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**Child Care Center Directors' Perceptions of their Efforts to Create Inclusive  
Environments in a Quality Rating and Improvement System (QRIS): A  
Phenomenological Study**

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## Child Care Center Directors' Perceptions of their Efforts to Create Inclusive Environments in a Quality Rating and Improvement System (QRIS): A Phenomenological Study

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### **Abstract**

The purpose of this phenomenological study was to explore how child care center directors participating in QRIS perceived the initiative to support inclusive practices for children with delays and disabilities. Child care center directors participating in QRIS in an urban city in the northeastern region of the United States were interviewed regarding their perceptions of inclusion. This study found that child care center directors were implementing elements of inclusion (i.e. access, participation, and supports) and found some components of QRIS to be supportive of inclusive practices (e.g. training opportunities for center leadership, including inclusion in the established indicators of quality care). However, there were themes related to the components of QRIS that directors perceived could be enhanced to further support inclusion. This research has implications for QRIS implementation in early childhood education (ECE) that is supportive of the needs of children with delays and disabilities at the state and federal levels.

### **Aim**

Under the Individuals with Disabilities Education Act of 2004 (IDEA) and the Americans with Disabilities Act (1973) children with delays and disabilities have the right to access similar settings as their typically developing peers to receive care and education which includes participating in community-based child care centers. A significant financial investment made by the federal government through the Child Care and Development Block Grant Act of 2014 (CCDBG) was designed to ensure that child care settings provide quality care for all children, including those with delays and disabilities. The CCDBG triggered the implementation of QRIS in most states (QRIS Compendium, 2016). Therefore, implementation of QRIS as it relates to inclusion was explored to gain an understanding of how child care leaders perceived QRIS to support inclusive practices.

### **Problem/Issue**

The federal government has made a large investment through the CCDBG to ensure that all children, including those with delays and disabilities have access to a quality education in early childhood settings. A setting rated as high-quality on observation assessments frequently used to determine QRIS rating tiers is not enough to ensure that effective instruction is provided adequately to meet the individual needs of children with disabilities in early childhood settings (Soukakou, Winton, West, Siders, & Rucker, 2014; Worley, Pauca, Brashers, & Grant, 2000). Little is known about the components of QRIS that are supportive of inclusive practices. This study explored how child care center directors participating in QRIS perceived inclusion and the components of QRIS those leaders viewed as supportive of inclusion.

### **Purpose**

This hermeneutic phenomenological study described the lived experiences of child care center directors participating in QRIS in a large urban city as they engaged in providing quality care for children with disabilities in their settings. Their perceptions related to inclusion and how QRIS supports inclusive practices were explored with a focus on the following central question: How do child care center directors, participating in a quality rating and improvement system (QRIS), perceive inclusion? The subsequent research questions (RQ) were:

RQ1: How do child care center directors who selected the inclusion indicator on the continuous quality improvement plan (CQIP) perceive inclusion?

RQ2: How do child care center directors who did not select the inclusion indicator on the CQIP perceive inclusion?

RQ3: Based on child care center directors' perceptions, how does QRIS support inclusive practices in child development centers?

### **Participants**

Twelve child care center directors participating in the QRIS were interviewed for this study. Participants were child care center directors purposefully selected based on their responses to the QRIS' continuous quality improvement plan (CQIP) and placed into two categories: a) responders to the inclusion indicator of the state's CQIP, and b) those who did not respond to the inclusion indicator of the CQIP. Data were collected through analysis of semi-structured interviews and coded in effort to find common themes in the experiences of the participants.

**Research Findings:** The themes that emerged reflected similarities related to perceptions of inclusive practices; differences related to perceptions of inclusive practices; perceptions of how QRIS supports inclusive practices; and recommended enhancements to QRIS that support inclusive practices (See Table 1).

Table 1.

Themes and Sub-themes Based on Analysis of Interview Data

Themes and Sub-themes Based on Analysis of Interview Data	Theme 1 Similarities related to perceptions of inclusive practices	Theme 2 Differences related to perceptions of inclusive practices	Theme 3 Perceptions of how QRIS supports inclusive practices	Theme 4 Recommended enhancements to QRIS that support inclusive practices
Sub-Theme 1	Supports for children with delays and disabilities	Participation of children with delays and disabilities in ECE programs	Training opportunities for center directors	More inclusion specific training options for ECE staff
Sub-Theme 2	Benefits of inclusion	Access to ECE programs for children with delays and disabilities	Increased awareness of inclusion due to CQIP	Program standards
Sub-Theme 3	Barriers to inclusion		Consumer education	Financial incentives
Sub-Theme 4				Use of data for quality improvement

