed as being unrealistic.

Further, teacher behaviors can directly influence the microsystem including modeling a particular attitude of acceptance towards all children, regardless of diversities, abilities, or any other discrete trait (Diamond & Innes, 2001). Kelly and Scott mentioned their proactive approach of discussing socialization and their goals for Olivia prior to her first day in David's classroom. Martha, Walter's teacher, in collaboration with the therapist integrated his "pointers" so well into the classroom that it became an inside joke with the children in the classroom; not a joke about Walter, but a joke with Walter.

Overall, the microsystem context of the children's classrooms was influenced by the parents' decisions to place them in and keep them in this particular center based on their assessments of what made up a quality center and the teachers' relationships with the children. Finally, some of the specific roles the teachers took on in relationship to the child's disability influenced how inclusion was defined for each particular child. As teachers, parents, administrators and service providers interact and communicate, the child was indirectly influenced on the mesosystem level; these interactions are discussed next.

Mesosystem

The interactions between Caroline and Jacob's service providers indirectly influenced the interactions between Jacob and Caroline. Dan would say that was part of the reason that he saw a lack of interaction between teacher and child. Caroline did not feel comfortable questioning the therapists' strategies, asking for advice, or communicating her concerns. Perhaps this situation negatively affected his educational experience and even was detrimental to the progress he could have made; as his mother stated, "I think his preK year was a wash." But Caroline saw many of her experiences that first year of teaching as a time of growth and felt there where many things she would like to go back and redo.

Parent-teacher relationships, particularly with parents of children with disabilities, are viewed as a highly valued and important piece of children's education (Buysse, Wesley, & Able-Boone, 2001; Petr, 2003). For the most part, both families and teachers talked well of one another. Kelly noted that one key to Olivia's inclusion this year was their communication with her teacher David. They would even show David certain signs based on the week's theme in order to help better include Olivia in group activities. Walter's parents agreed that over the two years Walter had been with Martha and the same assistant teacher, they had developed a very good system of communication. Martha learned a lot about how she could help Walter through regular updates and Holly mentioned how comfortable she was emailing or asking for a conference. Jack commented that his main communication with the teachers was in passing when dropping off or picking up his son.

Jacob's parents, through experiences with different teachers over time, had come to believe that teachers were not truly interested in talking with them or finding out information about Jacob. One strategy for inclusive practices is communicating with families to discover their children's unique qualities and then using those to improve the children's participation in the classroom (Sandall, Hemmeter, Smith, & McLean, 2005). Both Caroline's anxiety and Jacob's parents' previous experiences impeded their developing a relationship that would be most beneficial to Jacob in the classroom. Sometimes even well known best practices are overlooked due to contextual influences.

Ellen did feel comfortable talking with Carrie because of the bond that they had created and sustained through communication over Jacob's time at the CDP. The administrators' relationships with parents were an important piece of the mesosystem for these families. Laura discussed that her role with the families was limited while it was the most important piece of the role Carrie described for herself. It was possible that each of these administrators was operating under different family frameworks. Mandell and Murray (2009) described findings from a qualitative study with early intervention administrators that related a participants' level of knowledge of family-centered practices to their likelihood of engaging families in more systematic ways (governance, trainings, etc.). While I did not assess family-centered knowledge, I do know that the director of the center was responsible for more the administrative and center-wide issues that may have concerned families. These types of situations could have brought about more confrontational experiences due to disagreement with a particular policy or practice than with the assistant director, whose role was more family support.

Administrator's views on policy around quality and inclusion were also an influencing factor with the CDP. Both of the administrators believed that inclusion was important, but that the program was not at a place where they felt they could make a commitment to children with disabilities beyond providing them a slot for priority enrollment. Part of the issue with inclusion in the center revolved around this slot and what it meant for children, parents, and teachers. Each person I asked described that the slot had something to do with children with disabilities, but none gave the exact same answer. Administration can provide a top down belief system for inclusion by initiating inclusive language and practices with families, teachers and policies regarding inclusion. Right now, the CDP was still trying to sort out where they could go with inclusion and whether or not it was feasible to have "pure inclusion" as Carrie noted. The "slot" as the definition of inclusion for the CDP is currently what many programs rely on, but this was not what many parents wanted and hoped for their children. As Guralnick (2001) noted, inclusion is full participation of child with disabilities; activities are adapted based on the children's needs and on goals within a general early childhood curriculum. This definition is quite a bit beyond what administrators and some parents reported as currently occurring within the CDP.

Teacher-administrator relationships were reported as being particularly helpful, both for teachers and for the directors. The director was able to use staff feedback as a means to improve quality at the center and to keep providing an up to date learning experience for the student interns. The teachers in return felt comfortable and welcomed to talk to Carrie any time they had a problem. Part of Carrie's role within the CDP was to observe teachers regularly and provide feedback as well. She also attended any meetings for children with special needs and their services along with the teachers and parents, supporting them all in the process.

Administrators set the tone with the mission and goals for the center which directly influences staff working with them (Essa, et al., 2008; Nylander, 2009). Both directors commented that they would like to have more support for the children with disabilities, but did not have the funding streams to do so like the program had been able to do in the past. Paul-Brown and Caperton (2001) noted that "necessary resource allocation is dependent on the administrator's understanding the value of inclusive practices…and the potential benefits for young children…" (p. 455). And while the administrators believed that inclusion was positive and something they believed in, it was not a priority. Laura further noted that she would like to rework the programs policies to cover exactly what they mean by inclusion and by the special needs slot, but it had not been done at the time of the interviews.

