A Thesis

entitled

Childcare Providers’ Attitudes about Inclusion of Children with Special Needs

by

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Positive attitudes and perceptions about inclusion practices are critical to successful inclusion settings. Childcare providers' comfort levels working with children that have special needs will increase if they have special needs in-service trainings. This research study focused on how childcare providers’ education and training affect their comfort level and attitudes about inclusion. Most participants reported prior work experience with children with special needs and high comfort levels working within an inclusive environment. This research concluded that if family childcare and childcare center providers attended special needs in-service trainings (one or more trainings) there was a statistically significant increase in their comfort level and willingness to work in an inclusive childcare setting.
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Chapter 1

Introduction

Inclusion is a term used to describe the participation of a child with special needs in programs and other activities in which their typical peers participate. The Individuals with Disabilities Act (IDEA, 1997; IDEIA, 2004) and Americans with Disabilities Act (ADA, 1990) have set a legal precedent for children with special needs to be a part of inclusive settings.

The term inclusion is often associated with classroom settings and early childhood program placements. However, inclusion is not limited to just education settings, but to community based programs that typical children attend, such as childcare programs. Children with special needs can interact in natural environments with typical peers who can aid them developmentally. According to Hayes, Palmer and Zaslow (1990) high quality childcare contributes to children’s social, emotional and cognitive development. Unfortunately, childcare programs generally lack high quality inclusive settings. Due to lack of training and education regarding special needs topics, childcare providers have a low comfort level and willingness to work within inclusive settings. According to Decry-Schmitt and Todd (1995) childcare providers with low levels of education and training may not have a lot of skills to utilize when caring for children and running a business. This may result in low provider wages which in turn may decrease job satisfaction and increase job stress. This research study focused on how childcare providers’ education and training affect their comfort level and attitudes about inclusive settings.
High Quality Childcare Programs

When we think of high quality childcare we have an image which includes supportive learning environments, developmentally appropriate practices, educated providers, and staff professionalism. Unfortunately, that is not the reality of most childcare homes and centers. A study by Frank Porter Graham (FPG) researchers (2009) found that while early intervention and special education is part of the mission of childcare programs, inclusive and special needs training often fall short.

Parents of infants, toddlers, and preschoolers with disabilities, have two unique barriers that they face when finding adequate inclusive childcare programs: (a) the attitudes of childcare providers in regards to working with children that have disabilities (Crowley, 1990) and (b) the lack of childcare provider support and specialized training to work within inclusive settings (Fewell, 1993). According to Roseman (1999), one third of all childcare teachers leave the field annually, resulting in untrained providers filling the void. This leaves parents and children at a disadvantage due to a lack of affordable childcare options. Why would parents or caregivers tolerate these conditions? Roseman (1999) suggest that parents underestimate the importance of trained childcare providers and tolerate unregulated care because it is affordable and easier to access.

Childcare Options

There are two traditional community childcare options available for parents, childcare center and family childcare center (FCC) providers. Childcare center days of operation are usually Monday through Friday. These centers are not permanent residence of the administration or owner and can provide care for 13 or more children at one time.
Alternatively, FCC’s usually provide more flexible hours of operation and provide childcare in their residence. These providers are able to provide childcare for 3 to 12 children at one time. According to Hofferth, Brayfield, Deich, & Holcomb (1991) besides childcare from immediate family, FCC is the most widely used form of childcare.

**Program Enrollment**

Since 60% of young children have parents working, childcare environments are a likely focus of inclusion (Knoche, Peterson, Edwards & Jeon, 2006). However, the percentage of young children with disabilities who participate in childcare settings is not known. The number and percentage of children served under Individuals with Disabilities Education Act in 2003-04 ages 3-21 was 38.5%. In 2005, about 57% of children ages 3 to 5 not yet enrolled in kindergarten were enrolled in a center-based program. Some 23% of 3- to 5-year-olds who were not yet enrolled in kindergarten received care from relatives and 12 % received care from nonrelatives (U.S. Department of Education, National Center for Education Statistics, 2010). According to Overturf & Johnson (2005), the need for childcare for children under 5 years of age has increased due to an increase of women entering the labor market. Parents have come to depend on substitute childcare providers while mothers are at work. Parents face challenges and complexities while trying to coordinate quality childcare for their children.

However, due to the current economic downturn, paying for childcare has become an additional barrier for parents. As a result enrollment in childcare centers has recently decreased due to job loss and families having no extra room in their budgets to pay for it. Unfortunately, some families have to make the choice between buying food and paying bills. Childcare has become increasingly expensive, the price of full-time childcare, in
every state for two children, exceeds the median of monthly rent and is equal to or exceeds a monthly mortgage payment (CLASP, 2008). Even for families living below the poverty line during good economic times, childcare along with other basic needs, consumes most of their income (CLASP, 2008).

**Providers Perceptions of Inclusion**

There are barriers that contribute to childcare provider’s unwillingness to work with an atypical child. One major barrier is the comfort level and attitude providers possess about working with children that have a disability. Research has shown that the attitude and belief system of a provider may be the precursor to whether or not they are willing to work with children that have special needs. According to Mulvihill, Shearer & Van Horn (2002), researchers and practitioners argue that negative attitudes, held by care providers, may be a significant barrier to the availability of a sufficient number of childcare programs willing and able to serve children with disabilities. In 2007, the YWCA of Greater Toledo (2009) agency that works with childcare centers and family childcare providers in Lucas County, Ohio reported having about 600 providers on their registry. This agency provides childcare searches for families in their local area. When a family has a child with a special need, this agency completes a search in their database and personally calls childcare providers to check their vacancies for the family. According to the YWCA (2009), while checking vacancies, most providers were open to enrolling a child until they found out that the child had a special need. Some providers would say “no”, due to being unaware of the ADA (1990) laws, while others would change their vacancy status to zero for that child’s age group. The agency soon comprised a special needs referral list of about 30 providers, out of 600, that were open to
provide inclusive settings. After talking to many providers in Lucas County about working with children that have special needs, these providers gave the following reasons why they could not work with that population of children: (a) A lack of experience and knowledge of working with children with special needs and (b) Their environment could not support any special equipment such as wheel chairs or other related needs.

There is a great need for childcare providers to be trained to work with children that have disabilities, but not enough of them are willing to work with this population of children. Mulvihill et al. (2002) suggest that attitudes and perceptions of childcare providers are crucial to the acceptance of inclusion as best practice in settings, which include childcare environments. Further, these authors suggest that disability training and experiences working with children with disabilities are associated with positive perceptions and views of inclusion.

**Inclusion Programs**

An effective inclusion environment depends on the provider’s ability to understand the needs of all the children and feel comfortable implementing techniques and strategies to meet the needs of a child with disabilities. The premise is that changing provider attitudes and ideas about inclusion in a positive way will offer more opportunities for children with special needs to be included in all educational programs (Jackson, Ryndak, & Billinglsey (2000); Jordan & Stanovich (2001). Inclusive childcare programs are important for several reasons, first, the IDEA (1997) requires eligible children with disabilities a free public education in the least restrictive environment. This goal for young children is more complex because in order to provide free public education in the least restrictive environment, this service must extend beyond the school
to the child’s natural environments including community-based childcare settings (Sandall, McLean, & Smith 2000). In addition, for children under 3 years of age, early intervention services must include and address the family needs as well as the individual children (Knoche et al., 2006). Secondly, peer to peer interactions between typical and atypical children in inclusive childcare settings are important. When a child with special needs can interact in the classroom with his typical peers, his environment is offering intervention services that are needed, but in the child’s natural environment. Children interacting with their peers promote healthy social and emotional development.