The two groups of directors described similarities with how they viewed the QRIS to support inclusion, as well as, some of the barriers they faced with being more inclusive. The groups of participants had differences in views related to the level of participation of children with delays and disabilities in their centers, as well as, how children accessed the programs. This finding likely was related to the education and experience levels between the groups as the directors who had answered the inclusion indicator had more education and/or more experience in special education than the directors who did not respond to the inclusion indicator. Table 2 displays the number of statements participants made related to common elements of QRIS as either supportive of inclusion or needing enhancements to further support the implementation of inclusive practices in child care centers participating in QRIS. Both groups of directors felt the QRIS supported inclusive practices due to the embedded training opportunities, the inclusion indicator in monitoring, and consumer education which related to parents being able to search

the features of a child care center and decide if it was a good fit for their child’s needs. On the other hand, both groups of directors felt the QRIS could be enhanced in the following ways: offering staff training on inclusion, selecting program standards that had a stronger emphasis on inclusion, providing financial incentives for caring for children with disabilities, and finally increasing accessibility to data so directors could monitor their quality improvement efforts on the topic.

Figure 1.

Frequency of Center Directors’ Responses

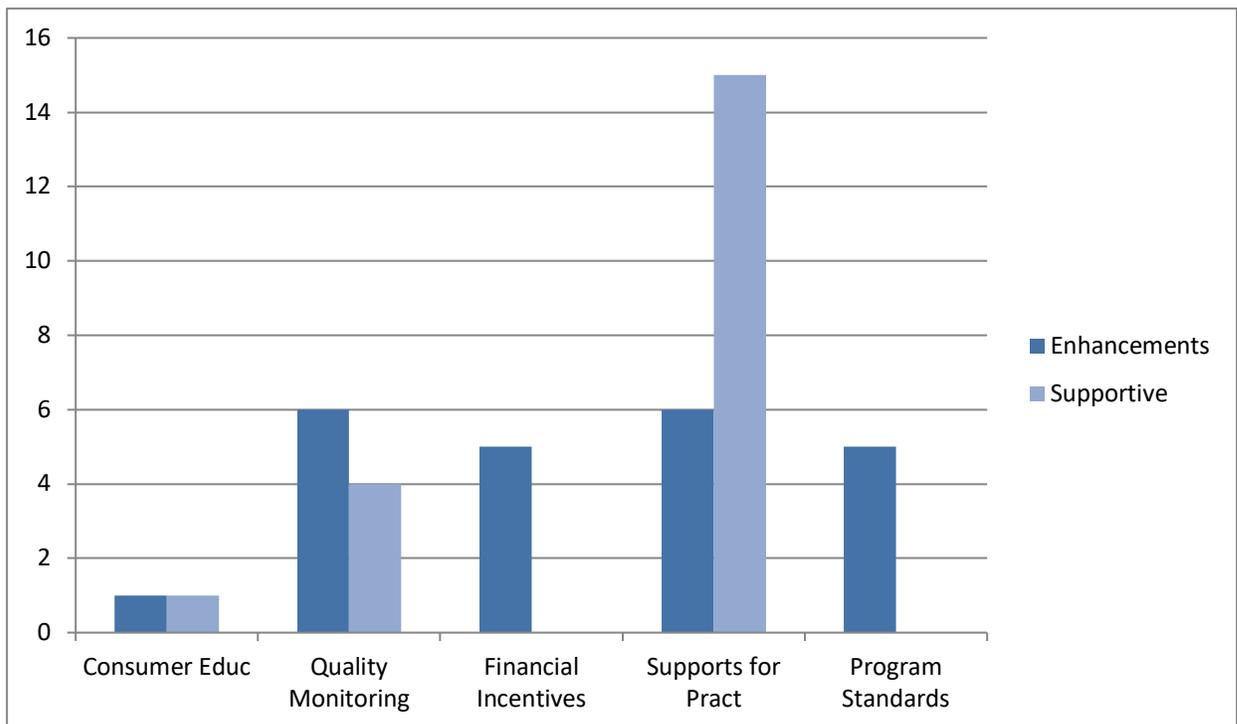


Table 2. Frequency of center directors’ responses displayed in a bar graph.