Overall, administrators played an important role in shaping the mesosystem within the children's school system. Each of these children was admitted because they had a diagnosed disability. Parents' relationships with the administrators were influenced by the admission policies, including confrontations based on enrollment for their other children. Teachers and administrators provided support for one another when problems arrived as well as when new information could be utilized in the teachers' classrooms. Inclusive services were further influenced by the administration and their recognition of the current resources available to the CDP at the time.

Exosystem

Because the policies within the CDP directly influenced and constructed the relationships of the parents and administrators and indirectly influenced the children in the classrooms, I discussed them within the mesosystem. Others have considered administrative decisions in general to be part of the exosystem (Odom, et al., 2004). For the purposes of my study, larger overarching policies and suggested practices that were located within the exosystem primarily included discussions around developmentally appropriate practice (DAP). The decision to use DAP within the center as was noted on the CDP's website was made previous to the start of the current administration. But Laura and Carrie wanted to continue with this style of care that they and the larger early childhood field considered as quality. The CDP administration further emphasized the importance of DAP as they were completing the NAEYC accreditation process at the time of the interviews, and received accreditation shortly after the interviews were completed. As discussed in the literature review, having NAEYC accreditation is seen as a stamp of approval and an indicator of quality to many in the early childhood field.

Although not a large finding in my study, parents and administrators did locate diversity in their definitions quality and/or inclusion. From the DAP document analysis, I found that diversity is also lumped together with inclusive practices. Remember that diverse learners in the DAP position statement included any child who did not fit the developmental norm such as those with differences in ability levels *or* cultural and linguistic differences. Many others in the ECE field have previously noted that DAP may not serve all “diverse learners” equally well due the reliance on normalized standards of development (Cannella, 2002; Graue, 2008; New & Mallory, 1994). These groups are not one and the same and although individualization and accommodations in a classroom as often prescribed for children with disabilities would most likely aid in all children's learning the literature on practices related to each are separated in the early education field. Further, the necessary grouping of children who are English language learners with children with diagnosed disabilities could potentially label children unnecessarily. Children who are learning English as a second language may be labeled as having speech delays due assessments given in their non-native language or referred to specialists because a teacher cannot understand their spoken language (Toppelberg & Shapiro, 2000). The children need support and understanding as they began to explore using this new language and their first language in new contexts (De Houwer, 1999). This support would not necessarily entail the same adaptations or specialists as a child who actually had difficulty with expressive or receptive language due to a disability or developmental delay.

Discussions around what was developmentally and/or age appropriate for young children guided much of what teachers described in their teaching strategies. Parents could not recall ever hearing the term DAP and did not use this as indicator of quality, or of inclusion for that matter. Once I brought it up in the interview, parents went on to describe that they assumed it was related to making education customizable to children, as Kelly put it, "Whether they're normal abled kids or special needs kids." They all related it to skills, but skills that included children with disabilities within the range of what would be appropriate. Kasari and colleagues (1999) found that while parents may not be making decisions or think much about developmentally appropriate teaching strategies, they may see "the general education classroom as the best setting for their child to model age-appropriate behaviors" (p. 297). Both Jacob's and Walter's parents did bring this up when specifically referring to language production. Jacob's mother continued to explain that yes she wanted the peers as models but more important to her was for Jacob to participate in those activities with his peers.

This was in contrast to teachers' descriptions that tended to stay within age-related norms for activities. Their statements for the most part sounded inclusive, and I believe that they thought they had inclusive classrooms Martha even commented that she thought all of her children were "inclusion children"; meaning that, a child was not inclusive just because they had a disability. Providing an example based on age-related norms, Martha discussed working with children to use scissors. She made the assumption that this is a skills that every child would be able to do and that every child would learn it within the context of the classroom. She did not refer to children who may not have the physical capability to cut with classroom scissors or a child who was advanced in using scissors. Some of this is influenced by experiences that teachers have had with children with disabilities (McDonnell, et al., 1997), but it is also influenced by teachers' use of and application of developmental norms as prescribed by the DAP position statement (Sexton, et al., 2002; Wolery & Bredekamp, 1994).

Parents and teachers saw benefits of DAP in the classroom, but based on different definitions. Through the DAP document analysis, I found that the strategies for diverse students were not specified by what made them "diverse" and did not explicate on how children with disabilities could be a part of an inclusive classroom that follows DAP. In the following section, I discuss implications for both the findings on quality and inclusion within the CDP and the DAP document analysis. I further recommend possible expansion on policies and practices to encourage programs like the CDP to listen to the voices and experiences of families when thinking about quality inclusion.

Implications and Recommendations

In this section I concentrate on implications from my findings and based on my discussion of the findings within the research. First I discuss how the contributions from the

DAP document analysis could contribute to expanding this practice; including thoughts on how the parent perspective could be influential in thinking about policies defining quality childcare. Second I make more specific recommendations for early childhood centers and teachers specifically on involving more consistent feedback when making small or large decisions affecting a center's inclusive policies.

Expanding Normative Policy

I have taken a systematic approach to assessing DAP's language around disability; some of the findings are not new to the ongoing DAP debate. After the first publication of the DAP position statement, Carta (1995) discussed some of the philosophical similarities and differences between early childhood special education (ECSE) and DAP, which included thoughts on individualization. While the DAP position statement discusses individual learning to an extent, the term needs to be expanded to meet the needs of children with disabilities in inclusive classrooms. Oftentimes, a variety of things related to instructing a child with a disability will need to be individualized from assessments to activity modifications to socialization (Filler & Xu, 2006). Although an educator can learn about general strategies for inclusion, it is important to stress that the level of individualized support will never be generalizable, not by disability type, classroom type, or age of child. This is one item that DAP authors and practitioners may need to take a closer look at to effectively guide and teach all children in an inclusive classroom. One larger issue as Purdue (2009) suggested is that policies and statements such as DAP may inadvertently discourage quality inclusive services because of the lack of specificity regarding serving children with disabilities.