Interactions with peers are an important part of a child’s development. Vygotsky (1978) believes that play promotes social and cognitive development in children. He argues that in play, a child always behaves in advance of her daily behavior: “....play contains all the developmental tendencies in a condensed form and is itself a major source of development” (Vygotsky 1978, p.102). Early childhood educators working within inclusive settings need to intentionally create opportunities for all children, including children with special needs to engage in peer to peer interactions (Kemple, Duncan & Strangis, 2002; Kostelnik, Onaga, Rohde, & Whiren, 2002).

Finally, when children with special needs receive early intervention services it cuts down on any future long term cost on our society. Quality preschool programs clearly provide one of the most cost-effective strategies for lowering the high school dropout rate and helping at-risk children to become more effective learners and productive citizens. Research shows that for every dollar spent on comprehensive and intensive preschool programs for the underprivileged our society saves up to six dollars
in future costs of welfare, crime, teen pregnancy and remedial education (Ysseldyke & Algozzine, 2006).

**Conclusion**

The hypothesis for this study is as follows: If Lucas County family childcare and childcare center providers have received past special needs in-service trainings (one or more trainings) there will be a statistically significant increase in their comfort level and willingness to work in an inclusive childcare setting.

Further research is needed to focus on training methods to improve the quality of inclusive childcare settings. To do this, we must first gain a better understanding of the barriers providers encounter in working in an inclusive setting and trainings that address these barriers must be provided.
Chapter 2
Review of Literature

Training childcare providers on inclusion has recently become a focus for the field of early childhood. Prior to the early 1970s, it was rare to find inclusive settings in educational programs designed for typical children (Mulvihill et al. 2002). The IDEA (1997; 2004), ADA (1990), an increase of women entering the workforce and the idea of quality assurance in programs, can account for the surge of inclusive programs and the need for education for childcare providers.

The following literature review examines provider’s attitudes, perceptions, needs, training and quality in regards to inclusion. Researchers such as Mulvihill et al., (2002) and Buell, Gamel-McCormick, and Hallam, R. A. (1999) have linked childcare provider’s attitudes and perceptions about inclusion to whether or not they work within inclusive settings. Other researchers such as Osborne, Garland and Fisher (2002), Graham, (2009) and quality assurance programming such as Step Up to Quality (SUTQ) have linked the education and training of childcare providers to improvement of quality childcare within inclusive settings. In addition, the research of Campbell, Milbourne and Silverman (2001) has linked the training of childcare providers to an increase in positive perceptions of children with disabilities within inclusive settings.

Provider’s Attitudes, Perceptions, and Needs

Childcare provider’s attitudes about inclusion services can affect whether or not they work with children with disabilities. This claim can be supported by well studied and documented social psychological literature that links the relationship between
attitudes and behavior (Eagly, 1992). “In this context, attitudes are defined as an internal state of an individual that predisposes the person to make an evaluation along a favorability–unfavorability continuum, which in turn influence subsequent behaviors enacted by the individual” (Mulvihill et al., 2002 p,198). Once childcare providers are trained on how to work within inclusive environments by modifying and adapting curriculum, basic understanding of typical vs. atypical development and disability laws, their comfort levels will increase, potentially creating more effective inclusive childcare programs. Researchers suggest that the critical approach to positive teacher attitudes and successful inclusion is on-going in-service training, which is an effective strategy for promoting positive attitudes (Kuester, 2000; Odom & McEvoy, 1990).

The accessibility of inclusive childcare programs may be significantly affected by the negative attitudes held by childcare providers. Mulvihill et al. (2002) investigated the attitudes, beliefs and perceptions of FCC providers and center based providers in regards to inclusion barriers, inclusion needs, provider’s current experience working with children with disabilities, and participation in special needs topic training. The Mulvihill et al. (2002) research survey is an ideal tool to model, because it addresses the barriers and needs of providers. Surveys were mailed out to providers before their participation in the provider training, which gave a clear indication of demographics and perceived barriers of childcare providers. The survey contained a series of questions to gather demographic data on the program and the respondent. It also asked about program-specific experience with disability training and current status regarding serving children with disabilities. Perceived barriers and needs were rated on a 5-point Likert-type scale (Mulvihill et al., 2002).
The information collected from the survey tool provided a clear analysis of the experience and attitude of providers. The Mulvihill et al. (2002) study focused on three research question. The first question addressed whether or not characteristics of providers or programs and experience working with children that have disabilities affected participation in disability trainings. The results showed that program characteristics such as type of program, size and provider demographics, accounted for about one third of variability in provider training and experience working with children that have disabilities. These results are consistent with previous researchers that have found trainee characteristics and programming is related to provider training attendance and outcomes (Buell et al., 1999; Colquitt, LePine, & Noe, 2000). The Mulvihill et al. (2002) results suggest that indeed childcare provider demographics and programming are related to provider attendance in disability training as well as if provider currently works with children that have disabilities.

The second question addressed whether working with children with disabilities or participating in disability-specific trainings was correlated with perception of barriers and needs. The findings suggest that providers’ attitudinal barriers, needs and perceptions on inclusion were positively linked to their participation in disability specific trainings. Childcare providers with more disability trainings actually perceived fewer barriers and needs (Mulvihill et al., 2002).

The third research question examined whether the characteristics of the provider and the program directly effect perceptions of barriers and needs, or if experience working with children with disabilities or participating in disability trainings affect this relationship in regards to gender of the respondents (3.3% were male and 96.7% were
female). In regards to ethnicity, 64.5% were African American and 34.7% were Caucasian (Mulvihill et al., 2002).

In order to collect demographic information, surveys were mailed out to 969 childcare providers from 12 Childcare Management Agency regions in Alabama. These surveys asked questions about their training, experience, needs, and concerns with serving children with disabilities. Family members of children who provided childcare were excluded from this population of providers. All providers worked in community based childcare programs that served low income families. The response rate for FCC programs was 22% and 20% for childcare center programs (Mulvihill et al., 2002).

Due to inclusion being a mandate in Head Start centers, per Head Start program guidelines, they were not part of this study because their response to the questions would be predictable and in accordance with these guidelines that require minimum enrollment of 10% of young children with special needs. Furthermore, respondents were eliminated if they did not indicate what type of program they operated because that was the focus of these analyses. This left 933 respondents, most of whom were administrators or owners of the facilities (Mulvihill et al., 2002).

The results of the Mulvihill et al. (2002) study indicated that childcare providers’ attitudes and perceptions were influenced by how much disability needs trainings they had completed. These results suggest that positive perceptions and views of inclusion are related to disability-specific trainings and current experience working with children with disabilities (Mulvihill et al., 2002). Providers with disability training and providers that worked with children that had disabilities, perceived few barriers and needs for their program. Center based programs were more likely to report working with children with
disabilities as opposed to FCC programs.

