Taking Stock and Moving Forward: Implementing Quality Early Childhood Inclusive Practices

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The long-standing and widespread support for the concept of inclusion of young children with disabilities is manifest in decades of legislation and policy, strongly held professional and family values, and a large body of research (Guralnick, 2001). In spite of that support, children across the country have uneven opportunities to experience high-quality inclusion in natural environments and regular education settings. Data suggests that progress has stalled in implementing the concept in a consistent and sustainable way (Odom, Buysse, & Soukakou, 2011). To address the current issues related to early childhood preschool inclusion, this chapter begins with a description of this history and current context of inclusive practices within early childhood special education (ECSE). A description of the current implementation of inclusion follows. An approach to addressing the current concerns about early childhood inclusion, using an implementation science framework, identifies the inclusive practices with the strongest evidence, the implementation drivers or levers for change in increasing likelihood that those practices are implemented, and an action agenda for improving the likelihood that young children with disabilities experience high-quality inclusion.

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Support for Early Childhood Inclusion

As mentioned above, support for early childhood inclusion may be drawn from federal and state legislation, societal and professional values, and research.

Legislation and Policy Support

Although inclusion is not specifically defined in law, US federal policies and legislative mandates have been in place to support the concept of inclusion for decades. The basic rights to education and equal opportunity began in 1954 with the Brown v. Board of Education Supreme Court decision. Over the years, these rights were extended and strengthened through legislation to specify children with disabilities. This includes (a) the 1972 amendments to the Head Start legislation, which mandated that each Head Start program reserve at least 10 % of their enrollment for children with disabilities; (b) the Individuals with Disabilities Education Act (IDEA) also known as Public Law (PL) 94–142 (1975), which mandated a free appropriate public education for all children from ages 3–21, provided in the least restrictive environment; and (c) the passage of the American with Disabilities Act (ADA) (PL 101–336) of 1990. The ADA was particularly

B. Reichow et al. (eds.), *Handbook of Early Childhood Special Education*,
DOI 10.1007/978-3-319-28492-7_4

important in clearly supporting inclusion in community-based early care, education, and recreational settings that are not part of public schools, thus opening enrollment for children with disabilities to private preschools, family child care, and after-school programs.

Congressional support for full inclusion of young children in regular early childhood education settings was further strengthened in the reauthorization of IDEA in 1997. Important changes introduced in the 1997 IDEA legislation as identified by McCormick (2014) include the following: (a) giving children greater access to the general education curriculum, (b) strengthening parents' roles and opportunities to participate in their children's education, (c) providing services and supports in general education environments when appropriate, (d) providing incentives to help children before they are identified with a disability, and (e) giving the child's regular education teacher a central role in the individualized education plan (IEP) process. In 2015 the US Departments of Education and Health and Human Services released a policy statement on inclusion whose purpose is "to set a vision and provide recommendations to States, local educational agencies, schools and public and private early childhood programs for increasing the inclusion of infants, toddlers, and preschool children with disabilities in high-quality early childhood programs" (2015, p. 1). Taken in its entirety, the USA has a long history of legislative support for inclusion that provides a foundation for advocacy efforts focused on moving from the promise of policy to the reality of implementation.[1]

Societal and Professional Support

Based on the assumption that public policy is a reflection of societal values, inclusion has widespread public support, and individuals with disabilities are recognized broadly as valued members of society with rights to participate as full citizens in all aspects of life. However, one of the historical challenges related to the inclusion of young children with disabilities in general education settings has been the lack of an agreed upon definition of what this means. Inclusion has been called many things (e.g., integration, mainstreaming) and has been implemented in many different ways (Odom et al., 2004). To address this challenge, a particularly important segment of society—the professionals with responsibility for providing education, services, and supports to young children—demonstrated their support for inclusion by developing a joint position statement (JPS) on early childhood inclusion. The JPS was created over a 2-year collaborative process involving the National Association for the Education of Young Children (NAEYC) and the Division for Early Childhood of the Council for Exceptional Children (DEC/CEC). The members of these organizations are early childhood educators and early intervention/early childhood special educators (EI/ECSE), respectively.

The consensus definition of inclusion in the JPS is as follows (DEC/NAEYC, 2009, p. 1):

"Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential."

The JPS on inclusion provides guidance to the field by identifying three essential features—access, participation, and supports—that characterize high-quality inclusive programs and services. *Access* means providing each child with a range of activities, environments, and opportunities, free of structural and physical barriers, for developing and learning within the general curriculum available to their typically developing peers. *Participation* goes beyond access and refers to the intentional use of instructional and intervention practices that support each child's active engagement and participation in activities

[1] For a full accounting of the legislative history of inclusion in the USA, see McCormick (2014).

to which they have access. And the *supports* feature refers to the system-level infrastructure that makes high-quality inclusion possible. This includes professional development for staff, organization structures, incentives, and data systems that support inclusion and collaboration and research and evaluation to learn more about inclusive approaches and strategies that are effective.[2] Having a consensus statement on inclusion developed by the membership organizations that represent many of the over two million early childhood educators in the USA has been an important milestone in moving inclusion from a valued concept to a recognizable set of specific program criteria.

Research Support

Decades of research studies have contributed to a growing body of literature demonstrating the benefits of inclusion for all children. Summaries of that research by Buysse (2011), Guralnick (2001), Henninger and Gupta (2014), National Professional Development Center on Inclusion (NPDCI, 2009), and Odom and Schwartz (2001) have led to the following conclusions:

- Inclusion can benefit young children with and without disabilities, and most families view inclusion in a positive light.
- Certain key factors are critical to inclusion being successful. These include research-based instructional strategies (e.g., embedded interventions) being implemented with fidelity with children with disabilities and strong collaboration among parents, teachers, and specialists in the context of inclusion.
- Professional development on inclusion is a critical need for ensuring that high-quality inclusion services and programs are available for young children with disabilities, yet early childhood professionals may not be adequately prepared in preservice education or supported on the job to implement inclusion.

Much of the early research on inclusion was descriptive in nature yielding important information about perceptions, attitudes, barriers, and facilitators of inclusion (e.g., Bailey & Winton, 1987; Bennett, DeLuca, & Bruns, 1997; Diamond & LeFurgy, 1994; Erwin, Soodak, Winton, & Turnbull, 2001; Kasari, Freeman, Bauminger, & Alkin, 1999; McWilliam et al., 1995; Soodak & Erwin, 2000; Turnbull & Winton, 1983; Winton, Turnbull, Blacher, & Salkind, 1983). Another generation of studies examined effective environmental, instructional, and interactional strategies for teaching and supporting the development of young children in natural and inclusive environments, and summaries of specific practices with the greatest promise in that regard are available (Buysse, 2011; DEC, 2014a; NPDCI, 2011). The most thorough compilation of practices with research evidence that supports inclusion is the *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (DEC, 2014a). The purpose of this document is "to provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through 5 years of age, who have or are at-risk for developmental delays or disabilities" (p. 1). The document highlights "those practices specifically known to promote the outcomes of young children who have or are at risk for developmental delays/disabilities and to support their families in accordance with the DEC/NAEYC (2009) position statement on early childhood inclusion" (p. 3), thus making a strong connection between the recommended practices and inclusion.