The DAP position statement emphasizes to readers that it is important to consider the needs, strengths, and goals of children who have a disability or "special learning needs." DAP communicates that individuality is an important aspect in helping all children learn and that accommodations may be necessary due to the developmental variation of children. To a reader who comes from a special education background or is familiar with special education approaches, DAP may seem too abstract, and lacks the cross-disciplinary ideas needed for individualization in inclusive classrooms (Sexton, et al., 2002); not just for children with disabilities, but for any child with a difference from the norm (i.e, 'diverse learners') (Grieshaber, 2008). For educators who are familiar with early childhood education, the abstractness of DAP may not provide sufficient support. With that said, I understand that this was not the intention of the DAP position statement. Due to the fact that inclusion is becoming more frequent in ECE, additional exposure to supporting children with disabilities within the guiding document in early childhood education could increase educators' awareness and confidence in practicing inclusive education.

With this increase of inclusive classrooms (Baker-Ericzén, et al., 2009), it seems not only plausible but unquestionable that teachers will be making their own connections between DAP and inclusive or special education practices. There are many teacher preparation programs springing up at universities around the country that combine special education and general education or child development in early childhood, but this is not to the benefit of teachers who are already in the classrooms and have been teaching for quite some time. DAP and philosophies in ECSE are not at polar opposites in approaches but teachers may feel that the supports necessary for children with disabilities must come from a specialist rather than from within their own knowledge base. Taking these thoughts further, DAP and inclusive strategies have actually grown more connected over time than perhaps is often recognized or has been straightforwardly pointed out by those in ECE (Fox, et al., 1994). The systematic teaching strategy of using natural learning opportunities to embed children's goals is deeply connected to classroom or child routines and a child's strengths and interests (Dunst, Herter, & Shields, 2000) – one of the primary goals of DAP. Still, in the literature, this type of instructional strategy remains in conversations around children with disabilities rather than a way to engage any child in a classroom setting. The Division for Early Childhood (DEC), a division of the Council for Exceptional Children, and other special education outlets regularly publish articles (Baker-Ericzén, et al., 2009; Odom, et al., 2004) and texts (e.g., Sandall & Ostrosky, 2000) around supporting children with disabilities but these may not be as accessible to or sought out by general ECE teachers, thus further limiting their exposure to inclusive practices. For example, DEC has recently published a monograph in its series *Young Exceptional Children* titled "Quality inclusive services in a diverse society." This short, easy to read text includes a chapter on how teachers can effectively use DEC's recommended practices in the early childhood classroom (Smith, et al., 2009).

While those like me who anxiously awaited the collaborative document from NAEYC and DEC (DEC/NAEYC, 2009) read its suggestions for including young children with disabilities in ECE classrooms without delay, others may not have held my excitement. And while this collaborative document is a quick, brief response to inclusion in ECE, it does not provide the depth necessary to actually support a child with a disability in a classroom following DAP. It conveys philosophical underpinnings of inclusion and rights for children with disabilities rather than concrete examples that teachers could implement immediately. There is a need for these documents to either tie their goals together within each statement, or more preferably include the suggestions within the inclusion document within the DAP position statement as well as inserting additional practical strategies for teachers. As I noted in the literature of this paper, it is only when the leading organizations in our field stop separating children with disabilities from those without that the practices may begin to match the policies.

Referring to documents as actors in the social world, Prior (2008) notes that a document's "substance as displayed on the inert page is of only secondary concern" (p. 125). Prior's interpretation resounds with the DAP position statement because before fully understanding its usefulness with inclusive practices, it must be interpreted by those who apply it, in both their action and words. In allowing for teachers to both act out (observations) and describe (interviews) their interactions with DAP and inclusion, I have taken a small next step by exploring how the two are described in action in a personalized and situated context. In my study with CDP constituents, DAP was a defining feature of quality for teacher but not considered by parents. While there are other indicators of quality in ECE (e.g, ECERS), parent perceptions should become a new standard. Parent input and family-centered practices can improve both quality and inclusion within a center and be used as a localized assessment for practices. This idea is discussed next.

Implications for Practice

Until DAP is tied directly to children with disabilities and moved away from strictly norms-based approaches to teaching, teachers will be expected to create inclusive environments based on their experiences and trainings in supporting children with disabilities. Bergen (1994) notes that teachers often use their knowledge of DAP to make adaptations for children. My concern with this, and a concern voiced by others in the field, is how far a teachers' experience and knowledge of normal or typical child development can take them when a child may need the teacher to think outside of that traditional box (Grieshaber, 2008).

Based on the practices reported by the teachers and families interviewed at the CDP, my main concern would focus on children's socialization and peer relationships in the classrooms. While most of the children are starting to form or have developed relationships with peers in their classrooms, there were specific reports of negative behaviors coming from within peer groups. One primary issue that could be associated with this was the teachers' lack of training around intentional practices to support connections between children with and without disabilities. While the teachers did describe some examples of teaching social skills, they were more general than explicit to the child with a disability in their class. Martha did mention that she tried to "translate" for Walter when his peers had difficulty understanding what he said. And Caroline discussed explaining to peers that Jacob was not stupid but had many abilities.

All of these children had, in my opinion, what I call "fly under the radar" disabilities. Jacob's mother described this when she discussed how Jacob could be completely ignored in the classroom by the teachers because he really wasn't causing any disturbances and didn't have any attention-getting behaviors that needed to be addressed immediately. For the most part, these children were content in their educational settings and the teachers and parents saw them as happy. Their socialization or really their lack of socialization could have been overlooked because it was not an immediate demand. Likewise, Hollingsworth and Buysse (2009) found that some of the strategies both parents and teachers used to help friends interact may have been incidental rather than intentional. And similar to my study, the authors reported that while there were harmonious interactions between children with and without disabilities in the classroom, some of the communication between school and home may have impeded the classroom socialization strategies. Further, the idea that many friendships occur naturally for children, using the framework of a child-directed classroom as in DAP, could sway teachers from interfering in the children's peer relationships.