The providers’ participation in disability training and recent experience serving children with disabilities, in turn, are related to their perceptions of needs and barriers. According to the Mulvihill et al., (2002) study, 34.2% of respondents were currently serving children with disabilities, 38.4% of respondents had previous disability training and 64.3% were willing to participate in disability training. As a result, the analyses support Mulvihill’s hypothesis that individuals in particular programs have certain characteristics that increase the probability that they will attend training. This attendance at training and real experience of working with children that have disabilities is related to provider perceptions of fewer needs and barriers related to inclusion programs (Mulvihill et al., 2002).

The results from the Mulvihill et al., (2002) research suggest that providers’ opinion about directly working with children that have special needs affect their willingness to work within an inclusive setting. In addition, the research shows that when providers attend trainings on special needs specific topics their comfort level and willingness to work within inclusive settings increases along with the probability of attending more trainings.

**Provider Perceptions of Programmatic Support**

Other researchers, such as Buell et al., 1999 agree that while training is an important factor, other factors should be examined that may affect a teacher’s inability to meet the needs of atypical students. Buell et al., (1999) conducted a state-wide needs assessment for the Department of Education in order to modify their personnel development system. The participants included general educators and special educators
of a non specified US state. This study examined the factors that contributed to educator’s ability to meet the needs of children with special needs within inclusive settings. In order to accomplish this goal, the study looked at teachers’ perceptions of their needs for programmatic supports and resources within inclusive settings, needs and attributions for special needs specific in-service training and confidence regarding both student success and inclusive education (Buell et al., 1999). The efficacy of teaching students requires the training of educators and a high comfort level in their ability to apply the skills they learned. More than training is required in order to successfully instruct students in any environment; it requires educators to be empowered to utilize their competencies and skills (Hegarty, 1994).

The surveys were given to special education directors to be distributed randomly to teachers. The directors were given instructions as to how many special education and general education educators would receive the surveys. Out of the 508 surveys, 106 went to special education teachers and 30 surveys went to special education directors. Each survey came with instructions for the participant to return the survey to their director or mail it back to the researcher. Each director was also given a large envelope to return the surveys to the researcher. The survey was developed by the staff of this state’s team of the Department of Education and was also reviewed by an inclusion committee. The survey is a 25-item Likert-type scale with some additional yes/no and open-ended questions. Three major sections of survey addressed (a) teachers’ confidence in the success of students within inclusive settings, (b) teachers’ needs regarding specific special needs in-service trainings, (c) teachers’ perceptions of their program supports for implementing successful inclusive practices (Buell et al., 1999).
Out of the 289 surveys that were returned, special educators completed 87 and
general educators completed 202. General educators had been teaching an average of 15
years and special education educators an average of 7.5 years. The participants included
general education and special education educators. The average age of the teachers that
participated was 42 years, and 47% held Master degrees or higher. A multivariate
analysis of variance was conducted to test for difference in the response in questions that
measure beliefs about inclusion between general and special educators (Buell et al.,
1999). Special educators rated higher in their understanding of inclusion and their skills
to motivate students than general educators. Working with parents and using assistive
technology were two areas that special educators were not significantly confident as
general educators.

Results of this study confirm a strong negative relationship between teacher’s
belief that they can influence students and their belief that very little can help counteract
home environment; this relationship was present in both general and special educators
(Buell et al., 1999). According to this research, special education teachers reported being
more confident and prepared for inclusion of special education students in the general
education classroom.

Training and Quality within Inclusive Childcare Programs

It is important for childcare providers to be educated in working with children
within inclusive setting. Research by Osborne et al. (2002) focused on how to train
childcare providers to work with children that have special needs by using a training
model called SpeicalCare. The SpecialCare training model was designed for home (FCC)
and center based childcare providers. It promotes partnership between caregivers, and
early intervention and special education staff for successful placement of children within inclusive childcare settings. The SpecialCare model of training provides an 8-hour curriculum and supportive materials for childcare providers. The SpecialCare model data presents evidence that training resulted in increased provider comfort level and knowledge about children with disabilities. These outcomes were linked to more placement options for children with disabilities (Osborne et al., 2002).

**Content of the SpecialCare Training Curriculum**

The SpecialCare Training Curriculum was designed as a resource tool to train childcare providers on how to work in an inclusive setting with children that have disabilities. The content and training method was derived from the following principles and ideas based on adult learning: (a) All children have the right to developmentally appropriate practices within inclusive settings; (b) Some caregivers have a fear of caring for children with disabilities due to feelings of inadequacy in meeting their needs. (c) They may feel inadequate in meeting the child’s needs (d) Apprehension often arises from a lack of knowledge or self-confidence, (e) Attitudes of caregivers can change as a result of knowledge, and experience, and (f) Positive caregiver attitudes, developmentally appropriate activities, and child-caregiver one-on-one involvement can increase child achievement (Osborne et al., 2002).

The SpecialCare trainer’s manual was designed for experienced trainers who lack knowledge about children with disabilities and how to provide inclusive childcare (Osborne et al., 2002). The SpecialCare curriculum included particular objectives for all three units covered. The first unit, Introduction on Inclusive Childcare addressed the following objectives (a) definition of an inclusive childcare setting (b) identification of
the benefits of inclusive childcare settings and (c) awareness of perceptions and feelings about caring for children with disabilities (Osborne et al., 2002). The objectives of Unit Two, Getting to Know Children with Disabilities, were (a) comprehension of why child development knowledge is important to understand when caring for children with disabilities (b) awareness of how it feels to live with a disability and (c) understanding of how disabilities may be affected by child development (Osborne et al., 2002). Finally, Unit Three, Building Relationships Between Caregivers and Families, included (a) becoming aware of families’ perspectives (b) gaining an understanding of feelings families have about their children’s participation within inclusive childcare settings (c) being able to effectively discuss how to build successful relationships with families (Osborne et al., 2002).

**Special Care Model**

The materials and facilitation strategies used to meet training objectives included lectures, video tapes, interactive experiences, and printed materials. All participants received a notebook that included references, which also served as a reference for their training, and a community resource guide. After the initial development of the SpecialCare model, there were 65 replicated trainings sites in 14 U.S. states. For the past 8 years, the SpecialCare model of training has been replicated via (a) technical assistance resulting in collaboration and resource linkage among early intervention (EI) systems, families and caregivers; (b) training of caregivers; and (c) train-the-trainer trainings for new groups of caregivers at each replication site (Osborne et al., 2002).
A post-test, pre-test and follow-up questionnaire were administered in order to analyze the comfort level of the participants. Results from the SpecialCare training showed a positive increase in attitudes of staff in regards to working with children with special needs. Post-test data indicated that the SpecialCare training increased knowledge about, and comfort with, working with children with disabilities. Total post-training responses were compared with follow-up responses. Assessment of this data showed that comfort levels of caregivers increased after training and gains were maintained for 4 months (Osborne et al., 2002).

The SpecialCare Curriculum content’s main strength is that it was created with the premise that all children have the right to participate in developmentally appropriate activities within inclusive and natural community settings. The training was also developed with the understanding that childcare providers’ may have a low comfort level with the idea of working within inclusive settings, especially if they have little or no experience working with children that have special needs. The SpecialCare Curriculum is a useful training model, because its objectives give childcare providers a basic understanding of special needs-related topics. This training program provided an additional support system for providers by offering technical assistance and linkage to other community resources, after the training was completed. This additional service created an environment of support and understanding for providers. Training does not make a childcare provider proficient in every special needs-related topic. The reality is that some special needs issues may arise that a provider may not know how to handle, but technical assistance is another support system available to assist them in these situations.
The SpecialCare curriculum is an important model to use when developing a training curriculum for childcare providers, because it focuses on three areas of basic knowledge which include understanding inclusive childcare, the development of a child with special needs, and the importance of the family connection. This presents providers with basic knowledge and understanding inclusion without the information being too overwhelming for providers. Most childcare providers lack adequate training and education in early childhood development or special education. “Although most countries around the world consider teacher training and education prior to formal employment essential, the U.S. has yet to adopt minimum educational standards for those who provide childcare to infants, toddlers, and preschoolers” (Gable & Halliburton, 2003, p. 176).