The process for identifying the practices was led by a commission of early childhood experts and leaders who did the following: (a) worked with topic experts to examine the research evidence, (b) elicited professional wisdom and perspectives through surveys and facilitated discussions at national meetings, and (c) conducted a field validation of draft practices.

[2] More information about and resources related to the joint position statement on inclusion and each of these essential features can be found on the web site for the National Professional Development Center on Inclusion (http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/DEC_NAEYC_EarlyChildhoodInclusion.pdf).

The end product is a list of 66 practices organized within the following eight broad topic areas: leadership, assessment, environment, family, instruction, interaction, teaming and collaboration, and transition. Certain parameters guided the effort. The practices build on foundational practice guidelines or standards for early childhood settings, such as those developed by the National Association for the Education of Young Children (*Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8*, NAEYC, 2009). They focus on children, birth through kindergarten, who have been identified or are at risk for developmental delays but are not limited to those eligible for IDEA services. They are not disability specific. The practices are observable and can be delivered in all settings including natural and inclusive environments. This published set of practices gives concrete meaning to the concept of inclusion and guides efforts to improve the odds that young children with disabilities, across the nation, have equal access to and support for participation in high-quality inclusive learning opportunities.

What We Know About the Implementation of Inclusion

With the broad foundation of support for inclusion through policy, research, and societal and professional values, one would assume that the extent to which services and supports are provided to young preschool children with disabilities in natural and inclusive environments is on the rise, but this is not the case. Information on implementation, as defined by the percentage of young children receiving services in the least restrictive environment, is available from the yearly report to the US Congress from the US Department of Education, Office of Special Education Programs (US Department of Education & OSEP, 2014). This report provides Annual Performance Report (APR) data, submitted by states, related to demonstrating compliance with IDEA. Data from the most recent report indicated that 65 % of preschool children with disabilities were included in early childhood settings as their primary or part-time placement with 37.1 % spending at least 10 h or more per week in the regular setting and receiving the majority of their special education and related services there. Although some changes in data classifications during the last decade make it difficult to describe trends with precision, it has been asserted that implementation of inclusion is not improving in systematic ways (Odom et al., 2011) with some estimations that the numbers of preschoolers with disabilities receiving services in regular early childhood settings have increased very little from 1985 to 2012 (Barton & Smith, 2014). Without question, implementation is uneven across states; percentages of children spending at least 10 h per week with majority of their services in regular settings vary from 9 to 86 % across states according to the 2014 report to Congress. There is much room for improvements.

Examining Inclusive Practices Within an Implementation Science Framework

Given the emphasis on inclusion in legislation, policies, position statements, and the growing body of supportive research, a reasonable question is why has implementation stalled. As has been demonstrated over time and widely acknowledged, simply having a list of research-based practices, good intentions, and a set of laws does not ensure implementation of desired practices (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). Recognizing that the promise of inclusion has not been met for many children is an important step but not enough to bring change. A fresh set of tactics are necessary to move the inclusion agenda forward—ones that take advantage of the current political interest in improving early childhood education and draw upon frameworks from implementation science, defined as the study of the processes and structures for making changes that are sustainable (Fixsen et al., 2005; Halle, Metz, & Martinez-Beck, 2013).

Recommended Practices Associated with High-Quality Inclusion

A central tenet of implementation science is the importance of clearly identifying the key practices that, if implemented with fidelity, are most likely to lead to the desired improvements (Fixsen et al., 2005). A case can be made that as a field we have a set of practices, as exemplified in the *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (DEC, 2014a), that serve as goals to guide our efforts to ensure that the three essential features of inclusion—access, participation, and support—are achieved. From an implementation science perspective, there are three infrastructure drivers needed to support implementation of research-based practices: (a) organization, (b) workforce competency, and (c) leadership (Fixsen et al., 2005). In this next section, we examine each of these drivers as they relate to the goal of ensuring that each and every child and his/her family experience practices that promote a "sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential" (DEC/NAEYC, 2009, p. 1).

Organization Drivers That Promote High-Quality Inclusion

As defined by Fixsen et al. (2005), organization drivers are those systems and administrative components that "are necessary to create hospitable community, school, district, and state environments for new ways of work for teachers and school staff" (retrieved from http://implementation.fpg.unc.edu/module-2/organization-drivers). Fixsen identifies systems interventions, facilitative administration, and decision support data systems as organizational factors that contribute to lasting change. Without question, the current national attention on early childhood education by media, governors, and the federal administration provides a context conducive for improving the likelihood that young children will experience high-quality inclusion. These concepts and specific federal early childhood initiatives focused on systems reform that hold promise for affecting organizational drivers related to moving the inclusion agenda forward are described in this next section.

Systems Interventions

The National Implementation Research Network (NIRN) defines systems interventions as the "external variables, policies, environments, systems or structures" that influence or have impact on an implementation process (http://implementation.fpg.unc.edu/module-2/systems-intervention). An example of a potential systems intervention is the federal Race to the Top-Early Learning Challenge (RTT-ELC) program (retrieved from http://www.acf.hhs.gov/programs/ecd/early-learning/race-to-the-top) which attempts to incentivize states to align policy, funding, and "best practices" that lead to improvements in the quality of early learning and development and close the achievement gap for children with high needs. Specifically, the program focuses on five areas of reform, all with implications for inclusion:

(1) Establishing successful early childhood state systems that are well-coordinated across all sectors.
(2) Creating a common tiered quality rating and improvement system (QRIS) to improve program performance and inform parents about program quality.
(3) Promoting common standards for assessing child outcomes that address behavioral and health needs of children and inform and support families.
(4) Supporting the workforce through professional development (PD), career advancement opportunities, appropriate compensation, and a common set of practice standards.
(5) Using data to inform instruction and services.

Although the RTT-ELC initiative falls short of mandating that children with disabilities be

included in their systems reform efforts, the focus in RTT-ELC on high-need children elevates attention to children at risk or with identified disabilities. The emphasis on collaboration and common standards and accountability structures developed by and embraced across state early childhood agencies addresses the long-standing systemic fragmentation that has plagued inclusion (Richardson-Gibbs & Klein, 2014; Winton, Snyder, & Goffin, 2016). That is, inclusion cannot be implemented successfully without the full participation and buy-in from the general early childhood community. Too often inclusion is viewed as a special education issue that will be solved by special education programs and systems.

A number of federal initiatives from the US Department of Education and US Department of Health and Human Services also have the potential for promoting the inclusion agenda. The Preschool Development and Expansion grant program (retrieved from http://www.ed.gov/early-learning) provides incentives to states, local education agencies, and local governments to expand proven early learning programs and build high-quality preschool systems. The Maternal, Infant, and Early Childhood Home Visiting Program (retrieved from http://www.whitehouse.gove/issues/education/early-childhood) provides incentives to states to expand evidence-based home visiting programs that serve vulnerable children and families and connect them to a range of services to meet their needs. The Birth to 5: Watch Me Thrive initiative (retrieved from http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive) encourages early childhood programs to conduct developmental and behavioral screening so that children at risk for a developmental delay or disability are identified and provided needed support as early as possible. The reauthorization of the Child Care Development Fund and the Early Head Start-Child Care partnerships (retrieved from http://www.whitehouse.gov/issues/education/early-childhood) provide assistance to states and communities and are designed to boost the quality of early learning opportunities for young children.