The literature in peer relationships for children with disabilities provides suggestions and research-based best practices to help children with disabilities connect with their peers. Some suggestions are simplistic such as encouraging talkative children to sit with shyer children at mealtimes (Ostrosky & Meadan, 2010). But usually to help children form enduring friendships, even more directed and intentional practices will be necessary. One resource is the social emotional development pyramid from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL, n.d.). This pyramid helps teachers think about social emotional development by levels of necessary interventions or supports based on a child's needs.

Teachers' goals in the classroom may or may not already include basic social skills for children to practice, such as sharing, awareness of others and conflict resolution, but each of the typical teaching strategies may have to be increased or altered for children with disabilities. Further children should be taught about one another's unique qualities in a positive light. Books and materials within the classroom setting should include characters of different backgrounds, lifestyles, family systems, abilities, and cultures. This exposure to differences as an accepted piece of their community can influence children's appreciation and understanding of one another (Ostrosky & Meadan, 2010). Teachers may even have conversations in large groups about specific skill sets that children use. For example, sign language was discussed in Olivia's classroom as an alternative way for communication and signs were sometimes integrated into specific lessons or weekly themes. Teachers may also have to prepare group lessons to make sure and accommodate a student's particular communication method. For example, if Jacob was not able to produce a complete sentence to respond to a circle time question, the teacher could be prepared to give Jacob choices or a yes or no question to simplify or modify his expectations in that activity. Some of the motivations for participation in group activities for children can come from increased communication with the families of children with disabilities.

Teachers and administrators in this program conveyed not only the importance of communication between one another, but also that they felt there were opportunities to communicate with one another. These opportunities were particularly useful for discussing issues as they arose as well as providing and exchanging information in order to stay up to date on practices in the classroom. Administrators brought in trainings for teachers based on their regular observations within the classrooms. They also asked teachers to provide them with particular areas where they saw a need for improvement or needed to learn more about in order to successfully integrate the topic into their classroom.

Another way to improve upon a specific center’s quality and inclusion goals is to involve the families in specific conversations. Many times directors or administrators may not question the status of contentment of the families and assume because their waitlist stays full, they are doing their jobs appropriately. In any profession, it is advisable to try and take a step back and ask “How do I know this is going well?” And for a childcare program, “How do I know my families and children are getting what they need?” This can be difficult and requires both self and holistic assessment. This study has shown that there are many aspects of the CDP that were reviewed as high quality and that the families were happy with their child’s placement there. But there was quite a bit of room for improvement within so called quality inclusive practices. Centers like the CDP that have achieved all of the highest quality indicators (over a score of six on the ECERS, NAEYC accreditation, a state Center of Distinction) may forget that what is truly important are the influences they have over the children in their center. Who decides what is best for these children? Is it only based on the singular fact that they are enrolled in a “quality” center thus must be receiving the best education possible? Perhaps not. Because children with disabilities are typically left out of or are a side note within these standards of what is quality, there needs could be overlooked or downplayed, forcing parents to have to decide if developmental progress is more important than quality classrooms. In her book “Deconstructing Early Childhood Education,” Canella (2002) challenges early childhood professionals to assess the knowledge they have and use in the classroom:

> The assumption that particular knowledge is worth more than other knowledge privileges those who possess that chosen information, those exclusive skills. The notion creates a hierarchy in which that all-important knowledge is chosen (or discovered) by a particular group and others are expected to yield to the power groups decision” (p. 100).

Are teachers and professional ever given an opportunity to question this knowledge that has been handed to them as the “truth” in early childhood settings? Incorporating family perspectives into the knowledge used to shape center policy and decisions could be a first step to contextualizing and thinking about other sources of knowledge to learn from. This is not a new idea but one the Bronfenbrenner stressed (1979). Bronfenbrenner recommended that linkages be developed between children’s multiple settings or microsystems. Teacher-family or even school-family communication is an important precursor to a child’s success in academic settings. Further parents can play a large role in preparing children for school prior to their enrollment. Both parent and teacher can continue to build a child’s positive growth and develop in the school and home setting by ensuring “valid information, advice, and experience relevant to one setting are made available, on a continuing basis, to the other” (Bronfenbrenner, 1979, p. 217).

Future Directions

The participants in my study conveyed their experiences around having their children a part of the CDP. The families in particular discussed some topics that I had not originally considered as part of my literature review. Next steps for my research may be to reassess the data based on the implications of the chronosystem and macrosystem. The chronosystem influences can be changes and adaptations overtime as their child moves through different microsystems. Further, examination of the chronosystem level could include the various movements in education as priorities of serving children with disabilities waxes and wanes. Specifically exploring how the resources follow these educational changes and movements in inclusive policy and practice. This could even be a localized investigation for centers like the CDP whose parents and staff were influenced by the presence of a fully dedicated inclusion coordinator in the past. Once this position was removed due to financial constraints, parent and staff were forced to compare and contrast the services the children were receiving now to what they were when the support was more readily available.