**Quality Assurance**

Training childcare providers to work with children who have special needs is one way to provide quality assurance in our childcare centers. Investing in quality childcare programs encourages child development, leads to school readiness, helps to guarantee future success, and promotes the employment of parents (Kagan, Cohen & Neuman, 1996). To meet the mandate of the reauthorized IDEA (2004), states and localities must provide early intervention services for children with disabilities within natural and inclusive settings. While inclusive childcare programs are important for the development of children with special needs, for families with children that have disabilities, finding appropriate childcare is a difficult task (Osborne et al., 2002). Since 60% of young children have parents who work, child-care environments have become the focus of inclusion efforts (Knoche, Peterson, Edwards & Jeon, 2006). There is a significant need for quality childcare in our nation and support for high quality learning environments for
children with special needs. Children, parents, and childcare providers ultimately suffer from a lack of quality childcare.

The National Professional Development Center on Inclusion (NPDCI) currently works with states, including Ohio, to make sure that childhood teachers are prepared and educated to work within inclusive settings. The NPDCI works with leaders from each state that offer professional development for teachers and childcare providers working within inclusive settings. The NPDCI defines professional development as high quality, effective teaching of providers regarding interventions in inclusive settings. Examples of professional development goals include: Implementation of interventions with children who have disabilities, and the ability to effectively collaborate and communicate these interventions with teachers and community staff (NPDCI, 2009).

The Quality Rating Improvement System (QRIS) is aimed at making improvements in childcare programs. The QRIS makes it possible for program quality to be assessed, information on program quality to be available for parents, and documentation of program quality improvements. A QRIS assists early childhood programs to set quality improvement goals that are measurable and to identify high quality programs for children (NPDCI, 2009). In Ohio, the QRIS system is Step Up To Quality (SUTQ). SUTQ is a three star rating system in which childcare programs have to meet certain quality standards in order to earn each star. This system is a voluntary three step system for childcare center and FCC providers that exceed Ohio’s state licensing regulations (NPDCI, 2009).

These quality standards include having the program observed by specialists and a certain number of in-service training hours for staff, including inclusion trainings. Ohio
is one of a handful of states (including Delaware, Indiana, Mississippi, New Mexico, Pennsylvania, Rhode Island, Tennessee and Vermont) that have performance standards specific to the needs of children with disabilities.

“Although a comprehensive system of professional development must take into account a variety of other factors such as access to learning opportunities and incentives to participate, the who, the what, and the how may be viewed as the core of a professional development framework aimed at promoting highly effective teaching and intervening, and are used as an organizing framework” (NPDCI, 2009, p. 5).

The professional development center for inclusion recommends using three framework components (a) the who: consider who the learners are and develop trainings and activities according to their education levels and work experience, (b) the what: redefining the content in order to reflect the most current information on inclusion and practices and (c) the how: using the most effective teaching strategies for learners that will encourage quality inclusive programming. This professional development framework is an excellent model to use when developing training for childcare providers on inclusion, because the framework’s components incorporate the education level and work experience of providers with effective teaching strategies and the most updated information on inclusion and developmentally appropriate practices. These components should be considered and used when developing training programs for any target audience.
Changing Provider Attitudes and Perceptions of Inclusion

In regards to the effects of provider attitude on inclusion, the attitudes of caregivers are often shaped and learned as a result of minimal evidence (Stoneman, 1993). One strategy for influencing caregivers' attitudes and perspectives, commonly suggested, are professional development activities. Few studies, however, have identified successful ways to positively affect caregiver perceptions about children with disabilities. Campbell et al. (2001) completed a research project that identified successful ways to raise positive provider ideas about children with disabilities. This project examined 48 complete child portfolios, assembled by 65 infant and toddler childcare providers and training called First Beginnings: Caring for Infants and Toddlers Training (Campbell et al. 2001). The goal of the training program was to raise the quality of the childcare program, including care for children with special needs. The portfolio project, All About Me, presented a unique way of collecting data on participant’s perceptions of children with special needs. The participants wrote two, one page stories about a child of their choice. The first story had to be written pre-training and the second written post-training. The participants wrote about the child’s strengths, talents and gifts.

This training was designed to improve the quality of infant and toddler childcare programs while supporting the inclusion of children with special needs. There were five training sessions and a portfolio project which included a printed instructor guide and any materials that participants needed for the training. Children with special needs were incorporated in each of the following five, in-class topics (a) Welcoming All Children, (b) Relationships, (c) Infant and Toddler Development, (d) Brain-Behavior Relationships and (e) Families and Resources. This curriculum was field tested with three groups of 20
to 25 infant and toddler caregivers. The caregivers attended at least one of three identical trainings. The portfolios were developed using a person centered planning approach called Making Action Plans (MAPS) (Falvey, Forest, Pearpoint, & Rosenberg, 1997).

The goal of this training was to change the perspectives and attitudes of childcare providers on working with children who have special needs. This training is very unique, because there were not many lecture style sessions, but an incorporation of story writing, parent participation and interactive activities. Results indicated that strengths-based themes were significantly higher in the stories written after the portfolio project was completed. The results also indicated that participants were more likely to view children in a strength based approach following completion of the portfolio projects (Campbell et al., 2001). Each story was scored on a scale using the following values: outstanding, good, reasonable and less than reasonable. The way childcare providers described children with special needs, pre and post story, was the main area of interest in regards to qualitative results. The ways in which individuals perceive and understand a particular situation would appear to be related to the ways in which they react or respond to that circumstance. Explaining a child in terms of disability or deficits may be related to childcare provider’s inability to effectively respond to situations with the child (Campbell et al., 2001).

The training was not like most traditional training, and whether or not it was more effective was not reviewed, however it provides a different approach to helping childcare providers change their perspectives and attitudes about how they view children with special needs. According to the results, the training changed the way childcare providers viewed children. However, it would be interesting to look at the pre-story as an
honest look at what a provider thinks, but the post-test (especially since they were not anonymous) may have been written in a way that the provider thought would be pleasing to the trainers. There was not a clear understanding of exactly how to work with children that had special needs or how to use developmentally appropriate practices. The research looked at the degree to which the training project changed childcare providers perspectives about children with special needs based on pre-stories and post-stories, however participants' understandings of a strengths-based approach to disabilities were not examined. In addition, the research did not specifically identify links between childcare providers’ strengths-based perspectives and relationships with these children (Campbell et al., 2001).

**Conclusion**

The research studies reviewed demonstrated the importance of training teachers and providers and how this training can increase their comfort and attitude levels in regards to working with special needs children. As a result of these trainings the quality of care could increase. According to Mulvihill et al. (2002) individuals in particular types of programs have characteristics that increase the likelihood that they will attend training. This attendance at training and the actual experience of caring for children with disabilities is associated with a perception of fewer needs and barriers related to inclusion. The results of this study indicate that childcare providers’ attitudes and perceptions were influenced by how much disability needs training they had.