In addition to policy initiatives, federal health and education agency support for inclusion has been demonstrated by providing funding for early childhood national centers that focus on active support to states through technical assistance (TA), resources, and tools related to the development of inclusive policies, structures, and practices. These include the Center on the Social and Emotional Foundations for Early Learning (http://csefel.vanderbilt.edu/), Early Childhood Technical Assistance Center (http://ectacenter.org/), National Professional Development Center on Inclusion (http://npdci.fpg.unc.edu/), SpecialQuest (http://www.specialquest.org/), and Technical Assistance Center on Social Emotional Intervention (http://challengingbehavior.fmhi.usf.edu/do/resources.htm).

The opportunity provided through federal incentives for states and communities to engage in systems change to increase the number and quality of inclusive settings is just that—an opportunity that not all states have fully and effectively embraced yet. An examination of the extent to which states have addressed inclusion within the context of their early childhood quality improvement efforts supported by federal initiatives, such as RTT-ELC, provides data on this issue. Horowitz and Squires (2014) conducted research on which states included provisions in their QRISs for promoting accommodations for children with disabilities. QRIS began as a child care initiative in a few states and has expanded to encompass multiple early childhood programs (e.g., Head Start, pre-K) in 42 states. Essentially, it is a set of standards, developed by each of the 42 participating states, for rating the quality of early childhood programs. Because QRIS policy is embedded within federal initiatives, such as RTT-ELC and the Preschool Development and Expansion grants, with each state given the leeway to create their own standards and criteria for assessing the quality of early childhood programs and incentives for program participation, QRIS provides one marker for assessing a state's commitment to improving inclusionary early childhood quality.

Findings from Horowitz and Squires (2014) indicate that only 29 of the 42 states with fully operational QRIS have any "substantive reference to inclusive practices" (p. 2) in their design,

meaning that 30 % states have minimal inclusion provisions (e.g., ensuring open enrollment for all children). Those states that are addressing inclusion in more than a rudimentary fashion vary greatly in how they do that. Four states (GA, IL, MD, and NC) were highlighted in the report as developing a more comprehensive approach to addressing inclusion within QRIS, primarily through a special designation for programs that excel in inclusionary practices; however, no state has a mechanism for parents of children with disabilities "to clearly identify programs that might be considered to have exceptional inclusionary practices through their QRIS" (p. 3). In concluding their report, Horowitz and Squires note that there are some promising approaches emerging from a few states. However, they urge states to do more to promote inclusion within the opportunities they have to refine and further develop their QRIS as part of state systems-building efforts.

Without question the emphasis within the RTT-ELC and other federal quality initiatives on cross-sector collaboration gives participating states opportunities to address critical organizational challenges to inclusion. These include forming effective partnerships in which all early childhood sectors (e.g., Head Start, child care, pre-K, early intervention, preschool disabilities, family support) at all levels (state, regional, local) have shared responsibilities and clearly delineated roles for key activities to promote inclusion. These activities include funding, planning, and delivering early childhood services, programs, professional development, and monitoring and using data to make decisions in ways that ensure the needs of each and every child and family are being met.

Decision Support Data Systems

Decision support data systems are defined by NIRN as "systems for identifying, collecting, and analyzing data that are useful to the teacher, school, district and other implementing environments." (http://implementation.fpg.unc.edu/module-2/decision-support-data-system). In essence, this means structures that support individuals and programs in gathering, analyzing, and reporting various kinds of processes, performance, and outcome data over time and across different levels (program, community, state) where changes can occur. Integrating early childhood data systems in ways that inform decision-making is an acknowledged need and goal within the federal systems-building and quality initiatives described earlier. One of the five key areas for reform in RTT-ELC is directed at "implementing comprehensive data systems and using data to improve instruction, practices, services, and policies" (retrieved from http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/2013-early-learning-challenge-flyer.pdf). As that work moves forward, it is important to consider which data support systems and what data within those systems could be integrated and used to make decisions related to promoting high-quality inclusion.

The longest standing data system related to inclusion is the APR data collected by states each year for the OSEP report to Congress, mentioned earlier, which provides information on the extent to which young preschool children with disabilities are enrolled in and receive services the least restrictive environment. Traditionally, these data, along with other data related to special education services and supports, have been used to monitor and track progress in states' compliance with IDEA. In 2014, OSEP changed the emphasis from compliance to a result-driven accountability (RDA) framework that focuses more intently on states' monitoring and improving functional child and family outcomes through state systematic improvement plans (SSIP).

There are three ways that RDA has potential for going beyond simply documenting whether children have access to inclusive programs to improving the quality of those programs. First, the focus within RDA on functional outcomes, defined as young children being able to use skills to accomplish things that are meaningful to the child in the context of everyday life (Hebbeler & Kahn, 2014), makes it possible for programs to identify sets of child behaviors or skills that provide specific targets for intervention. This has the potential for moving states from a compliance

mentality to more intentionally focusing their resources on supporting programs and staff in implementing with fidelity evidence-based practices and interventions that promote child outcomes in inclusive settings. Second, the SSIP component of RDA has the potential for supporting programs to use data to identify areas and programs where outcomes are not being achieved. Those gaps can serve as targets for reform efforts. And third, the emphasis on collaboration within RDA policy documents (Delisle & Yudin, 2014) is especially relevant given the importance of embedding inclusion within the existing early childhood systems intervention initiatives (http://www2.ed.gov/about/offices/list/osers/osep/rda/050914rda-lette-to-chiefs-final.pdf). Delisle and Yudin (2014) state that it is "critical for a state to develop the SSIP in a manner that is aligned with the state's existing improvement initiatives and reform efforts."

Another potential but not often used data source for examining children's access to inclusive programs relates to data states might gather as part of QRIS. For instance, NC includes a question to programs participating in the external assessment process for the state's QRIS about whether they are currently serving or have served in the past young children with identified disabilities. Calculating the responses to this question can provide one source of data about the number of potentially inclusive programs participating in this process. Additional calculations could address the quality rating for those inclusive programs and monitor changes over time on the quality of the inclusive programs. In addition, in some states, child care resource and referral agencies collect information from all licensed child care programs about whether they are serving a child with a disability—information which can be shared with parents who are searching for inclusive programs.

Several important points need to be made about these data sources. First, the three sources of data described above are rarely, if ever, integrated by state agencies for the purposes of making decisions about inclusion.

Second, if the data were integrated, care would need to be taken in how the data were interpreted. The extent to which inferences can be made about the experiences of young children with disabilities in inclusive environments based on quality ratings within QRIS is limited. The observation tool that programs use most frequently to assess quality is the Early Childhood Environmental Rating Scales-Revised (ECERS-R; Harms, Clifford, & Cryer, 2005; Schulman, Matthews, Blank, & Ewen, 2012). The ECERS-R is not designed to assess the quality of practices that support the individualized needs of young children with disabilities nor is the Classroom Assessment Scoring System (CLASS; Pianta, La Paro, & Hamre, 2008), another observation tool being increasingly used for quality assessments (Isner et al., 2011). As pointed out by Wolery, Pauca, Brashers, and Grant in 2000, it is possible that classrooms could receive ratings of high quality on an early childhood observation tool such as the ECERS-R, while young children with disabilities could experience low-quality instruction and support in the same classrooms. Survey data collected in 2012 indicate that directors of child care programs have this same concern (Schulman et al., 2012).