Changes within the macrosystem are difficult overall and what Bronfenbrenner referred to as “transforming experiments” which systematically alter or restructure existing ecological systems (p. 41). Macrosystem changes in a transforming experiment may not be on the immediate horizon for my own research agenda, but exploring and documenting the results of the changes that do occur at the societal level could influence micro and mesosystem decisions parents make. I briefly discussed the macrosystem influences when describing implications around exposing children to diversities through classroom materials, but parents’ macrosystem concerns focused on fears and hopes for their child’s futures. Because of experiences with individuals with disabilities in their lives before their children were born or because of recent experiences when their child had been teased, parents were anxious about the negative attention their children may receive as they and their peers grow and begin to recognize the children's differences. This fear was particularly focused on concerns for their children being able to clearly express themselves when communicating. In an age of school shootings, increased bullying at school, and the addition of cyberbullying, children without apparent disabilities face scrutiny at the hand of their peers; what does this mean for children with disabilities, specifically those who sound or talk differently than their peers?

Only time will tell could be a response to both chronosystem and macrosystem concerns for these particular families, but continued research on these systemic influences could help guide the next families trying to make decisions for their young children. Today programs defined as quality through NAEYC accreditation and global assessments such as the ECERS/ITERS are pulled in many directions to meet standards, to meet the needs of their families, and to provide what they believe is the best service possible. Is it time to take a step back from the normative developmental approaches and examine what is most important to the families you serve? In this center, I would say yes. If there is a commitment to enrolling children with disabilities, then there must be a commitment to providing the highest quality programming for *all* children at the center. Inclusion in the ideal form goes beyond following developmentally appropriate practices to truly individualizing education for all children. Will this take a lot of work and will more education and training be necessary? Of course, but aren't these children worth it?

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APPENDICES

Appendix A: Interview Guide for Parents of Children with a Disability

Note: Topics may be merged based on the families' preference of number of interviews they would like to participate in and individualized based on their child's current classroom and developmental age and stage.

Demographic information:

Who lives in the household with you? (Siblings, extended family, etc?)
    Ages of siblings?

Child was adopted? From where? Siblings adopted?

Parent professions?

Primary responsibility for caring for children or share?

Child's diagnosis and disability related traits?

Education/Academic support child receives currently & in the next school year?

Interview One

1. Tell me about your child and family

2. When did you know you would need extra support for your child's educational success?

3. Tell me about your child's life at home with family.
    A. Tell me what you and your family do to help your child learn at home?
    B. What type of information do you communicate with your child's school?
        1. How does the school use the information you provide about your child?

4. Tell me about where you go to get information about early childhood education.

5. What educational experiences has your child had up until today (schools/classes have they been enrolled in).

6. Tell me about the services your child receives outside of school or within the school system?
    A. Follow-ups may include questions regarding services in the classroom versus out of the classroom

7. Tell me about the hopes and dreams you had for your child now when they were born/younger.

8. What does quality early childhood care or education mean to you?
    A. What does it look like?
    B. Have you ever heard of the term developmentally appropriate practice?
    C. What would “developmentally appropriate practice” mean to you?

9. What does inclusion mean to you?
    A. What does it look like?
        In Education?
        In other aspects of life?

10. Tell me about your child’s relationships their peers in and outside of school.

11. Tell me about the relationship your child has with their teacher.

12. Tell me about the relationship that you have with the child’s school (teachers, administrators, and support staff).

Interview Two

1. In our last conversation, we spoke about your child’s current educational placement. Tell me about choosing the current school.
    A. What factors where used when making your decision?
    B. How much did teacher training about your child’s specific disability factor into your decision?
    C. What type of questions did you want answered before making a final decision?

2. Tell me about your favorite things about the CDL.
    A. What if you could would you change (have changed) about the CDL?

3. Would you describe your child’s current classroom as high quality?
    A. What does an inclusive classroom look like to you?

5. Would you describe your child’s current classroom as inclusive?
    B. What does a high quality classroom look like to you?

6. What are you current concerns for your child?
    A. Related to Education.
    B. Related to emotional health
    C. Related to socialization

7. How important to you is it that your child is enrolled in an inclusive classroom?

8. How important is it to you that your child is happy in their current classroom versus how much academic support they are receiving?

9. What do you and your child do at home?
    A. Tell me about any learning activities you and your child engage in at home.

10. What are you current hopes for your child?

Interview 3

1. Tell me how the school year has gone for your child. For your family.

2. Have you made any recent changes for your child's services or education?
    A. What are the reasons for these changes?

3. What will you change in the future?
    A. What are the reasons for these changes?

4. What do you think your child has learned in their classroom this year? Socially/Emotionally/Academically…

5. What are your concerns for your child in the future?

6. What are your hopes and dreams for your child in the future?

Other follow up questions for the final interview (and possibly previous interviews) will be added to individualize on each family's situation.

Appendix B: Interview Guide for Teachers or Other Educational Professionals

- Tell me about your teaching strategies in the classroom.
    - Do your strategies differ from one child to the next or do you support all children in similar way.

- Tell me about the best thing to you at the CDL; your favorite thing about working here.
    - What would you change about the CDL if you could change anything

- Tell me about your training/classes before you became a teacher.

- What does high quality child care or early childhood education mean to you?
    - Tell me about developmentally appropriate practice.
    - Do you think this is a part of quality care? Why or why not?
    - How is DAP used in the classrooms here?
    - *Show DAP document.* Have you ever seen or read this document? How recently? Was it helpful in understanding DAP?

- What does inclusion mean to you?
  What does that look like?

- Tell me about staying up to date on early childhood education practices and guidance.

- Tell me how you learned about inclusive services.

- Do you think inclusion and high quality care work together? Why or why not?

- What does it mean to say that a child has a disability?

    - Do you have to have a child in your classroom to call it inclusive?

- Do you do anything differently when preparing for a class that will have a child with a disability? Tell me about it.

- Tell me about supporting a child with disability in your classroom
  Specifically about *child*

- Tell me about how the center you work for supports you in your classroom.
  In supporting an inclusive classroom.
  For the current child(ren) with a disability in your classroom.

- What are your hopes/dreams for *child* in the future?