The public needs childcare programs that offer quality services for all children; however will trainings increase comfort levels and willingness to work within inclusive settings? Research by Osborne et al., (2002) suggest that if special needs related trainings
are offered to providers it can increase their comfort level and attitudes about inclusive programs. Other researchers, such as Mulvihill et al., (2002), suggest that provider’s attitudes and perceptions about working with children that have disabilities affect whether or not they attend special needs related trainings. Traditionally, training for caregivers focus on skill and curriculum development (Osborne et al., 2002). However, in order for inclusion to be successful, the attitudes and beliefs of childcare providers about children with disabilities play an important role in the success of inclusion (Soriano-Nagurski, 1998).
Mulvihill et al. (2002) suggest that disability-specific training and, at least, current experience working with a child or children with disabilities are associated with positive perceptions and views of inclusion. Researchers have concluded that the one critical element to successful inclusion is teachers’ attitudes (Hastings & Oakford, 2003). This research project adopted the following hypothesis: If Lucas County (Ohio) family childcare and childcare center providers have received past special needs in-service trainings (one or more trainings), there will be a statistically significant increase in their comfort level and willingness to work in an inclusive childcare setting.

Buell et al. (1999), Campbell et al. (2001), Mulvihill et al. (2002), the NPDCI (2009) and Osborne et al. (2002) all suggest that training increases quality assurance, knowledge and/or comfort levels of childcare providers who work within inclusive childcare programs. All of these studies indicate the importance of training childcare providers through disability specific training models and surveys, however there are two appropriate survey models for this research study. The first is Mulvihill et al.’s, (2002) model for surveying center-and home-based childcare providers’ perceptions of needs and barriers within childcare center inclusive programs and providers’ participation in disability-related training, and their current experience working with children with disabilities. A mailed survey was used to gather demographic data of participants, information on their training and experience, and to rate their needs and concerns related to inclusive programs. (Mulvihill et al., 2002). The survey tool was constructed based on
issues shown by other research studies to be integral to successful inclusion programs (Berk & Berk, 1982; Fink, 1991; Willer, Hofferth, Kisker, Divine-Hawkins, Farquhar & Glantz., 1991; Wolery, Huffman, Holcombe, Martin, Brookfield, Schroeder & Venn, 1994). The second survey model for this research is that of Buell et al., (1999). This research survey assessed perceptions of childcare providers’ ability to positively affect students, their understanding of inclusion, and their self-efficacy in serving students in inclusive settings, their need for in-service training in various areas, and the availability of supports to promote inclusion. Special education and general education teachers completed this statewide needs assessment survey.

The purpose of the current study was to determine, for childcare providers who are working in childcare centers and FCC, their training and education history regarding children with special needs, and to relate this information to their level of comfort in working within an inclusive setting. One main question guided this study: Does the comfort level and willingness of providers to work within an inclusive setting increase if they have completed in-service trainings on special needs’ topics and:

1. Is there a relationship between provider’s attitudes, knowledge of and comfort level in working with children with special needs?
2. Is there a relationship between childcare provider’s beliefs and their stated practices regarding inclusive settings?
3. Is there a difference in provider’s beliefs and comfort level based upon their education or experience?
4. What do providers believe they need in order to be prepared to work within an inclusive classroom?
Study Participants

The list of childcare providers for this research was obtained through public records from Lucas County (Ohio) Job and Family Services and the YWCA of Greater Toledo (Ohio) Childcare Resource and Referral agency. Childcare providers were called by the interviewer and asked to participate in the research project. The interviewer was well known in Lucas County as a childcare provider trainer and this relationship with administrators was used to increase response rates. The population that received these surveys was 150 childcare providers from 15 separate childcare centers and FCCs, along with 15 administrators from these centers in Lucas County.

Each childcare center and FCC was selected using the following criteria:

1. Childcare center or FCC located in Lucas County.
2. A Job and Family Services licensed childcare center or FCC Type A or Job and Family Services Certified Type B provider.
3. A licensed or certified childcare center or FCC for at least six or more children of any age.
4. At least one administrator working at the childcare center or FCC.
5. Two or more employees working at the childcare center or FCC.
6. Selection of staff from a sample of 1, 2 & 3 star - Step Up to Quality sites
7. Due to some providers working for the same childcare center or FCC, no more than 12 childcare providers can participate from each center.
8. Only one large center, with no more than 40 childcare providers from that childcare center, will be allowed to take part in this survey.
Administrators from childcare and FCC centers also participated, but were not included in the 150 childcare providers. Surveys were dropped off to each administrator of the participating centers. After surveys were completed, each administrator put them in a sealed envelope that was picked up from each center. No more than two administrators from each center will take part in this survey. Administration surveys were evaluated separately and data collection results are presented separately.

**Survey Instrument: Strengths and Weaknesses**

Surveys have a tendency to be weak in validity and strong in reliability (Barribeau et al., 2005). Surveys tend to try and capture an individual’s “feelings” in terms of such dichotomies as “agree/disagree,” “support/oppose,” etc., which put a strain on validity. Since individual’s feelings are difficult to capture, survey questions should be used as a tool to gather approximate indicators (Barribeau et al., 2005). The drop-off survey allows for participants to answer at their convenience, provides personal contact with participants offering the interviewer a chance to further explain the project and address comments, questions and concerns. Electronic surveys also allow the participants to respond at their convenience. It also is less expensive, there is faster transmission time and responses may be more candid. Research suggests that electronic surveys may invite the respondent to answer more honestly than with paper surveys or interviews (Barribeau et al. 2005).

Drop-off surveys also are more time consuming due to the amount of personal contact time, the response rate for this type of survey, although better than mailed surveys, still does not have a higher response rate than oral surveys (Barribeau et al. 2005). The weaknesses for the electronic survey include that sample populations can be
limited due to a lack of computer access, and lower levels of confidentiality may occur
due to computer open online access and possible technical difficulties. Even though
research shows that e-mail response rates are higher, Oppermann (1995) warns that these
high response rates are only significant during the first couple of days, afterward, the
rates were not significantly higher (Barribeau et al. 2005).

The type of survey used in this project was a printed survey (See Appendix A). The survey was offered to participants electronically and by drop-off, depending upon the request of the childcare provider. The survey consisted of four key elements. The key elements addressed in the survey include the following:

1. *Providers’ in-service training and or educational needs regarding comfort level within an inclusive setting.* Providers were asked how many special needs trainings have they attended; estimate the number of contact hours in trainings pertaining to children with special needs, and to identify other sources of learning about children with special needs. Providers were also asked to choose which of the following: special needs trainings, educational courses, or other, would increase their comfort level working with children that have special needs.

2. *Provider’s perceptions of an inclusive group setting.* Providers were asked to rate their idea about inclusion using a Likert scale from 1-5 (strongly agree, agree, neither agree or disagree, disagree, and strongly disagree) if children with special needs should be included in the same group as children without special needs. Providers were also asked to
rate their comfort level of working within an inclusive setting (working together with children that have special needs and typical children).

3. Providers experience or history working with children that have a special need. Providers were asked if they have ever worked with children that have special needs. Additional information regarding the disability categories was collected.