Third, the OSEP RDA framework has not been fully operationalized across all states. It has been introduced to states with TA being provided by the OSEP-funded DaSy Center (http://dasycenter.org/index.html) to help states learn about and use RDA. An important component of the TA to states will be to support policy-makers, administrators, and practitioners in asking relevant and essential questions about inclusion that draw upon multiple data sources and guide decision-making about the access and meaningful participation of young children with disabilities in quality inclusive programs and the support features (e.g., professional development, collaboration) that facilitate those experiences.

Developing and having available a reliable and valid observation tool that directly addresses the quality of inclusive practices in early childhood settings is an acknowledged measurement challenge related to inclusion (Odom et al., 2011). A promising tool, noted by Horowitz and Squires (2014), meeting these criteria is the Inclusive Classroom Profile (ICP; Soukakou, 2012). The 12-item measure was initially developed and piloted in the UK (Soukakou, 2012)

and has been piloted in 51 early childhood inclusive classrooms in NC providing evidence of its inter-rater reliability, factor structure, and construct and social validity (Soukakou, Winton, West, Sideris, & Rucker, 2015). Proficiency training on the ICP is available (http://pdc.fpg.unc.edu/using-inclusive-classroom-profile-proficiency). Three of the four states identified by Horowitz and Squires as taking promising approaches to promoting quality inclusion within QRIS have sent individuals or teams from their states for this training.

In summary, to capitalize on the opportunities for moving the inclusion agenda forward through organizational change created by the current context of early childhood systems-building initiatives, it is important to focus on several points. First, early intervention and preschool disability sectors must be strong and engage partners in state early childhood systems-building and reform efforts. Second, states should use valid and reliable tools, such as the ICP, for accessing the quality and making improvements in inclusive programs. Third, there needs to be multiple and integrated sources of data to guide decision-making about improvements related to the essential features of inclusion (i.e., access, participation, and support). This will require a concerted effort. Most data systems are designed to collect and support the analysis of effort (e.g., inputs, number of children served, completed documentation); rarely have the necessary mechanisms been established to collect and analyze performance or fidelity data (e.g., quality measures related to early childhood professional practice), and rarely are data systems integrated across sectors.

Competency Drivers That Affect Implementation of High-Quality Inclusion

The definition of competency drivers as provided by NIRN is "the activities to develop, improve, and sustain educator and administrator ability to put programs and innovations into practice, so students benefit." Four components comprise competency drivers: staff selection, training, coaching, and performance assessment (http://implementation.fpg.unc.edu/module-2/competency-drivers). In keeping with the recognition within implementation science of the importance of workforce competence as a lever for change, a central focus for systems reform efforts, such as RTT-ELC, is building the quality of the early childhood workforce "through professional development, career advancement opportunities, differentiated compensation, and incentives to improve knowledge, skills, and abilities to promote the learning and development of young children"(retrieved from http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/2013-early-learning-challenge-flyer.pdf).

For the purposes of this chapter, we use a definition of professional development (PD), initially developed by the National Professional Development Center on Inclusion (NPDCI), a federally funded project focused on developing cross-sector PD systems to support inclusion and inclusive practices for young children with disabilities. NPDCI defines PD as "facilitated teaching and learning experiences that are transactional and designed to support the acquisition of professional knowledge, skills, and dispositions as well as the application of this knowledge in practice" (Buysse, Winton, & Rous, 2009; NPDCI, 2008, p. 3). This definition encompasses factors that affect personnel selection (e.g., career preparation or preservice education, personal characteristics such as good judgment) and ongoing job-embedded preparation and professional growth opportunities (e.g., in-service training, coaching, mentoring, communities of practice, site-based technical assistance, performance assessment). The NPDCI definition emphasizes the alignment of three core and interrelated PD components: (1) *the who*, the individual learners and those who support their learning (faculty and PD providers); (2) *the what*, the content focus of PD; and (3) *the how*, the facilitated teaching and learning experiences used to achieve desired PD outcomes (NPDCI, 2008). In this next section we focus on what is known about the PD needs of the workforce and the content and delivery of professional development (PD) that support the acquisition and application of knowledge, skills, and abilities related to inclusion.

The *Who* (Learners and PD Providers)

Goffin (2013) made a case that a fundamental challenge for the field of early childhood is one of identity—we have not defined ourselves as a professional field of practice with responsibility for developing a competent and accountable workforce, thus making it hard to talk about the *who*. Based on integrated data sets compiled in a report from the Office of Planning, Research, and Evaluation (OPRE, 2013; U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation (OPRE), 2013), Winton et al. (2016) estimated that two million individuals comprise those working directly with young children (ages 0–5). The field's fragmentation of those two million individuals into different sectors with different funding streams, regulations, accountability, and PD systems (e.g., Head Start, pre-K, child care, ECSE, early intervention) is particularly challenging for implementing high-quality inclusion. Inclusion easily can "fall between the cracks" because it depends upon the full participation and support of multiple sectors. Until all early childhood sectors define themselves as a field of practice comprised of different specialties, as suggested by Goffin (2013), all actively engaged and committed to promoting changes related to inclusion, we are likely to continue to maintain the decades-long status quo.

Effective implementation of inclusion requires integrating and focusing PD efforts on the two components of personnel comprising these multiple sectors of the workforce[3]: (1) those with direct contact with children and families and (2) those faculty and PD providers who deliver the PD to these practitioners, an essential and often overlooked component in ensuring the competency of the workforce. What we know about the needs of the early childhood workforce is available primarily from survey information. Survey research of 2- and 4-year early childhood personnel preparation programs in institutions of higher education (IHEs) identified gaps in coursework and practical experiences related to the learning and development of young children with disabilities; this is the case even when a primary stated mission for the personnel preparation program is to prepare early interventionists or early childhood special educators (Chang, Early, & Winton, 2005; Early & Winton, 2001). Those recruiting and selecting newly minted early childhood undergraduates cannot assume that those new hires are prepared to implement high-quality inclusion (Horm, Hyson, & Winton, 2013; Hyson, Horm, & Winton, 2012). Once employed, evidence suggests that early childhood practitioners do not feel supported to develop confidence and competence in implementing inclusion (Buysse, Wesley, Keyes, & Bailey, 1996). This portrait of early childhood practitioners as being inadequately prepared and supported for implementing inclusion establishes a compelling need for increasing the quality and quantity of PD activities and resources on inclusion for learners and faculty/PD providers. It also requires examining the teaching conditions, such as time, class size, facilities, and resources (i.e., the organizational factors), that affect their ability to implement the desired practices that ultimately promote the learning and development of young children with disabilities in inclusive settings.

The *What* (Content of PD)

The importance of focusing PD on research-based practices is a central theme in the implementation science literature (Fixsen et al., 2005). As stated earlier, the *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (DEC, 2014a) provide a set of practice standards that could be used as an organizing set of content for PD on inclusion. Table 4.1 provides an example of some of practices most closely associated with inclusion. As mentioned earlier, simply having a list of practices, such as those developed by

[3] We use the following definition of the workforce from Winton et al. (2016): Individuals working directly with children as well as those (faculty and PD providers) who work with early childhood teachers to advance their competence in supporting children's learning and development. This definition, which is inclusive of teachers addressing the learning and development of children from birth to the start of kindergarten in center- and home-based programs, includes child care, Early Head Start/Head Start, preschool/Pre-K, early intervention (birth to three programs for infants and toddlers with or at risk for disabilities under Part C of the Individuals with Disabilities Education Act (IDEA), and early childhood special education for preschool children with disabilities (Section 619 of IDEA).