More specific questions:

- Tell me about *child*
- What are your goals for *child* currently (for this past year)?
- Tell me about *child's* relationship with peers in the classroom.
    - Can you tell me a story about a time that *child* interacted with their peers?
- Tell me about your relationship with *child.*
- Tell me about your relationship with *parents of child*
- Do you get any supports from outside service providers in your classroom?
    - Tell me about your relationships with outside services providers for *child.*

Demographic information:
How long have you been teaching?
How long have you been working at the CDL?
How long have you had children with disabilities in your classroom? Every year?
Ask about education if didn't discuss earlier…

Note: Question will be added and/or adapted based on the individual child and the age level the teacher instructs. Also, variations of questions will exist in order to explore each child's and teacher's story.

Institute on
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The University of Georgia

Appendix C: Recruitment Letters for Each Family

Dear _______________,

It was so wonderful to meet you both (briefly) at _____'s Team Meeting at HT Edwards back in December. What an opportunity to see parent advocates in action!

I would like to introduce myself to you both a little more and discuss some future opportunities for getting to know you, _____, and your journey in education a little better.

As I briefly mentioned at the meeting, I am a doctoral student at the University of Georgia. I am in the Department of Child and Family Development and do my research/graduate assistantship with the Institute on Human Development and Disability. I graduated with my undergraduate degree in psychology and early intervention from Clemson University. My Masters, completed here at UGA last year, is also in Child and Family Development with a focus on family involvement for families with a young child with a disability. I have most recently taught the Child Guidance and Parental Education course for undergraduates here at UGA.

For the past 2 semesters, I have voluntarily taught a course for the Institute on Human Development and Disability that focuses on approaches to inclusion in early childhood education. Collaborating with the Child Development Lab at McPhaul administrators, Lori Maerz and Amy Kay, a course was created to involve undergraduates in inclusion activities for children with disabilities or at-risk for disabilities. The students have provided great feedback from the experience and the teachers received some support in providing a high quality inclusive child development experience. The main purpose of this course is to make sure that we can meet many of ______'s goals in the setting of the classroom within the activities he enjoys.

Through my experiences with the Child Development Lab, I have become engaged in the experience of inclusion. I am hoping to work closer with a few families in particular and explore parents', teachers', and children's understanding of inclusion, therapists, and classes in their life.

I would love to have your family participate in this process. I am starting to work on the proposal for my dissertation and feel like your family could contribute so much to the understanding of the educational process for a family with a child with a disability. This would involve occasionally observing and engaging with _______ in the classroom, speaking with teachers and other education staff (such as his therapists), and interviewing you a few times during the Spring... or longer if needed.

This is not an official consent form, but I wanted to approach you in hopes of adding you to the proposal I am currently in the process of writing. This would be a research study and would have to be approved by the Child Development Lab and the University of Georgia, as well as my dissertation committee and is completely voluntary. I would love to talk to you about this some more and answer any questions and clear up any concerns. Please contact me at kgregg@ihdd.uga.edu or 864-506-3084 (cell) / 706-542-4824 (office).

Sincerely,
Katy L. Gregg

Institute on
Human Development
and Disability
The University of Georgia

Dear _______,

It has been so wonderful to be a small part of ______'s life over the past year and see her progress.

I would like to introduce myself to you both a little more and discuss some future opportunities for getting to know you, ______, and your journey in education a little better.

As you probably know, I am a doctoral student at the University of Georgia. I am in the Department of Child and Family Development and do my research/graduate assistantship with the Institute on Human Development and Disability. I graduated with my undergraduate degree in psychology and early intervention from Clemson University. My Masters, completed here at UGA last year, is also in Child and Family Development with a focus on family involvement for families with a young child with a disability. I have most recently taught the Child Guidance and Parental Education course for undergraduates here at UGA.

For the past 2 semesters, I have voluntarily taught a course for the Institute on Human Development and Disability that focuses on approaches to inclusion in early childhood education. Collaborating with the Child Development Lab at McPhaul administrators, Lori Maerz and Amy Kay, a course was created to involve undergraduates in inclusion activities for children with disabilities or at-risk for disabilities. The students have provided great feedback from the experience and the teachers received some support in providing a high quality inclusive child development experience. The main purpose of this course is to make sure that we can meet many of ______'s goals in the setting of the classroom within the activities she enjoys.

Through my experiences with the Child Development Lab, I have become engaged in the experience of inclusion. I am hoping to work closer with a few families in particular and explore parents', teachers', and children's understanding of inclusion, therapists, and classes in their lives.

I would love to have your family participate in this process. I am starting to work on the proposal for my dissertation and feel like your family could contribute so much to the understanding of the educational process for a family with a child with a disability. This would involve observing and engaging with _____ in the classroom, speaking with teachers and other education staff (such as his therapists), and interviewing you a few times during the Spring… or longer if needed.

This is not an official consent form, but I wanted to approach you in hopes of adding you to the proposal I am currently in the process of writing. This would be a research study and would have to be approved by the Child Development Lab and the University of Georgia, as well as my dissertation committee and is completely voluntary. I would love to talk to you about this some more and answer any questions and clear up any concerns. Please contact me at kgregg@ihdd.uga.edu or 864-506-3084 (cell) / 706-542-4824 (office).
Sincerely,
Katy L. Gregg

Institute on Human Development and Disability
The University of Georgia

Dear ___________,

I would like to introduce myself to you both discuss some future opportunities for getting to know you, _____, and your journey in education a little better.

I am a doctoral student at the University of Georgia. I am in the Department of Child and Family Development and do my research/graduate assistantship with the Institute on Human Development and Disability. I graduated with my undergraduate degree in psychology and early intervention from Clemson University. My Masters, which I completed at UGA last year, is also in Child and Family Development with a focus on family involvement for families with a young child with a disability. I have most recently taught the Child Guidance and Parental Education course for undergraduates here at UGA.