## Conclusion/Discussion

RQ1 and RQ2:

All child care center directors had foundational knowledge of inclusion as defined by the U.S. Departments of Education and Health and Human Services (2015) which was evidenced by the directors making statements related to *access*, *participation*, and *supports*. Directors highlighted the benefits to inclusion, as well as, barriers for inclusion in child care centers. Based on interview data, there was a range of inclusive practices used by child care center directors. All directors described *supports* used in their centers (e.g. parent engagement, accommodations, participating in child find activities). Directors who responded to the inclusion indicator made more statements related to *participation* of children with delays and disabilities in their settings; while directors who did not respond to the inclusion indicator made more statements that related to the *access* children with delays and disabilities had to their early childhood programs. The researcher concluded that this difference may have been due to higher education levels and more years of experience with children with delays and disabilities the directors that responded to the inclusion indicator had.

RQ3:

Child care center directors who participated in the study elaborated on their experience with implementing inclusive practices in the QRIS. They expressed that some component of the QRIS facilitated the implementation of inclusion practices, while other components of the quality improvement system needed enhancing to increase inclusive practices. The frequency of their statements related to their views of the components of QRIS as being supportive of inclusion or needing enhancements is illustrated in Figure 1. Child care center directors participating in the QRIS appreciated training opportunities but wanted support with staff-level training. They indicated that the CQIP indicator related to inclusion increased awareness of inclusive practices. The directors felt that the QRIS assisted families with program placement, as the public profile for centers could help identify centers that are high-quality and demonstrate some level of expertise with inclusion. Directors described the QRIS increased the overall standard for quality; however, inclusion was not consistently viewed as a focus in quality improvement efforts due to the observation tools used to assign quality ratings to centers (i.e. Classroom Assessment Scoring System). The directors described a lack of funding for supporting children with delays and disabilities in ECE settings and highlighted their local education agency partners were provided supplemental funding for caring for children with delays and disabilities. Lastly, the directors discussed the need for the state education agency to increase the accessibility of quality improvement data so they could review data and make informed decisions for improving the quality of care for children with delays and disabilities.

## Recommendation

Based on the results of this study, recommendations were made for increasing inclusive practices through local and national QRIS implementation. The local or state level recommendations for QRIS implementation that supports inclusive practices were as follows:

1. The state education agency should consider enhancements recommended by child care center directors in the QRIS.
2. The state education agency should increase accessibility of quality improvement data for child care center directors.
3. The state should align other quality improvement grants/initiatives for early childhood settings with QRIS.
4. The state education agency should train center directors on basic concepts related to early intervention and inclusion.

Due to the significant investment in QRIS, it was recommended that the federal government mandate inclusion is incorporated in quality improvement efforts, such as QRIS. Additionally, it was recommended for the federal government to require states to validate their QRIS with outcomes related to children with delays and disabilities.

### **Research Implications**

The findings of this study have implications for QRIS implementation that supports inclusive practices in child care centers. The following considerations should be made for future practice:

- Child care center directors engage in a range of inclusive practices in their centers. There is foundational knowledge related to inclusion across child care centers and the components of QRIS could be used to further enhance the implementation of inclusive practices.
- Professional characteristics of child care center directors is an indicator for the range of supports for children with delays and disabilities. Directors with more experience with children with delays and disabilities and/or more education in the field of special education are more likely to provide unique supports to children with delays and disabilities in their centers.
- Inclusion is beneficial to children with and without delays, as well as ECE staff as it provides staff members in ECE settings experience with the population that can be generalized with other children.
- Parents were frequently described by child care center directors as barriers to inclusion; therefore, there is a need for training child care center directors on parent engagement strategies, as well as foundational elements of inclusion for consistency across the workforce.
- There is a cost/fiscal impact associated with quality inclusion. Quality inclusion should be linked to any financial incentives provided in QRIS rating tiers. There is also inequity in funding across the ECE sectors (child care vs. school). State education agencies should mitigate this gap in funding to ensure that children with delays and disabilities can access all ECE settings and are not forced to take school options because those settings can afford their care.
- Training opportunities for center directors, having a quality indicator for inclusion, and consumer education were perceived as components of QRIS beneficial to inclusion. States should make considerations for these areas in their QRIS development/enhancement.
- Directors felt QRIS raised the quality of ECE in general; therefore, the framework is perceived as valuable for increasing the quality of care for children.

- Inclusion is considered in QRIS, but not fully engrained into the framework. State agencies implementing QRIS should not rely solely on the standards from commercial assessments but should also include unique standards based on their demographics when creating the quality tiers for QRIS.

### **Author Biography**

Carlene Reid completed her doctoral studies through the Urban Special Education Leaders of Tomorrow (USELT) grant funded by the U.S. Department of Education, Office of Special Education Programs (OSEP). Her concentration was Education Leadership and Management. Carlene has more than 10 years of experience in special education and is a licensed speech-language pathologist. Her research interests include special education leadership in early childhood settings and the impact of quality improvement initiatives on children with special needs.

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