Table 4.1 Selected *DEC Recommended Practices in Early Intervention/Early Childhood Special Education, 2014,* that promote child-focused inclusive preschool classroom practices

Environment
E1. Practitioners provide services and support in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences
E2. Practitioners consider universal design for learning principles to create accessible environments
E3. Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences
E4. Practitioners work with families and other adults to identify each child's needs for assistive technology to promote access to and participation in learning experiences
E5. Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences
E6. Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains
Instruction
INS1. Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning
INS2. Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments
INS3. Practitioners gather and use data to inform decisions about individualized instruction
INS4. Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines
INS5. Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities
INS6. Practitioners use systematic instructional strategies with fidelity to teach skills and to promote child engagement and learning
INS7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills
INS8. Practitioners use peer-mediated intervention to teach skills and to promote child engagement and learning
INS9. Practitioners use functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior
INS10. Practitioners implement the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning and/or the level of support needed by the family to achieve the child's outcomes or goals
INS11. Practitioners provide instructional support for young children with disabilities who are dual language learners to assist them in learning English and in continuing to develop skills through the use of their home language
INS12. Practitioners use and adapt specific instructional strategies that are effective for dual language learners when teaching English to children with disabilities
INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development
Interaction
INT1. Practitioners promote the child's social/emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions
INT2. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, and/or other types of guided support
INT3. Practitioners promote the child's communication development by observing, interpreting, responding contingently, and providing natural consequences for the child's verbal and nonverbal communication and by using language to label and expand on the child's requests, needs, preferences, or interests
INT4. Practitioners promote the child's cognitive development by observing, interpreting, and responding intentionally to the child's exploration, play, and social activity by joining in and expanding on the child's focus, actions, and intent
INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation

Source: *DEC Recommended Practices in Early Intervention/Early Childhood Special Education 2014*. Retrieved from http://dec.membershipsoftware.org/files/Recommended%20Practices/DEC%202014%20Recommended%20Practices.pdf

DEC, is no guarantee that those practices will be implemented broadly with fidelity; intentional and systematic activities will be important for that to happen. A well-planned strategy is needed for developing and disseminating products and messages for the large number of early childhood practitioners, faculty, and PD providers including non-DEC members who may not know about or look to the *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (DEC, 2014a) as a guide for their activities and decisions about services, programs, or PD. As Goffin (2013), and Winton et al. (2016) point out, a challenge for the field of early childhood and a roadblock for becoming a professional field of practice is the absence of a set of unified practice guidelines. The fact that the *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* builds on the foundation of the *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8* (NAEYC, 2009) provides a path forward for integrating the two sets of practices and establishing them as part of a set of unified practice standards for the field of early childhood (Winton et al., 2016).

Another important point of alignment when considering PD content on inclusion is between the recommended practice documents developed by the early childhood professional organizations, as described above, and the separate sets of personnel preparation standards that both organizations have developed. In an effort to partially address this challenge, a workgroup of DEC members developed a detailed matrix that aligned the CEC/DEC and NAEYC personnel standards (Chandler et al., 2012). However, this effort does not address the links between the two sets of loosely connected personnel standards and the two sets of recommended practices from the professional organizations, specifically the *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (DEC, 2014a) and *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8* (National Association for the Education of Young Children (NAEYC), 2009). Ensuring that personnel standards are those with the strongest evidence for promoting the recommended practices identified by the professional organizations is an important alignment task that is sometimes assumed but cannot be taken for granted. In other words, we must do a better job of demonstrating the tight connections between the desired outcomes for inclusion, the recommended practices and personnel standards that promote those outcomes, and the PD that builds the competence of personnel to implement the practices with fidelity.

The *How* (Delivery of PD)

There is no systematic information on how PD on inclusion is delivered across the various contexts and sectors that comprise the field of early childhood. What is known about the delivery of PD in early childhood in general is not encouraging. Survey data from state agencies with responsibilities for implementing Part C and 619 services under IDEA indicates that workshops are the predominant approach to PD (Bruder, Mogro-Wilson, Stayton, & Dietrich, 2009). Workshops, when conducted as onetime, stand-alone PD, are not an effective strategy for achieving the goal of ensuring that practitioners implement with fidelity evidence-based practices that promote the learning and development of children with disabilities in inclusive settings (Whitehurst, 2002).

Based on a review of 32 experimental studies of early childhood PD, Winton et al. (2016) identified certain features of PD interventions as holding promise for developing, improving, and modifying practices that support inclusion. These promising features include "PD events that provide knowledge about and multiple exemplars of interactional or instructional practices that support inclusion; job-embedded, sustained support related to implementing these practices; feedback about practice implementation; and information linking changes in instructional practices to child progress or child progress monitoring" (Winton, Snyder, & Goffin). When practitioners have opportunities to practice new strategies and receive ongoing supportive feedback on their efforts in ways that further builds their skills, their confidence and competence are likely to increase, thus possibly improving their attitudes.

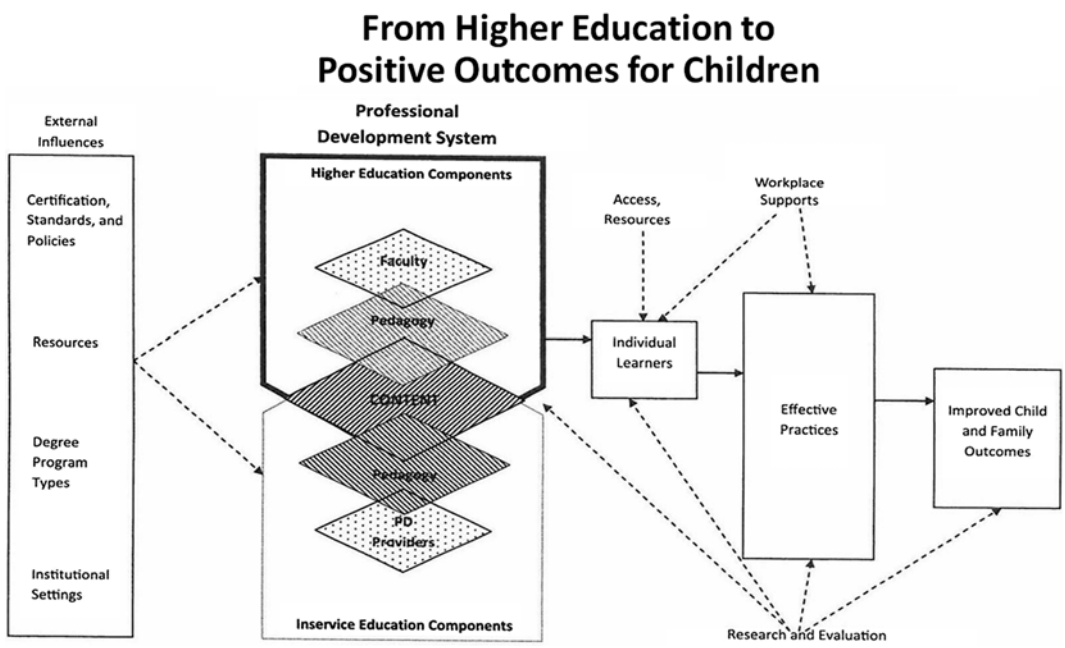

Fig. 4.1 Professional development system, practices, and outcomes: contexts and pathways. The higher education component of the early childhood professional development system is the focus of this chapter