4. Provider’s demographic information. Providers were asked to describe what type of day care center they work at (childcare center or FCC) and their professional position at that center. Providers were also asked their highest education level completed.

The survey had 18 questions which consisted of a Likert-type scale with some additional multiple choice and open-ended questions. The survey was created in collaboration with the University of Toledo Thesis Committee. The survey was reviewed by the University of Toledo Human Research Protections Social, Behavioral and Educational IRB which approved this research study.

Data Collection / Procedures

The anonymous survey was available electronically and by hand delivery of hard copies, depending upon the request of the childcare provider. All respondents verbally declined the electronic survey and requested only the drop off method. Participants had two weeks to complete the surveys. Once completed, surveys were collected from administrator and picked up by the interviewer from each childcare center or FCC. One survey was mailed in to the University of Toledo by a participant and given directly to the author.
All surveys were collected and analyzed to assess the alternative hypothesis: If Lucas County family childcare and childcare center providers have received special needs in-service trainings (one or more trainings) in the past, was there a statistically significant increase in their comfort level and willingness to work in an inclusive childcare setting?

This researcher hoped to reject the null hypothesis that if Lucas County family childcare and childcare center providers had received past special needs in-service trainings (one or more trainings), there would not be a statistically significant increase in their comfort level and willingness to work in an inclusive childcare setting.

The results were evaluated using a one way Analysis of Variance (ANOVA) due to different cohorts of participants. This researcher drew inferences about two populations of people by comparing two dependent samples, on a continuous scale. The independent variable was their report of special needs specific experiences such as working with children with special needs, special needs specific trainings and previous experience in inclusive childcare; the dependent variable was comfort level as indicated in the survey.
Chapter 4

Results

The research for this study took place in Childcare and FCC centers. An anonymous survey was administered using the drop off method at the request of the all administrators. Administrators passed out surveys to participants. Participants had two weeks to complete the surveys. After participants completed their survey, it was placed in a sealed envelope, given to their administrator, who then put them in a larger sealed envelope. All completed surveys were picked up from childcare and FCC centers by the researcher. Attached to each survey was a letter informing each participant about the research study, confidentiality, survey procedure and University of Toledo Master’s degree thesis committee chair information. No more than two administrators from each center were asked to take part in this survey. Administration surveys were evaluated separately and data collection results are presented separately. Childcare provider participation was estimated at taking about 30 to 60 minutes to fill out each survey. One hundred and fifteen childcare center and family childcare providers received surveys. A total of 63 surveys were returned for a 55% response rate. Fifty-eight surveys were fully completed. Five surveys were discarded because respondents failed to denote information on in-service special needs trainings attended and or comfort level within inclusive settings.

Characteristics of Respondents

The following demographic information was determined by survey: gender, type of daycare center where provider was employed, professional position at center and
highest education level. In regards to gender, females represented 98% of the research population while 2% were males.

Of the 58 completed surveys, 42 childcare center and 5 FCC employees correctly completed the surveys. In addition, 7 childcare center administrators and 4 FCC administrators correctly completed the surveys. Overall, childcare center providers made up 72% of the survey pool. (See Table 4.1).

Table 4.1: Survey Participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>n 58</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCC Admin</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Childcare Ctr Admin</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>FCC Providers</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Childcare Ctr Providers</td>
<td>42</td>
<td>72</td>
</tr>
</tbody>
</table>

Most childcare providers reported post secondary education status. Childcare and FCC center employees reported their education status as follows: a high school diploma (36%) or an Associate degree (26%), Bachelor’s degree (16%), CDA (9%), college courses attended (9%), Master’s degree (3%) and other (1%) (See Table 4.2).

All childcare administrators reported post secondary education status. Specifically, childcare administrators’ education status was Associate degree (46%) or a Bachelor degree (27%), CDA (9%), Masters Degree (9%) and other (9%).
Table 4.2: Childcare Providers’ Education Status

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Childcare/FCC Providers</th>
<th>Childcare/FCC Administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$n$</td>
<td>%</td>
</tr>
<tr>
<td>High School Diploma/GED</td>
<td>20</td>
<td>43</td>
</tr>
<tr>
<td>CDA</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (including college</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>courses attended)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Research Questions

One main question guided this study: Does the comfort level and willingness of providers to work within an inclusive setting increase if they have completed in-service trainings on special needs topics and:

1. Is there a relationship between provider’s attitudes, knowledge of how to work with children with special needs and comfort level in regards to working with children with special needs?

2. Is there a relationship between childcare provider’s beliefs and their stated practices regarding inclusive settings?
3. Is there a difference in provider’s beliefs and comfort level based upon their education or experience?

4. What do providers believe they need to be prepared to work within an inclusive classroom?

**Analysis of Data**

The survey consisted of 18 questions/statements with one question and one statement being essential to the research. (10) *How many trainings about children with special needs have you attended?* (17) *Working within an inclusive setting (working together with children that have special needs and typical children) is a comfortable classroom environment for me.* A one-way ANOVA was conducted in order to test for differences in responses between childcare providers that have attended special need in-service trainings and those who have not attended.

**Experiences with Children with Special Needs**

The survey asked participants questions in regards to the number of years providing childcare, the current number of children at their center with an Individualized Family Service Plan (IFSP) / Individualized Education Plan (IEP) and with what type of disabilities conditions do providers have experience.

The providers’ work experience in the field of childcare varied from 1 to 30 years of experience. The average years of childcare provider participants’ experience working with children was 7 years. Ninety seven percent of all childcare providers had attended in-service trainings, 92% were untrained and 100% of administrators reported past experience working with children that had special needs. Most childcare providers answered *yes* to whether they had any children at their centers that had IFSP/IEP’s. Specifically, 71% of childcare center and 60% of FCC employees reported having
children at their centers with an IFSP/IEP. A majority of childcare employees had experience working with children that had disabilities (93% of childcare center employees, 100% of FCC employees and 100% of all administrators).

**Training Information**

Participants were asked to report the number of in-service hours and how many special needs trainings they attended, name the topics addressed in these trainings and rate their learning as a result of these trainings. Some participants were not sure about how many special needs in-service trainings they had attended, however, if they answered the question, *(12) In general, how would you rate your learning from these trainings?*, then their responses were included in the data analysis. Out of the childcare center participants, 100% of administrators and 70% of childcare providers attended in-service special needs trainings and 30% of providers had never attended any special needs training (untrained). In regards to the FCC providers and administrators, 100% of them previously attended in-service special needs trainings (See Figure 4-1).

**Beliefs about Inclusive Settings**

Three statements from the training information section of the survey were analyzed to report providers beliefs about inclusive settings, (a) children with special needs should be included in the same group as children without special needs, (b) working within an inclusive setting is a comfortable classroom environment for me and (c) I have adequate or better skills in working with children with special needs in inclusive settings.
Provider beliefs about inclusive settings were important because this researcher believed that it was a precursor to their comfort levels. All childcare center and FCC administrators agreed or strongly agreed that children with special needs should be included in the same group as children without special needs. However, 76% of childcare center and 40% of FCC employees agreed or strongly agreed with inclusion.