For the past 2 semesters, I have voluntarily taught a course for the Institute on Human Development and Disability that focuses on approaches to inclusion in early childhood education. Collaborating with the Child Development Lab at McPhaul administrators, Lori Maerz and Amy Kay, a course was created to involve undergraduates in inclusion activities for children with disabilities or at-risk for disabilities in their classrooms. This is the course that provided a student to work on inclusion activities with _____ this past Spring and will again in the Spring of 2009. The undergraduate students have so far provided very positive feedback about their experiences and the teachers have received some support in providing a high quality inclusive child development experience. The main purpose of this course is to make sure that we can all meet ______'s goals in the setting of the classroom within the activities he enjoys.

Through my involvement with the Child Development Lab, I have become engaged in the experience of inclusion. I have had the opportunity to work closer with one family in particular and explore parents', teacher's, and child's understanding of inclusion, therapists, and classes in their life.

I would love to have your family participate in this process. I am starting to work on the proposal for my dissertation and feel like your family could contribute so much to the understanding of the educational process for a family with a child with a disability. This would involve observing and engaging with ______ in the classroom, interviewing with teachers and other education staff (such as his therapists), and interviewing you a few times during the Spring… or longer if needed.

This is not an official consent form, but I wanted to approach you in hopes of adding you to the proposal I am currently in the process of writing. This would be a research study and would have to be approved by the Child Development Lab and the University of Georgia, as well as my dissertation committee. I would love to talk to you about this some more and answer any questions and clear up any concerns. Of course your participation is completely voluntary. Please contact me at kgregg@ihdd.uga.edu or 864-506-3084 (cell) / 706-542-4824 (office). I am often at the Child Development Lab and would be happy to be there when you are picking up or dropping off _______.

Sincerely,
Katy L. Gregg

Appendix D: Parent Consent

Child Development Lab
at the McPhaul Center
Department of Child & Family Development
College of Family and Consumer Sciences
University of Georgia

Institute on
Human Development
and Disability
The University of Georgia

I, _____________________, agree to take part in a research study titled *"Defining quality in early childhood education and inclusion,"* which is being conducted by Katy Gregg in the Department of Child and Family Development at the Institute on Human Development and Disability (706-542-4824) under the direction of Dr. Zolinda Stoneman (706-583-0548) and Dr. Mariana Souto-Manning (706-542-1297). My participation is voluntary; I can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits to which I am otherwise entitled. I can ask to have information related to me returned, removed from the research records, or destroyed.

The purpose of this study will be to explore how inclusion is perceived and defined by parents with a child with a mild or moderate disability. Further, the perceptions and definitions of inclusion and high quality early childhood education of the educational professionals who are engaged with my child will be a focus of the research. My child and my child's early childhood center may benefit by the increased focus on inclusive strategies and conversations regarding what high quality childcare and inclusion look like. I may directly benefit from reflecting on my child's educational journey thus far and considering its implications for future educational endeavors.

If I agree to take part in this study, I will be interviewed one to three times during the Spring and Summer 2009. These interviews could last between 30 minutes to two hours. With my permission and based on our preference, I will interviewed in my natural home, child's school, and/or other community settings as I interact with my child. Interviews will be audio recorded and later transcribed. These recordings and transcriptions will be transferred into a password protected computer file. The recordings will be destroyed three years after the study has been completed. Any individually identifiable information revealed during interviews will be kept confidential unless required by law. Only members of research team will have access to the information collected. No stresses or discomforts are expected.

The researcher will answer any further questions about the research, now or during the course of the project, and can be reached by telephone at: 706-542-4824 or by email at: kgregg@ihdd.uga.edu. My signature below indicates that the researchers have answered all of my questions to my satisfaction and that I consent to my family's participation in this study. I have been given a copy of this form.

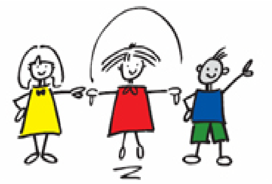
Katy Gregg________________ ______________________ ____________
Telephone: 706-542-4824 Signature Date
Email: kgregg@ihdd.uga.edu

___________________________ ______________________ ___________
Name of Participant Signature Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

Appendix E: Guardian Consent



Child Development Lab
at the McPhaul Center
Department of Child & Family Development
College of Family and Consumer Sciences
University of Georgia

Institute on
Human Development
and Disability
The University of Georgia

I agree to allow my child, ___________________, agree to take part in a research study titled "*Defining quality in early childhood education and inclusion,"* which is being conducted by Katy Gregg in the Department of Child and Family Development at the Institute on Human Development and Disability (706-542-4824) under the direction of Dr. Zolinda Stoneman (706-583-0548) and Dr. Mariana Souto-Manning (706-542-1297). I do not have to allow my child to be in this study if I do not want to. My child can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits to which she/he is otherwise entitled. I can ask to have the information related to my child returned to me, removed from the research records, or destroyed.

The purpose of this study will be to explore how inclusion is perceived and defined by parents with a child with a mild or moderate disability. Further, the perceptions and definitions of inclusion and high quality early childhood education of the educational professionals who are engaged with my child will be a focus of the research. My child and my child's early childhood center may benefit by the increased focus on inclusive strategies and conversations regarding what high quality childcare and inclusion look like.

If I allow my child to take part, my child will be asked to play and learn as they always do. The researcher will be observing in my child's classroom about once a week in order to take fields notes and document interactions among children with and without disabilities. The researcher will be observing in the classroom during the Spring and Summer of 2009. Any individually identifying information collected about my child will be held confidential unless required by law.