Unfortunately, most practitioners, unless part of an experimental study, are unlikely to experience intensive and expensive PD with these characteristics. Winton et al. (2016) point out that designing PD efficiently requires thinking carefully about desired outcomes for learners. If the desired outcome is that learners implement with fidelity evidence-based practices to support inclusion, then intensive PD approaches are necessary; but these approaches might be integrated with less intense preliminary activities delivered by less expensive methods (e.g., webinars, workshops) to build basic knowledge. The importance of having an integrated plan that meets the individual needs of different subspecialties at the level of impact needed at the time (e.g., raising awareness, acquiring knowledge, building skills) is an efficient and effective approach to PD on inclusion. Figure 4.1 shows an approach for addressing the fit between the how of PD and desired practitioner outcomes (the who and what). Proposing a framework for an integrated approach, Hyson et al. (2012) addressed the *who*, *what*, and *how* within a broader systems context. Intentional and systematic planning of PD on inclusion, using such a framework, is an essential component for moving beyond the plateau that characterizes the implementation of inclusion for the past decades.

PD Resources

Federal agencies have invested in online open-access resources designed to support faculty and trainers in strengthening their PD on inclusion. One exemplary program is the CONNECT project which has developed online modules for faculty and PD providers and self-guided, self-paced courses for practitioners, designed using a 5-step learning cycle to support practitioners to learn about and implement a specific evidence-based practice associated with inclusion (Buysse, Winton, Rous, Epstein, & Lim, 2012; Winton, Buysse, Rous, Lim, & Epstein, 2013) (http://community.fpg.unc.edu/connect-modules/ and http://connect.fpg.unc.edu/connect-courses/). In addition, the Head Start Center on Inclusion has

developed video clips illustrating different practices associated with early childhood inclusion (http://depts.washington.edu/hscenter/); the National Center on Quality Teaching and Learning (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching) has developed online modules called 15 min in-service suites designed to share information with teachers on effective early childhood practices; the SpecialQuest videos (http://www.specialquest.org/) share perspectives of families, teachers, specialists, and administrators on the importance of inclusion; and the Technical Assistance Center on Social Emotional Intervention provides short videos illustrating teachers using strategies that promote social/emotional development and prevent challenging behavior (http://challengingbehavior.fmhi.usf.edu/do/resources.htm). In addition OSEP has a long-established competitive grant program that encourages interdisciplinary teams of faculty working in IHEs to develop innovative programs for preparing practitioners, specialists, and administrators to support the implementation of high-quality inclusion.

In summary, to take advantage of the opportunities for improving the competence of the workforce related to implementing evidence-based practices that support inclusion, based on PD resources and initiatives currently available, it is important to focus on a set of key tasks. The field of early childhood education must be defined as a professional field of practice, comprised of specialties that include EI/ECSE. One essential element in this professionalization is a set of agreed upon practice standards to guide the field in developing and supporting a competent workforce. This may be accomplished by providing strong incentives to states to create an integrated cross-sector PD system that supports early childhood workforce competency in implementing high-quality inclusion practices. In addition, the field must address the inadequate preparation of early childhood teachers for working with children with disabilities in inclusive settings. Last, all practitioners working in early childhood settings should not only have access but be required to participate in high-quality PD opportunities to learn and grow in their skills to implement with fidelity evidence-based practices that support inclusion.

Leadership Drivers That Affect Implementation of High-Quality Inclusion

While there are different definitions for leadership in the early childhood education community (Goffin & Janke, 2013), Kagan (2013) offers a useful definition, relevant to the challenges of implementing high-quality inclusion, that was cited in the DEC Position Statement on Leadership in EI and ECSE (DEC, 2014b). Leaders engage colleagues in "reflective, dynamic, value-based planning and organizing that provides vision, inspiration, structure and direction" (p. 34). The NIRN organization identifies two types of leadership—technical and adaptive—necessary for implementing change. They define technical leaders as effective in addressing organizational dimensions related to management whereby "there is agreement about the nature of a problem and paths to the solution to the problem are largely known." (http://implementation.fpg.unc.edu/module-2/leadership-drivers). Technical leaders implement steps for managing or solving problems when there is an established procedure to follow. An example of technical leadership is a preschool disability coordinator responding to and resolving a situation in which IDEA regulations related to inclusion are clearly not being followed. Adaptive leadership is called upon when problems and solutions are less defined, technical fixes are not available, and there are few recognized experts. The adaptive leader does not necessarily have a solution but must orchestrate people working together to solve the problem, based on integrating different competing yet legitimate perspectives. Working with a statewide group to develop cross-sector collaboration around resources, policies, and professional development to promote high-quality inclusion is an example of a situation calling for adaptive leadership.

Both adaptive and technical leadership at multiple levels (program, community, state, federal) are needed to promote high-quality early childhood inclusion, especially to address long-standing fragmentation challenges that have a direct impact on inclusion. As stated earlier, responsibility for implementing inclusion has

traditionally been within the EI/ECSE community. Leaders from this community have spearheaded passing legislation, supporting technical assistance efforts, and conducting research. However, until leaders within all early childhood specialties are actively engaged in sharing perspectives and responsibility for promoting changes related to inclusion, we are likely to stay stuck in the current implementation reality. There are more unknowns than opportunities when considering the possible roles of leadership in supporting positive changes that promote implementation of inclusion. Where and who are the adaptive and technical leaders to move forward the inclusion agenda? What are the incentives for leaders across sectors to participate in this effort? What are the leadership roles, responsibilities, and relationships among professional organizations, federal, state, and local agencies, TA networks, and higher education? As already mentioned, the two national professional organizations (DEC and NAEYC) jointly developed the JPS on inclusion, which was an important step forward; however, the organizations did not take additional joint steps to ensure widespread dissemination and translation of the statement into practice. The two organizations continue to have separate sets of personnel preparation standards and recommended practices whose alignment is not clearly delineated for practitioners, faculty, and PD providers. The US HHS and education agencies have played supportive roles in funding TA projects (e.g., NPDCI, Head Start Inclusion Project, SpecialQuest) specifically to promote inclusion; but the funding has not been through a purposeful and intentional collaboration among federal agencies, which could provide a model for state and local entities. At the state level, the APR data on inclusion reported by states to Congress each year visibly demonstrate the differences among states in the extent to which children with disabilities have access to and receive services in inclusive and natural learning environments. States, however, can opt out of voluntary initiatives, such as RTT-ELC, designed to improve the quality of early childhood programs and systems that support high-risk young children—initiatives that potentially could support improvements to their state data related to inclusion.