Most providers felt comfortable within an inclusive setting and thought highly of inclusive practices. Sixty seven percent of childcare center employees and 100% of FCC employees felt comfortable within an inclusive setting. In addition, 86% of childcare center and 100% of FCC administrators felt comfortable as well. Thirty three percent of
all childcare center providers reported that they disagree or strongly disagree that
working within an inclusive setting is a comfortable classroom environment. Thirty eight
percent of all childcare center and FCC providers with no in-service trainings and 24% of
trained providers answered disagree or strongly disagree that children with special needs
should be included in the same group as children without special needs.

Sixty percent of FCC employees and 75% of FCC administrators agreed that they
have adequate or better skills in working with children with special needs in inclusive
settings. Forty six percent of the childcare center providers that had not attended any in-
service special needs training selected “Disagree” for the comfort level statement. Of the
untrained providers, 54% selected agree or strongly agree for the same statement. Thirty
two percent of the trained childcare center and FCC providers that attended in-service
special needs trainings selected “Disagree” or “Strongly Disagree” and the remaining
(68%) selected “Agree” or “Strongly Agree” for the statement, *I have adequate or better
skills in working with children with special needs in inclusive settings* (See Table 4.3).
The data shows that there is a statistically significant difference between trained and
untrained providers feeling that they have adequate or better skills in working with
children with special needs in inclusive settings, $F_{1,45}= 17.87$, $p< .05$.

The participants in this research were asked what they believe they need to be
prepared to work within an inclusive classroom. According to this research data, 98% of
all childcare providers reported needing special needs trainings and 2% needed more
resources to increase their comfort level working with children that have special needs.
$F_{1,45}= 17.87$, $p< .05$. 

38
Table 4.3: I have adequate or better skills in working with children with special needs.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Count</th>
<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trained Providers</td>
<td>34</td>
<td>60</td>
<td>1.764705882</td>
<td>0.912655971</td>
</tr>
<tr>
<td>Untrained Providers</td>
<td>13</td>
<td>39</td>
<td>3</td>
<td>0.5</td>
</tr>
</tbody>
</table>

ANOVA

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>14.35044</td>
<td>1</td>
<td>14.35043805</td>
<td>17.87961744</td>
<td>0.000114</td>
<td>4.056612</td>
</tr>
<tr>
<td>Within Groups</td>
<td>36.11765</td>
<td>45</td>
<td>0.802614379</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50.46809</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F_{1,45}= 17.87, p< 05.
Twenty eight percent of all childcare providers felt that children with special needs should not be in an inclusive setting. Most childcare providers that participated in this survey indicated a high level of comfort for inclusive settings. Ninety six percent of all childcare provider participants reported having experience working with a child that had special needs and 4% reported having no experience. The two groups compared showed that 97% of trained providers and 92% of untrained providers reported having experience working with a child that had a special need. Seventy nine percent of all childcare providers reported having a high comfort level in working within an inclusive setting.

Trained and untrained providers reported a high comfort level in working within an inclusive setting, however 29% of the childcare providers that had received in-service trainings and 92% who had not received in-service trainings, felt they did not have adequate or better skills in working with children with special needs within inclusive settings.

The fact that some providers that participated in this research reported prior work experience with this population could explain some of the high comfort levels between the trained and untrained providers. However, the survey data proved the original research hypothesis and showed that there was a difference in comfort level between the trained and untrained providers. The research rejected the null hypothesis and concluded that if Lucas County FCC and childcare center providers attended past special needs in-
service trainings (one or more trainings) there was a statistically significant increase in their comfort level and willingness to work in an inclusive childcare setting, $F_{1,45} = 17.87$, $p > .05$ (See Table 4).

**Table 5.1: Trained/Untrained Providers Comfort Level within Inclusive Settings.**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Count</th>
<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>34</td>
<td>60</td>
<td>1.764705882</td>
<td>0.912655971</td>
</tr>
<tr>
<td>Group 2</td>
<td>13</td>
<td>39</td>
<td>3</td>
<td>0.5</td>
</tr>
</tbody>
</table>

**ANOVA**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>$F$</th>
<th>$P$-value</th>
<th>$F$ crit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>14.35043805</td>
<td>1</td>
<td>14.35043805</td>
<td>17.87961744</td>
<td>0.000114</td>
<td>4.056612</td>
</tr>
<tr>
<td>Within Groups</td>
<td>36.11764706</td>
<td>45</td>
<td>0.802614379</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50.46808511</td>
<td>46</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$F_{1,45} = 17.87$, $p < .05$.

The data reveals a difference in provider’s beliefs and comfort level based upon their education or experience. Childcare providers work experience is a factor in why some trained and untrained providers felt comfortable working within an inclusive setting. The research data did not prove that there is a relationship between provider’s attitudes, knowledge of and comfort level in working with children with special needs. According to the research data, 76% of trained childcare providers and 62% of untrained felt that children with special needs should be included in the same group as children without special needs.

If childcare providers feel that they do not possess adequate skills to work within an inclusive setting, then should that affect their comfort level within that setting? Research suggests that there is a relationship between childcare provider’s beliefs and
their stated practices regarding inclusive settings. Studies have shown that teachers who received more special education course work or in-service training, have a more positive attitude toward inclusion (Buell et al. 1999). According to this research, 55% of the childcare providers said that their center is not adequately prepared to implement inclusion for children with special needs.

**Limitations**

This research failed to include a higher number of FCC and untrained participants. All participants for this study were volunteers, but the researcher should have asked more questions about trainings history and requirements at each center. The survey should have included more specific questions such as asking if providers have attended at least 1 hour of special needs training instead of requiring them to recall all training hours in their entire career. It is difficult for an individual to accurately recall details of their lives. An individual’s memory at best can be suggestible and false. The more specific the detail, the less likely the memory will be accurate (Hilpern, 2008). This type of ‘data’ is a very unreliable source for research.

Some childcare participants reported problems with the survey tool such as, (a) The Likert-scale needing a neutral selection among the answers, (b) It was difficult to recall how many in-service training hours they attended, (c) It is not as simple as choosing agree/strongly agree or disagree/strongly disagree for some questions regarding inclusion, because it depends on each child’s disability and situation, (d) They were not sure if questions should be answered for mild/moderate or severe and (e) questions were too general.
Recommendations

Provider beliefs about inclusive settings were deemed important to this research because it was believed to be a precursor to their comfort levels. This information is vital to understanding how childcare providers’ attitudes about inclusive settings affect their efficacy. The goal of this study was to explore childcare provider comfort levels within an inclusive childcare setting and special needs related education and or training experience. To accomplish this, the study asked childcare providers about their experience with children with special needs, special needs specific education and training history, beliefs and comfort levels within an inclusive classrooms and what they felt was needed to increase their comfort levels.

The data collected showed that there was a difference in comfort level between the trained and untrained providers. The research data suggest a difference in provider’s beliefs and comfort level based upon their education or experience. Childcare providers work experience is a factor in why some trained and untrained providers felt comfortable working within an inclusive setting.

The survey tool for this study did a good job capturing some provider beliefs and attitudes, however it could not completely explain if whether or not special needs specific in-service trainings effectively increase comfort levels. According to this research data, 98% of all childcare providers reported needing special needs in-service trainings and 2% needed more resources to increase their comfort level working with children that have special needs.