The minimal risk within this study includes added attention to my child within the home and classroom setting, but the discussions are more likely to improve services and support for children with disabilities in early childhood settings overall and in my child's immediate setting. If any concerns are observed as being cause by the researcher's presence, parents and teachers will be notified and consulted and changes to the project will be made immediately such as only observing from the observation booth where the child would not be able to see the researcher.

The researcher will answer any further questions about the research, now or during the course of the project, and can be reached by telephone at: 706-542-4824 or by email at: kgregg@ihdd.uga.edu. My signature below indicates that the researchers have answered all of my questions to my satisfaction and that I agree to my child's participation in this study. I have been given a copy of this form.

Katy Gregg________________	_______________________	____________
Telephone: 706-542-4824 Email: kgregg@ihdd.uga.edu	Signature	Date
___________________________	_______________________	___________
Name of Parent/Guardian	Signature	Date

Please sign both copies, keep one and return one to the researcher

Additional questions or problems regarding your child's rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

Appendix F: Educational Professional Consent

Child Development Lab
at the McPhaul Center
Department of Child & Family Development
College of Family and Consumer Sciences
University of Georgia

Institute on Human Development and Disability
The University of Georgia

I, ____________________, agree to take part in a research study titled "*Defining quality in early childhood education and inclusion,*" which is being conducted by Katy Gregg in the Department of Child and Family Development at the Institute on Human Development and Disability (706-542-4824) under the direction of Dr. Zolinda Stoneman (706-583-0548) and Dr. Mariana Souto-Manning (706-542-1297). My participation is voluntary; I can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits to which I am otherwise entitled. I can ask to have information related to me returned, removed from the research records, or destroyed.

The purpose of this study will be to explore how inclusion is perceived and defined by parents with a child with a mild or moderate disability. Further, the perceptions and definitions of inclusion and high quality early childhood education of the educational professionals who are engaged with children with disabilities in the classroom will be a focus of the research. Services for children with disabilities in early childhood centers may benefit by the increased focus on inclusive strategies and conversations around high quality childcare. I may benefit from the additional awareness of supporting children with disabilities in my classroom and my center may potentially benefit from the in depth look at varying definitions of inclusion surrounding early childhood education.

If I agree to take part in this study, I will be interviewed one to three times during the Spring and Summer 2009. These interviews will last approximately 30 minutes to an hour and will be audio recorded and later transcribed. These recordings and transcriptions will be transferred into a code secured computer file and will be used only for this study. The recordings will be destroyed three years after the study has been completed. I will also be observed in the natural classroom setting as I interact with the child(ren) with a disability and others in the classroom Any individually identifiable information that is obtained in connection with this study will remain confidential unless required by law. I can request to view any of the recordings and have any of the recordings erased and removed from the study.

The research is not expected to cause any harm or discomfort. I understand my participation is completely voluntary and that it will not affect my employment at the CDL.

The researcher will answer any further questions about the research, now or during the course of the project, and can be reached by telephone at: 706-542-4824 or by email at: kgregg@ihdd.uga.edu.

My signature below indicates that the researchers have answered all of my questions to my satisfaction and that I consent to participation in this study. I have been given a copy of this form.

__Katy L. Gregg______ ________________ ___________
Name of Researcher Signature Date
Telephone: 706-542-4824 Email: kgregg@ihdd.uga.edu

_________________________ _____________________ __________
Name of Participant Signature Date
Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address *IRB@uga.edu*

Appendix G: Informational Letter for Parents of Non-Focus Child

Child Development Lab
at the McPhaul Center
Department of Child & Family Development
College of Family and Consumer Sciences
University of Georgia

Institute on Human Development and Disability
The University of Georgia

Dear Parents of children enrolled at the CDL:

I am a doctoral student in the Department of Child & Family Development at The University of Georgia. I invite you to allow your child to participate in a research study entitled "Defining quality in early childhood education and inclusion" that I will be conducting under the direction of Dr. Zolinda Stoneman and Dr. Mariana Souto-Manning. The purpose of this study is to explore how children, teachers, and parents of children with disabilities define quality education and inclusion in an early childhood setting.

Your child's participation will involve playing and learning as they always do. I will be observing in your child's classroom about once a week in order to take fields notes and document interactions among children with and without disabilities. I will be observing in the classroom during the Spring and Summer of 2009. Your child's participation is voluntary. Your child can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits to which he/she is otherwise entitled. Any individually identifying information collected from or about your child will be held confidential unless required by law. The results of the research study may be published, but your child's name will not be used.

The findings from this project may provide information on what inclusion of children with disabilities looks like in a high quality child development center. There are no known risks or discomforts associated with this research. Please know your child is not at the focus of this study, but as they interact with children with disabilities in the classroom setting, they may be included in the observation notes. Your child will never be taken out of the classroom setting for this study.

If you have any questions about this research project or prefer I do not include observations of your child in this study, I will be in the lobby in front of the PreK Classroom Monday, May 4, 2009 from 7:45 until 8:30 am to speak with you. You can also contact me at 706-542-4824 or kgregg@ihdd.uga.edu at any time.

Thank you for your consideration! Please keep this letter for your records.

Sincerely,
Katy L. Gregg

Questions or concerns about your child's rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 612 Boyd GSRC, Athens, Georgia 30602-7411; telephone (706) 542-3199; email address irb@uga.edu.

Appendix H: Child Assent Script

Hello everyone. Today I am going to talk to you guys about why I am here. I hope you will help me out with a project I am doing at school. For my project, I would like to hang out with you in the classroom and watch you play, talk, and learn. I won't be able to play with you much because I'll be watching how you play. You may see me writing stuff down, but try not to pay attention to me and just keep doing what you are doing. Do you guys have any questions for me? Do you understand why I am here?