Research is needed to explore what role leadership plays as a driver of evidence-based inclusion practices and policies to support inclusion. What are the characteristics of individuals who are able to exert power and influence to lead a change process across early childhood specialties important in changing policies that support inclusion? How important are individuals with the technical skills to navigate the logistical barriers such as funding and regulations in contributing to positive changes related to implementation of inclusion policies? The Horowitz and Squires report (2014) designates a few states that have more comprehensive approaches to addressing inclusion within their QRIS as compared to other states with fully operational QRIS. Case study research involving select states who are successful in implementing effective innovative approaches could be conducted to examine and elucidate the constellation of leadership characteristics and other factors that contribute to states' successes. These and other questions about the role of leadership need to be addressed in future research.

Conclusion: An Action Agenda for Change

In conclusion, the following agenda for change is proposed to guide collective efforts of leaders willing to step forward to lead inclusion efforts at federal, state, and local levels. First of all, representatives from EI/ECSE must be active and meaningfully engaged partners in early childhood quality initiatives to ensure that inclusion is a central focus and not a fringe issue. Leadership is needed for creating cross-sector agreement on defining the workforce and an integrated set of practice standards to support implementation of practices that support the individualized learning needs of each and every child. A focus on high-quality, systematic PD for all practitioners providing direct service to children with and without disabilities and those that provide their PD (e.g., faculty, coaches) is essential. The PD must be required, adequately funded, and based on system-wide agreed upon practice standards and recommended practices. Such PD should match the desired level of impact (i.e., knowledge,

skills, dispositions, and application) and needs of learners. To move the field forward, funding is necessary for research on practices, PD interventions, policy innovations, and tools that support the implementation of inclusive practices. Last, cultivating the next generation of leaders in ECE and EI/ECSE is critical.

Only a small percentage of the two million early childhood teachers directly serving children in early childhood settings are trained in EI/ECSE. Yet, these teachers have a large responsibility for ensuring that children with disabilities experience "a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential" (DEC/NAEYC, 2009, p. 1) in inclusive early childhood settings. Progress in moving the field beyond the status quo in terms of the implementation of inclusion will require a concerted effort by this generation of leaders to work collaboratively across sectors in order to enact systems change. Sustaining such effort will require the cultivation of the next generation of leaders who might remember back to the days when inclusion was thought to be a strictly special education issue.

Acknowledgment The author would like to thank Melissa Van Dyke, Mary Lee Porterfield, Lia Rucker, and Sari Gupta for their comments on an earlier draft.

References

Bailey, D. B., & Winton, P. J. (1987). Stability and change in parents' expectations about mainstreaming. *Topics in Early Childhood Special Education, 7*, 73–88.

Barton, E., & Smith, B. (2014). *Fact sheet of research on preschool inclusion*. Denver, CO: Pyramid Plus: The Colorado Center for Social Emotional Competence and Inclusion. Retrieved from http://www.pyramidplus.org/.

Bennett, T., DeLuca, D., & Bruns, D. (1997). Putting inclusion into practice: Perspectives of teachers and parents. *Exceptional Children, 64*, 115–131.

Bruder, M. B., Mogro-Wilson, C. M., Stayton, V. D., & Dietrich, S. L. (2009). The national status of in-service professional development systems for early intervention and early childhood special education practitioners. *Infants & Young Children, 22*(1), 13–20. doi:10.1097/01.IYC.0000343333.49775.f8.

Buysse, V. (2011). Access, participation, and supports: The defining features of high-quality inclusion. *Zero to Three Journal, 31*(4), 24–31.

Buysse, V., Wesley, P. W., Keyes, L., & Bailey, D. B. (1996). Assessing the comfort zone of child care teachers in serving young children with disabilities. *Journal of Early Intervention, 20*, 189–204.

Buysse, V., Winton, P. J., Rous, B., Epstein, D., & Lim, C.-I. (2012). Evidence-based practice: Foundation for the CONNECT 5-step learning cycle™ in professional development. *Zero to Three Journal, 32*(4), 25–29.

Buysse, V., Winton, P. J., & Rous, B. (2009). Reaching consensus on a definition of professional development for the early childhood field. *Topics in Early Childhood Special Education, 28*, 235–243.

Chandler, L. K., Cochran, D. C., Christensen, K. A., Dinnebeil, L. A., Gallagher, P. A., Lifter, K., … Spino, M. (2012). The alignment of CEC/DEC and NAEYC personnel preparation standards. *Topics in Early Childhood Special Education, 32*(1), 52–63. doi:10.1177/0271121412437047.

Chang, F., Early, D. M., & Winton, P. J. (2005). Early childhood teacher preparation in special education at 2- and 4-year institutions of higher education. *Journal of Early Intervention, 27*, 110–124.

DEC/NAEYC. (2009). *Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Chapel Hill, NC: FPG Child Development Institute, The University of North Carolina. Retrieved from http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/DEC_NAEYC_EarlyChildhoodInclusion.pdf.

Delisle, D., & Yudin, M. (2014, May). *Joint letter to chief state school officers*. Retrieved from http://www2.ed.gov/about/offices/list/osers/osep/rda/050914rda-lette-to-chiefs-final.pdf

Diamond, K. E., & LeFurgy, W. G. (1994). Attitudes of parents of preschool children toward integration. *Early Education and Development, 5*, 69–77.

Division for Early Childhood (DEC). (2014a, April). *DEC recommended practices in early intervention/early childhood special education 2014*. Retrieved from http://www.dec-sped.org/recommendedpractices.

Division for Early Childhood (DEC). (2014b, December). *Leadership in early intervention and early childhood special education: DEC position statement* [draft]. Los Angeles, CA: Author.

Early, D., & Winton, P. (2001). Preparing the workforce: Early childhood teacher preparation at 2- and 4-year institutions of higher education. *Early Childhood Research Quarterly, 16*, 285–306.

Erwin, E., Soodak, L., Winton, P., & Turnbull, A. (2001). "I wish it wouldn't all depend upon me": Research on families and early childhood inclusion. In M. Guralnick (Ed.), *Early childhood inclusion: Focus on change* (pp. 127–158). Baltimore, MD: Brookes.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature (FMHI Publication #231)*. Tampa, FL: The National Implementation Research Network, Louis de la Parte Florida Mental Health Institute, University of South Florida. Retrieved from http://www.fpg.unc.edu/~nirn/resources/detail.cfm?resourceID=31.

Goffin, S. G. (2013). *Early childhood education for a new era: Leading for our profession*. New York, NY: Teachers College Press.

Goffin, S. G., & Janke, M. (2013, May). *Early childhood education leadership development compendium: A view of the landscape* (2nd ed.). Retrieved from http://www.goffinstrategygroup.com.

Guralnick, M. J. (Ed.). (2001). *Early childhood inclusion: Focus on change*. Baltimore, MD: Brookes.

Halle, T., Metz, A., & Martinez-Beck, I. (Eds.). (2013). *Applying implementation science in early childhood programs and systems*. Baltimore, MD: Brookes.

Harms, T., Clifford, R., & Cryer, D. (2005). *Early childhood environment rating scale* (Rev. ed., updated) (ECERS-R). New York, NY: Teachers College Press.

Hebbeler, K., & Kahn, L. (2014). *What practitioners need to know about measuring EI and ECSE outcomes.* Presentation at 2014 Division for Early Childhood (DEC) annual conference, St. Louis, MO.

Henninger, W. R., & Gupta, S. S. (2014). How do children benefit from inclusion? In S. S. Gupta (Ed.), *First steps to preschool inclusion* (pp. 33–57). Baltimore, MD: Brookes.