Research completed by Osborne et al. (2002) has effectively indicated that childcare providers’ attitudes and perceptions were influenced by how much disability
needs training they had. Future research on provider attitudes, beliefs and comfort level should include the development of a special needs specific training in addition to a pre and post survey for childcare providers (trained and untrained). This training should be based on what providers’ feel they need to increase comfort levels and should address any lack of support they feel from their center administrators. In addition a pre and post survey, similar to the survey tool used in this research study, should be administered capturing provider attitudes, beliefs, education/training and comfort levels in order to find out if trainings can effectively help increase comfort levels.

It is critical to administer a pre-survey in order to find out what providers feel they need to learn in order to design a training that addresses realistic concerns and not a general overview of topics. A general training may not be adequate enough to address providers’ specific needs. If a training is developed that meets the needs and concerns of providers, then attitudes, beliefs and confidence can adequately begin to be addressed.

The findings in this study are congruent with past research that address how providers attitudes and beliefs, regarding inclusion, play a significant role in a successful inclusive environment and high provider efficacy (Buell et al., 1999; Campbell et al., 2001; Mulvihill et al., 2002; Osborne et al., 2002). However, the childcare center environment and administration will have a significant impact on providers’ efficacy; training and education are not the only component of a successful inclusive classroom. It is equally important for administration to listen to providers and design programming that addresses their needs and concerns within an inclusive settings.

According to this research, 55% of the childcare providers said that their center is not adequately prepared to implement inclusion for children with special needs. Other
research suggests that there is a relationship between childcare provider’s beliefs and their stated practices regarding inclusive settings. Studies have shown that teachers who received more special education course work or in-service training have a more positive attitude toward inclusion (Buell et al. 1999).

**Summary**

A great deal of research has been completed in order to find out how perceptions of children with special needs affect providers comfort level. Positive attitudes and perceptions about inclusion practices are critical to successful inclusion settings. Childcare providers' comfort levels working with children that have special needs will increase if they have special needs in-service trainings. If a childcare provider feels that inclusion is important for children, but do not feel they possess the adequate training and skills to work with children that have special needs, then their comfort levels in this setting may be low.

This research study focused on how childcare providers’ education and training affect their comfort level and attitudes about inclusive settings. The research data proved the hypothesis and showed that there was a statistically significant difference in providers comfort levels based on in-service trainings, however, further research is needed to focus on specific training methods and content to improve the quality of inclusive childcare settings. To do this, we must first gain a better understanding of the concerns that providers have about working in an inclusive setting and then we must provide trainings that address these barriers.
References


Individuals with Disabilities Education Act (IDEA), as amended in 2004, PL 108-446, 20 USC 1400 et seq.


Appendix A

Survey Tool

<table>
<thead>
<tr>
<th>Demographic Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your gender?</td>
</tr>
<tr>
<td>□ Female</td>
</tr>
<tr>
<td>□ Male</td>
</tr>
<tr>
<td>2. What type of day care center do you work at?</td>
</tr>
<tr>
<td>□ Childcare Center (a specialized program or facility that provides care for infants through preschool).</td>
</tr>
<tr>
<td>□ Family Childcare Center (childcare is provided in a home)</td>
</tr>
<tr>
<td>*If Family Childcare please specify type (example, Type A) (please specify)</td>
</tr>
<tr>
<td>3. What is your professional position at the center?</td>
</tr>
<tr>
<td>□ Employee</td>
</tr>
<tr>
<td>□ Administrator</td>
</tr>
<tr>
<td>□ Owner</td>
</tr>
<tr>
<td>□ Other (please specify)</td>
</tr>
<tr>
<td>4. What is your highest education level completed?</td>
</tr>
<tr>
<td>□ High school diploma/GED</td>
</tr>
<tr>
<td>□ CDA</td>
</tr>
<tr>
<td>□ Associates degree</td>
</tr>
<tr>
<td>□ Bachelor degree</td>
</tr>
<tr>
<td>□ Masters Degree</td>
</tr>
<tr>
<td>□ Other (please explain in the comment box below)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Experiences with Children with Special Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Years of experience in providing childcare?</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
6. Are there children that have a Individualized Family Service Plan/ IFSP (a document that detailing early interventions services for the child and family for infants and toddlers birth to 3yrs) or Individualized Education Plan/IEP (an education document that focuses on special education and other services for children 3-21 yrs old) currently at your center?

☐ Yes
☐ No

7. Have you previously worked with children with IFSP’s or IEP’s at other centers?

☐ Yes
☐ No

8. What disabilities have the children that you have worked with have? Check all that apply:

☐ Learning disabilities
☐ Cognitive impairment / developmental delay/ mental retardation
☐ Emotional/Behavior disorders
☐ Speech and Language delays /Communication disorders
☐ Autism Spectrum Disorder
☐ Deafness and Hearing Loss
☐ Blindness and Low Vision
☐ Physical Disabilities
☐ Health Impairments
☐ ADD, ADHD
☐ Multiple Disabilities
☐ Traumatic Brain Injury
☐ Childhood Mental Health Disorders

9. Have you had other experiences working with children with an Individualized Family Specialized Plan (IFSP) or an Individualized Education Plan (IEP) outside of your job at the Center? Please describe:
10. How many trainings about children with special needs have you attended?

11. What is the TOTAL number of HOURS (contact time) for all of the trainings about children with special needs that you have attended?

12. In general, how would you rate your learning from these trainings?
- A significant amount of learning
- A fair amount of learning
- A minimal amount of learning
- No new learning

13. Are there any other places or sources where you have learned about children with special needs? Please list:

14. What topics has been part of your training about children with special needs?
- Disability categories
- Characteristics of children with specific disabilities
- Accommodations and modifications
- Developmental practices
- Curriculum and program goals
- Activity schedules
- Supportive physical environment
- Working with parents
- Behavior interventions
- Community resources

15. I have received adequate training regarding children with special needs.
- Yes
- No
### Beliefs about Inclusive Settings

#### 16. Inclusive Classroom

<table>
<thead>
<tr>
<th>Belief</th>
<th>Agree 1</th>
<th>Strongly Agree 2</th>
<th>Disagree 3</th>
<th>Strongly Disagree 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with special needs should be included in the same group as children without special needs.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Children with special needs adjust well when placed in inclusive settings.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Although inclusion of children with special needs is important, there are insufficient resources available.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Children with special needs require more attention and assistance than the childcare provider can provide.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Children with special needs have more behavior problems than typical children.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Children with special needs make adequate progress with learning new things.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>High achieving children are neglected in inclusive settings.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Providers receive little assistance in making accommodations for children with special needs.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------------</td>
<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>-Children with special need lose the stigma of being “dumb” “different” or “failures” when placed in inclusive settings.</td>
<td></td>
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<tr>
<td>-Parents are supportive of inclusive settings.</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>-Children with special needs improve their social skill when placed in inclusive settings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-My center is not adequately prepared to implement inclusion for children with special needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>-To a large extent, all providers can learn skills to work well with children with special needs.</td>
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</tbody>
</table>

17. Comfort Level- A scale from 1-4

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Working within an inclusive setting (working together with children that have special needs &amp; typical children) is a comfortable classroom environment for me.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- I have adequate or better skills in working with children with special needs in inclusive settings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- I support the concept of inclusion at my Center.</td>
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<td></td>
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<td></td>
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</tbody>
</table>
18. Which of the following would increase your comfort level working with children that have special needs (mark all that apply)?

Special needs trainings
☐ Formal college-level courses on special needs issues
☐ Nothing will help me feel comfortable
  ☐ Other (please specify) ____________________