Horm, D., Hyson, M., & Winton, P. (2013). Research on early childhood teacher education: Evidence from three domains and recommendations for moving forward. *Journal of Early Childhood Teacher Education, 34*, 95–112.

Horowitz, M., & Squires, J. (2014, November). *QRIS and inclusion* [fastFact]. Retrieved from http://ceelo.org/wp-content/uploads/2014/11/ceelo_fast_fact_qris_inclusion.pdf.

Hyson, M., Horm, D. M., & Winton, P. J. (2012). Higher education for early childhood educators and outcomes for young children: Pathways toward greater effectiveness. In R. Pianta, L. Justice, S. Barnett, & S. Sheridan (Eds.), *Handbook of early education* (pp. 553–583). New York, NY: Guilford Press.

Isner, T., Tout, K., Zaslow, M., Soli, M., Quinn, K., Rothenberg, L., & Burkhauser, M. (2011). Coaching in early care and education programs and Quality Rating and Improvement Systems (QRIS): Identifying promising features. Washington, DC: Child Trends.

Kagan, S. L. (2013, December). *Leadership for young children.* Presentation at the Early Childhood Personnel Center Leadership Institute, Hartford, CT. Retrieved from http://www.ecpcta.org/pdfs/Leadership_FINAL_12-9-13.pdf.

Kasari, C., Freeman, S. F. N., Bauminger, N., & Alkin, M. C. (1999). Parental perspectives on inclusion: Effects of autism and Down syndrome. *Journal of Autism and Developmental Disorders, 29*, 297–305.

McCormick, L. (2014). Perspectives, policies and practices. In M. J. Noonan & L. McCormick (Eds.), *Teaching young children with disabilities in natural environments* (2nd ed., pp. 1–26). Baltimore, MD: Brookes.

McWilliam, R., Lang, L., Vandiviere, P., Angell, R., Collins, L., & Underdown, G. (1995). Satisfaction and struggles: Family perceptions of early intervention services. *Journal of Early Intervention, 19*, 43–60.

National Association for the Education of Young Children (NAEYC). (2009). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8* (Position statement). Retrieved from http://www.naeyc.org/files/naeyc/file/positions/position%20statement%20Web.pdf.

National Professional Development Center on Inclusion (NPDCI). (2008). *What do we mean by professional development in the early childhood field?* Chapel Hill, NC: FPG Child Development Institute, The University of North Carolina.

National Professional Development Center on Inclusion (NPDCI). (2009). *Research synthesis points on early childhood inclusion*. Chapel Hill: The University of North Carolina, FPG Child Development Institute, Author. Available at http://npdci.fpg.unc.edu.

National Professional Development Center on Inclusion (NPDCI). (2011). *Research synthesis points on quality inclusive practices*. Chapel Hill, NC: FPG Child Development Institute, University of North Carolina. Retrieved from http://npdci.fpg.unc.edu/sites/npdci.fpg.unc.edu/files/resources/NPDCI-ResearchSynthesisPointsInclusivePractices-2011_0.pdf.

Odom, S. L., Buysse, V., & Soukakou, E. (2011). Inclusion for young children with disabilities: A quarter century of research perspectives. *Journal of Early Intervention, 33*, 344–356.

Odom, S. L., & Schwartz, I. (2001). So what do we know from all this? Synthesis points of research on preschool inclusion. In S. Odom (Ed.), *Widening the circle: Including children with disabilities in preschool programs* (pp. 154–174). New York, NY: Teachers College Press.

Odom, S. L., Vitztum, J., Wolery, R., Lieber, J., Sandall, S., Hanson, M. J., & Horn, E. (2004). Preschool inclusion in the United States: A review of research from an ecological systems perspective. *Journal of Research in Special Educational Needs, 4*, 17–49.

Office of Program Research and Evaluation (OPRE). (2013). *Number and characteristics of early care and education (ECE) teachers and caregivers: Initial findings from the National Survey of Early Care and Education*. OPRE Report 38. Retrieved from http://www.acf.hhs.gov/programs/opre/index.html.

Pianta, R. C., La Paro, K., & Hamre, B. K. (2008). *Classroom assessment scoring system*. Baltimore, MD: Brookes.

Richardson-Gibbs, A. M., & Klein, M. D. (2014). *Supporting young children with disabilities in inclusive early childhood education*. Baltimore, MD: Brookes.

Schulman, K., Matthews, H., Blank, H., & Ewen, D. (2012). *A count for quality: Child care center directors on rating and improvement systems*. Retrieved from www.clasp.org/admin/site/publications/files/ACountforQualityQRISReport.pdf.

Soodak, L. C., & Erwin, E. J. (2000). Valued member or tolerated participant: Parents' experiences in inclusive early childhood settings. *Research and Practice for Persons with Severe Disabilities, 25*, 29–41.

Soukakou, E. P. (2012). Measuring quality in inclusive preschool classrooms: Development and validation of

the Inclusive Classroom Profile (ICP). *Early Childhood Research Quarterly, 27*, 478–488.

Soukakou, E., Winton, P., West, T., Sideris, J., & Rucker, L. (2015). Measuring the quality of inclusive practices: Findings from the Inclusive Classroom Profile (ICP) pilot. *Journal of Early Intervention, 36*, 223–240. doi:10.1177/1053815115569732.

Turnbull, A., & Winton, P. (1983). A comparison of specialized and mainstreamed preschools from the perspectives of mothers of handicapped children. *Journal of Pediatric Psychology, 8*, 57–71.

U. S. Department of Education., Office of Special Education and Rehabilitative Services., & Office of Special Education Programs (OSEP). (2014). *36th annual report to Congress on the implementation of the Individuals with Disabilities Education Act*, *2014*. Washington, DC: Author.

U.S. Department of Health and Human Services., Administration for Children and Families., Office of Planning, Research and Evaluation (OPRE). (2013). *Number and characteristics of early care and education teachers and caregivers: Initial findings from the national survey of early care and education* (OPRE report 2013-38). Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/nsece_wf_brief_102913_0.pdf.

U.S. Departments of Education., & Health and Human Services. (2015). *Policy statement on inclusion of children with disabilities in early childhood programs*. Washington, DC: Author.

Whitehurst, G. J. (2002, March 5). *Research on teacher preparation and professional development*. Address to White House Conference on Preparing Tomorrow's Teachers. Retrieved from http://www2.ed.gov/admins/tchrqual/learn/preparingteachersconference/whitehurst.html.

Winton, P., Buysse, V., Rous, B., Lim, C.-I., & Epstein, D. (2013). CONNECTing evidence-based practice and teacher research. *Voices of Practitioners, 8*(2), 1–7. National Association for the Education of Young Children.

Winton, P., Snyder, P., & Goffin, S. (2016). Beyond the status quo: Rethinking professional development for early childhood teachers. In L. Couse & S. Recchia (Eds.), *The handbook of early childhood teacher education.* Oxford, United Kingdom: Routledge Press.

Winton, P., Turnbull, A. P., Blacher, J. B., & Salkind, N. (1983). Mainstreaming in the kindergarten classroom: Perspectives of parents of handicapped and nonhandicapped children. *Journal of the Division for Early Childhood, 6*, 14–20.

Wolery, M., Pauca, T., Brashers, M. S., & Grant, S. (2000). *Quality of inclusive experiences measure*. Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina.