

# Inclusion of Young Children with Disabilities: A Critical Quality Indicator for Early Childhood Education

## Introduction

Early childhood inclusion benefits all. Children with and without disabilities, families, and communities thrive in a culture of belonging. Our laws and public policy are designed to support this practice across early learning and care settings. Serving children with disabilities in settings with typically developing peers is supported through legislation that includes the Americans with Disabilities Act, the Individuals with Disabilities Education Act (IDEA), and the Head Start Act. These laws were put in place to protect children and families and guide our education system and society as a whole.

Head Start led the way for inclusion early on. In 1972, legislation was amended to make Head Start the first federally funded early childhood program to feature *mainstreaming*, a term used before adoption of the word *inclusion*, as a key program component. Inclusion of children with disabilities is part of the culture of Head Start, and successful educators within the program support the practice. The Head Start Act (Head Start Act, 2007) requires that at least 10 percent of each program's funded enrollment must be children with disabilities. This is the policy for enrolled infants and toddlers in Early Head Start and preschoolers in Head Start.

In 2009, two of the leading early care and education and early childhood special education (ECSE) membership organizations came together to present a unified vision for inclusion in early childhood. This joint position statement developed by the Division of Early Childhood of the Council for Exceptional Children and the National Association for the Education of Young Children defines inclusion in this way:

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. (2009)

In 2015, the U.S. Department of Health and Human Services and U.S. Department of Education released a joint *Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs*, stating, "All young children with disabilities should have access to inclusive, high-quality early childhood programs, where they are provided with individualized and appropriate support in meeting high expectations." The policy statement reflects

Inclusion in early childhood programs refers to including children with disabilities in early childhood programs together with their peers without disabilities; holding high expectations and intentionally promoting participation in all learning and social activities, facilitated by individualized accommodations; and using evidence-based services and supports to foster their development (cognitive, language, communication, physical, behavioral, and social-emotional), friendships with peers, and sense of belonging. This applies to all young children with disabilities, from those with the mildest disabilities, to those with the most significant disabilities.

—*Joint Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs*, (U.S. Department of Health and Human Services & U.S. Department of Education, 2015)

how young children with disabilities should grow and learn alongside their peers with and without disabilities. Of note, the joint policy statement includes this position from the U.S. Department of Health and Human Services, the federal department that oversees the Office of Child Care and Office of Head Start. While the Head Start program includes specific requirements around inclusion, the Office of Child Care prioritizes serving children with disabilities through guidance to Child Care and Development Fund (CCDF) Lead Agencies. CCDF supports are prioritized for populations who have been historically marginalized, including children with disabilities. Child care is an early childhood setting where young children with disabilities should have the opportunity to learn alongside peers without disabilities.

However, simply learning side-by-side with peers is not the entire picture. The statement also refers to providing individualized supports and maintaining high expectations within a high-quality setting. The statement highlights the vision that inclusion in early childhood will lead to inclusion in elementary school, middle school, high school, college, and the workplace. Early childhood inclusion leads to inclusion “in all facets of society throughout the life course” (U.S. Department of Health and Human Services & U.S. Department of Education, 2015).

## The Evidence

We know from a large body of research that inclusion is beneficial for every child (Rausch, Joseph, & Steed, 2019; Hehir, et al., 2016; Lawrence, et al., 2016; Weiland, 2016; Justice et al., 2014; Barton & Smith, 2015; Strain & Bovey, 2011). In her book, *Every Child Can Fly: An Early Childhood Educator’s Guide to Inclusion*, Jani Kozlowski (2022) highlights the key benefits of inclusion for children with and without disabilities, as shown across multiple peer-reviewed studies. For example, children with disabilities who are included in high-quality classrooms with peers have been found to make positive gains across all areas of development (Holahan & Costenbader, 2000; Odom et al., 2000; Rafferty et al., 2005). Inclusive early childhood environments have been found to promote peer relationships between children with and without disabilities, and typically developing peers serve as role models for language and social interactions (Weiland, 2016). Researchers have found that children with disabilities who interact with peers with higher-level social skills often imitate these behaviors and skills in the future (Banda, Hart, & Liu-Gitz, 2010; Holahan & Costenbader, 2000). Research on development of social and emotional skills for children with disabilities in inclusive settings is strong, and the benefits have been found to continue to the elementary school years and even beyond (Strain, 2014).

Studies, including one from researchers Annette Holahan and Virginia Costenbader (2000), find that young children with disabilities in high-quality, inclusive early childhood programs make larger gains in their cognitive, communication, and social-emotional development compared with their peers in segregated settings. Research has also shown that inclusion benefits children with all types of disabilities. Some of the most impressive outcomes have come from studies by Yvonne Rafferty and colleagues (2005) and others about inclusion of children with very significant developmental needs. Children with significant needs make progress in language and literacy goals (Green, Terry, & Gallagher, 2014) as well as social and emotional development (Strain & Bovey, 2011).

Studies by researchers Virginia Buysse and colleagues (1999; 2002), Alice Cross and colleagues (2004), Samuel Odom and colleagues (2001a; 2004; 2006), Phillip Strain and colleagues (2011, 2015), and others show that inclusion benefits children without disabilities as well. When children learn and grow in a community where, regardless of ability, they receive supports that allow them to thrive and reach their highest potential, they and the community benefit (Strain & Bovey, 2011). Children without disabilities who are served in an inclusive environment show greater cognitive, language, and social skills compared with a classroom of only children who are typically developing. Buysse and colleagues (1999) and Soukakou (2012) found that inclusive classrooms tend to be of higher quality, so children without disabilities benefit, whether it be from access to advanced technology, skilled educators, or other quality indicators. As Kozlowski (2022) summarized, “Through experiences of playing together, children with a diverse range of abilities develop a sense of equality and togetherness that is impossible to achieve in segregated settings.”

## Access to Inclusive Settings

Despite a strong evidence-base, legal foundation, and policy landscape, this vision of young children with disabilities being served in inclusive settings is too often elusive for many of our nation's children. In 2018, of the 409,315 infants and toddlers served in Early Intervention, 89.7 percent received the services primarily in the home, while only 7.4 percent were served in child care or other community-based settings. The number of preschool children served in inclusive settings through ECSE has not increased significantly over the decades since the passage of IDEA legislation. Data from the U.S. Office of Special Education Programs (OSEP) report to Congress show that fewer than half of young children ages 3–5 receive special education preschool services in regular early childhood programs (U.S. Department of Education, 2020). OSEP defines a “regular early childhood program” as one that includes a majority (at least 50 percent) of children who do not have an Individualized Education Program (Office of Special Education and Rehabilitative Services, 2020). This category includes programs such as Head Start, public prekindergarten, private preschool programs, child care centers, and family child care settings. Despite the benefits of inclusion, OSEP data show that 3-year old children are the least likely group of young children to receive services in inclusive settings; instead, they are most often served in segregated settings (U.S. Department of Education, 2020).

Disparities in access to inclusive settings also exist. For example, children with certain disability categories are more likely to be served in segregated settings. Only 14 percent of children identified with multiple disabilities, 17 percent of children identified with intellectual disabilities, and less than half of children with social-emotional concerns have the advantage of inclusive early childhood settings (U.S. Department of Education, 2020).

Research shows that racial disparities in access to inclusion are also found. Children of color are more likely to be misidentified as needing special education services and then are more likely to be placed in segregated settings (Education Trust, 2021). A recent report from the Children's Equity Project highlights that “Black children are at least twice as likely to be identified with an intellectual disability or emotional disturbance than all other racial/ethnic groups combined; and children with these disabilities are most likely to be segregated from their classmates. In some places, the result is segregated special education placements that tend to mirror racial segregation patterns of the past” (Meek et al., 2020). This over-representation of Black children does not occur in categories that are sensory or physical in nature, such as blindness, deafness, or physical disability. This fact suggests that race and perceived ability (or disability) is still part of our educational systems and practices in early childhood and beyond. In addition, communities of color have been disproportionately impacted by the coronavirus disease 2019 (COVID-19) pandemic, further exacerbating already existing inequities (Artiga, Corallo, & Pham, 2020). The use of inclusive practices can be a way to address inequities and build a shared understanding of the needs of *all* children, including those from populations who have been historically marginalized.

## Impact on Families

Families of children with disabilities are often open to sharing stories about their experiences related to inclusion. For example, Yvonne Rafferty and Kenneth Griffin surveyed teachers and parents from an inclusive early childhood program, including parents of children with and without disabilities. They found that all the parents and all the teachers had positive views about inclusion and believed that it benefits children with and without disabilities (Rafferty & Griffin, 2005). Despite families wanting and needing inclusive early childhood services, many families have difficulty finding programs that are high-quality, affordable, and willing to accommodate a child who may need additional support or services (Novoa, 2020). Parents of children with disabilities report that they have difficulty finding care, especially high-quality care that will meet the needs of working families (Novoa, 2020; National Center for Education Statistics, 2016; Applegate, Pentimonti, & Justice, 2011).

As Rausch, Joseph, and Steed (2019) shared, “Due to limited available choices, children with disabilities are more likely to enter child care at a later age, for fewer hours, and to access informal child care (for example, staying at home with a relative) rather than formal child care” (Novoa, 2020; Booth-LaForce & Kelly, 2004). Many private child care programs are reluctant to enroll children with disabilities, and to make matters worse, once children with disabilities enter child care, the research shows that they are frequently excluded from classrooms

and are more likely to be expelled or suspended compared with children without disabilities (Fierros & Conroy, 2002; Ferri & Connor, 2014).

The COVID-19 pandemic has exacerbated the access and availability problem for all families, including those with a child with a disability. Starting in April 2020, the University of Oregon began surveying families with young children bimonthly to understand how they are coping during the pandemic. The Rapid Assessment of Pandemic Impact on Development-Early Childhood (2022) survey has provided insights into the challenges that families are facing and how they are coping with the pandemic. One issue that has surfaced for families is around access to child care. The survey revealed a dramatic increase in the percentage of families who reported difficulty finding quality child care. In December 2021, only 22 percent of families reported difficulty, and the percentage increased to 58 percent by January 2022 (Rapid Assessment of Pandemic Impact on Development-Early Childhood, 2022). Working families depend on child care and other early childhood programs to be able to make ends meet, and the quality of these programs makes a significant difference, especially for children with disabilities.

## The Relationship Between Quality and Inclusion in Early Childhood

All children learn best in a safe environment, surrounded by responsive and caring adults who provide activities, experiences, and materials that spark curiosity and promote engagement. Early childhood settings that maintain close partnerships with families and connections with community resources can support families beyond the classroom. This is true for all children, including children with disabilities or suspected delays. We know that quality matters in early childhood and can influence short- and long-term outcomes for children. In fact, a meta-analysis of 22 studies found that participation in high-quality early care and education can lead to reductions in special education placement and increases in high school graduation rates (McCoy, Yoshikawa, & Ziol-Gues, 2017). But what exactly do we mean by *high-quality*?

Early childhood inclusion is characterized by three key principles of access, participation, and supports that can be used to describe high-quality programs and services:

**Access:** “providing a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development”

**Participation:** “using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging for every child”

**Supports:** “broader aspects of the system such as professional development, incentives for inclusion, and opportunities for communication and collaboration among families and professionals to assure high quality inclusion”

—Joint *Position Statement on Early Childhood Inclusion* (Division for Early Childhood of the Council for Exceptional Children, & National Association for the Education of Young Children, 2009)

A long history of early childhood research has identified multiple factors that influence quality in early childhood programs, and the literature typically separates these factors into two distinct types: *structural quality* indicators and *process quality* indicators. Structural quality indicators include those that are more easily quantified and affect the structure of the program, such as group size, teacher-child ratios, and staff qualifications (Phillipsen et al., 1997). Process quality indicators are those that include activities within the program and interactions between children and adults (Cryer et al., 1999; Howes et al., 2008; Pianta et al., 2005).

The concept of high-quality involves an interplay between the two types of indicators, in that process quality indicators are made possible only when certain structural quality indicators have been reached (Hanno et al., 2021). Structural quality features set the stage for process quality by ensuring that certain conditions are in place to support the success of the program (Slot et al., 2018; Slot et al., 2015).

Embedded within the quality indicators reflected in the literature are the policies and practices that promote three defining features of inclusion: *access*,

*participation*, and *supports* (Buysse, 2011). High-quality programs include children with disabilities and their families and make program and staffing decisions that ensure all children can be successful. This relationship between inclusion and quality has been the focus of many studies in early childhood over the years. Starting in 1999, Virginia Buysse and colleagues found that inclusive programs scored significantly higher on the Early Childhood Environment Rating Scale assessment (Harms, Clifford, & Cryer, 1998) than programs that did not serve children with disabilities. The authors suggest that perhaps families of children with disabilities were more likely to choose higher quality programs to meet their child’s unique needs or that inclusive programs might be more effective in obtaining resources and funding (Buysse et al., 1999). These are plausible explanations, but what exactly was at work here? What are the indicators of high-quality inclusion?

Federal and state agencies worked to clarify this question by developing tools and resources that attempt to define high-quality inclusive settings. Head Start’s Special Quest Initiative created an [Inclusion Planning Checklist: Center-Based Early Care and Education Programs](#) for use by local Head Start and Early Head Start programs, though the indicators were never part of the Head Start program requirements specifically (Hilton/Early Head Start Training Program, 2007). State agencies also developed indicators and voluntary self-assessment tools for use in early childhood programs. For example, in 2012, Nebraska developed a self-assessment tool for inclusive center-based early childhood programs, titled [Implementing Evidence-Based Practices in Inclusive Center-Based Programs for Children Birth to Age 5](#) (Results Matter Nebraska, 2012). In 2015, Illinois developed the [Illinois Inclusion Guidelines Checklist](#) that is designed to be used as a “framework for collaborative discussion as programs examine program policies and practices that reflect high-quality inclusion.” In 2017, the Colorado Department of Education, Exceptional Children’s Division, developed a set of [Indicators of Quality Inclusion in Early Childhood](#). South Carolina’s Partnerships for Inclusion project developed the [Preschool Inclusion: Self-Assessment Tool](#) to frame team discussions to promote partnerships on behalf of young children with developmental delays or disabilities and their families (n.d.). The tool also has a companion [Preschool Inclusion Self-Assessment Facilitator’s Guide](#) to support teams through the process (n.d.).

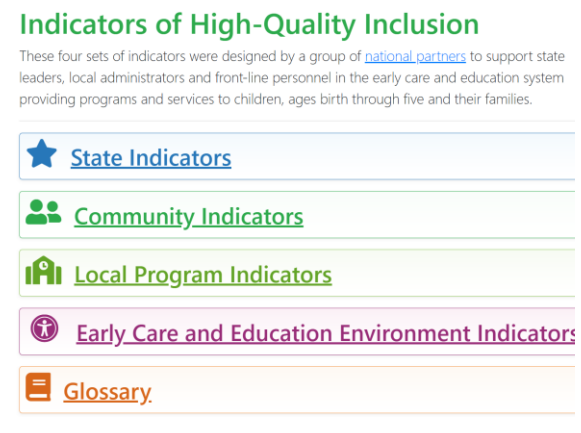
“Accessible child care frees parents from being forced to choose between keeping their jobs to provide for their families or caring for their children.”  
—*Providing Inclusive Child Care Booklet*  
(Georgia Department of Early Care and Learning, n.d.)

These examples show that inclusion is part of the early childhood vision within many of our federal and state systems. States and territories are working hard to make inclusion a reality for all children. Some jurisdictions are working on this with cross-sector leadership teams that include state and territory leaders, such as those in Early Intervention, ECSE, CCDF Lead Agencies, and Head Start Collaboration Offices. For example, in Minnesota, a guidance document, titled [Head Start and Local Educational Agency \(LEA\) Collaboration Grid for Providing Services to Children with Disabilities in Part B \(Ages 3–5\)](#) was created to clarify responsibilities between ECSE programs and Head Start grantees (Early Learning Services, n.d.). The grid outlines expectations related to the identification, evaluation, service provision, and transitions for children with disabilities.

Other states and territories are taking a grassroots approach, beginning with community-level discussions. State, territory, and local leaders are working on behalf of young children and families in creative and consequential ways. They work across sectors because they know that relationships are necessary to build meaningful partnerships between Early Intervention and ECSE and the regular education programs where children would be if they didn’t have a disability. Given that state leaders want to make inclusion a reality, the federal Office of Special Education Programs (OSEP) hoped to support these efforts by providing national-level inclusion indicators.

In 2019, OSEP and the federal Office of Child Care and Office of Head Start charged the Early Childhood Technical Assistance Center and the National Center for Pyramid Model Innovations with convening a group of national early childhood stakeholders to identify, develop, and refine key indicators of high-quality inclusion. Figure 1 shows the [Indicators of High-Quality Inclusion](#), which are intended to be used to support efforts to foster inclusion by state and community leaders, program administrators, and educators working across the early childhood field (Early Childhood Technical Assistance Center, 2020). The group met in person and virtually over a series of months and designed four sets of indicators that reflect the understanding that inclusion must be fostered at the state, community, program, and early care and education environment-levels to be successful. The indicators provide benchmarks for states, communities, and programs to track progress over time, and states are using data from the indicators to make decisions on behalf of children and families. Currently, the indicators are still being field-tested, and the Early Childhood Technical Assistance Center is learning how the indicators might be integrated more broadly into state early childhood systems.

**Figure 1. Resource from Early Childhood Technical Assistance Center**



## The Importance of Best Practices and Health System Coordination

An important component of inclusion is the capacity and readiness of an environment to provide quality care that meets the individualized needs of children and families. These needs may range from basic to complex. For example, having a [care-plan](#) for children with disabilities or special health care needs is an important practice along with special consideration of [ratios](#) and the potential need for medication administration. Medication administration requirements are regulated by each state. Strong partnership with a child's medical home is important for all children and should be in place for children with disabilities. [Child Care Health Consultants](#) and [Infant Early Childhood Mental Health Consultants](#) can play important roles in improving inclusion for children with disabilities by promoting strong partnership and coordination between early care and education providers and the child's medical home. While there are many other considerations in best practices for health coordination, they are beyond the scope of this brief.

## Inclusion and Quality Rating and Improvement Systems

Through CCDF set-aside funding for quality initiatives, states have explored innovative funding strategies and other promising practices to support inclusion. States and some local communities are engaged in a wide array of initiatives that establish standards for, assess, and incentivize early childhood program quality. Some states have prioritized services for children with disabilities by including quality dimensions related to inclusion within child care licensing systems or quality initiatives, or both. Incentives for programs to include children with disabilities are embedded within these systems in diverse ways. According to the [Trends in Child Care Center Licensing Requirements and Policies](#) brief (2020), 38 states (75 percent) have requirements in their child care center regulations about the care of children with disabilities. The policies range from requiring programs to obtain and file information from families about the child's disability for the purpose of providing individualized care, to making referrals on behalf of children and families. For example, programs might ask if the family is willing to share the documents that specify the supports and services that a child receives through Early Intervention or ECSE. These are the Individualized Education Program (for preschool-aged children) or Individualized Family Service Plan (for infants and toddlers) and are used by teams as they support the child and communicate with family members as the child makes progress toward goals. While these policies may be a good start, they certainly do not ensure that

high-quality inclusive settings are made available to families. States that integrate dimensions related to inclusion in quality initiatives tend to go further.

Most states have developed or are in the process of developing these systems, commonly known as quality rating and improvement systems (QRIS) or quality improvement systems (QIS). QRIS and QIS initiatives have nearly tripled in the United States between 2007 and 2017 (Build Initiative & Child Trends, 2019). As of fall 2019, 41 states and the District of Columbia had at least one state or local quality initiative resulting in 44 total initiatives. Across the nation, QRIS initiatives vary in how they are structured, the areas addressed, and what criteria are included. These systems assess early childhood programs against key dimensions of quality and then use the information to provide financial incentives for programs, as well as information that families can use when making decisions about their child’s education and care. These quality initiatives also help early childhood programs with setting and working toward measurable quality improvement goals and identifying professional development needs for staff.

QRIS and QIS initiatives are catalogued within the [Quality Compendium](#), a resource for “administrators, policy makers, researchers, technical assistance providers, and others for information about all of the quality initiatives operating in the U.S. and its territories” (Build Initiative, n.d.). The compendium allows for customizable data reports about specific quality initiative elements, including program-level policies related to inclusion and the provision of developmental screening.

States maintain information on publicly available websites with the details of their QRIS or QIS approach. Several states have addressed inclusion in notable ways. Table 1 below highlights four state QRIS and QIS initiatives that intentionally focus on dimensions of quality related to the inclusion of young children with disabilities and their families.

**Table 1. Inclusion-Related Indicators in QRISs and QISs**

State	Description of Inclusion-Related Indicators in QRIS or QIS	Website
CO	<p>Colorado Shines is the quality rating and improvement system for all of Colorado’s licensed early care and learning programs serving children ages 0–5. The initiative gives points to programs at higher rating levels when they do the following:</p> <ul style="list-style-type: none"> <li>Incorporate developmentally appropriate child assessments into individualized curricula and lesson planning.</li> <li>Document that each child has received a hearing, vision, and dental screening.</li> <li>Partner with families of children with disabilities to support their inclusion within the classroom and program.</li> </ul>	<p><a href="#">Colorado Shines website</a> <a href="#">Program Guide</a> <a href="#">Evidence Chart</a></p>
IL	<p>ExceleRate Illinois is a statewide quality recognition and improvement system for early learning providers. Programs reach higher levels when they do the following:</p> <ul style="list-style-type: none"> <li>Participate in ExceleRate–approved training on the use of developmental screening tools, child assessment, and the inclusion of children with disabilities.</li> <li>Maintain policies and procedures to ensure that all children (birth–5 years) are screened annually; parents are provided information on screening results; and children for whom the screening identifies a developmental concern are referred for further evaluation.</li> <li>Use an appropriate assessment tool that aligns with the curriculum to document children’s progress over time with measurable outcomes; assessment results are used to inform instruction for individual children.</li> <li>Submit annual data on the number of children served and maintain policies for supporting inclusion; the very highest level also requires</li> </ul>	<p><a href="#">ExceleRate Illinois website</a> <a href="#">Overview chart</a></p>

State	Description of Inclusion-Related Indicators in QRIS or QIS	Website
	<p>programs to obtain a written memorandum of understanding with local school districts and Early Intervention programs.</p>	
<p>MD</p>	<p>Maryland EXCELS is a statewide tiered quality rating and improvement system for licensed and registered early childhood programs. Programs reach higher levels when they do the following:</p> <p>Maintain a philosophy statement that includes an open-door policy for children with special health care needs or disabilities.</p> <p>Ensure that a variety of materials are available and adapted to meet the needs of individual children (for example, chubby crayons, adaptive scissors, and pencil grips) and that learning environments support children of all abilities.</p> <p>Conduct developmental screenings within 90 days of enrollment, share results with families, and make referrals, as appropriate.</p> <p>Request a copy of the child’s Individualized Education Program or Individualized Family Service Plan, and work with the family and Individuals with Disabilities Education Act service providers to support child and family outcomes.</p> <p>Provide families with information about community resources, including referral resources for children with disabilities and special health care needs.</p> <p>Develop transition plans for children, including individualized plans for children with disabilities and special health care needs, which include policies for sharing information on child assessment and developmental progress.</p> <p>In addition, programs that reach the highest quality level can pursue accreditation through the Maryland Department of Education. This “Additional Achievement” includes requirements such as maintaining a program philosophy of inclusion and involves a self-study process and an external program review.</p>	<p><a href="#">Maryland EXCELS website</a>  <a href="#">EXCELS Toolkit for Providers</a>  <a href="#">MD Department of Education Accreditation Standards</a> (for the “Additional Achievement” option)</p>
<p>WA</p>	<p>Early Achievers is Washington’s statewide quality recognition and improvement system. Programs attain higher points in the system when they do the following:</p> <p>Provide valid developmental screenings for all children within 45 calendar days and share the results with families.</p> <p>Conduct a formal assessment for all children after 90 days of program attendance. Share results with families and develop educational goals for the child.</p> <p>Create and implement a behavioral support plan for children with challenging behaviors or developmental needs, or both, in partnership with families and a mental health consultant.</p> <p>The quality improvement system includes a quality standard related to child outcomes that includes requirements for developmental screening and assessment, individualized learning activities, and progress-monitoring in partnership with families</p>	<p><a href="#">Washington Early Achievers website</a>  <a href="#">Quality Standards and Criteria 2021</a></p>



In addition to embedding dimensions of quality into QRIS and QIS initiatives, some states are also working to expand inclusive settings through staff professional development. This need for educator professional development with a focus on supporting children with disabilities has been cited as a barrier to inclusion in the research literature (Weglarz-Ward, Santos, & Timmer, 2019). This barrier is understandable! We know that educators benefit when they have the professional development experiences needed to feel competent and confident in their role. Educators need professional development to address a lack of experience, build understanding, and provide strategies that will lead to quality, inclusive environments (Barton & Smith, 2015; Yu, 2019).

States are working in diverse ways to address these barriers related to educator professional development. For example, in Georgia, inclusion specialists provide [Intensive Professional Development](#) to interested early learning programs (Georgia Department of Early Care and Learning, n.d.). This includes a combination of onsite technical assistance, training, and resources to promote inclusion in center-based and family child care settings. Intensive Professional Development begins with a program observation and focuses on supporting staff in developing an action plan with the goal of fostering meaningful inclusion. In another example of professional development innovations, Illinois has partnered with the University of Illinois to develop an online professional development series of modules focused on early childhood inclusion. The [Understanding Inclusion series](#) covers a range of topics, including the benefits of inclusion and how to advocate for inclusive settings (Early Choices, n.d.). The series was developed for families and is also useful for early care and education professionals. These quality initiatives and professional development supports are vital to systems of inclusion. However, the COVID-19 pandemic has challenged everything we know about early childhood systems. Will these supports continue to be effective in the face of all the challenges presented during these unprecedented times?

## Where Do We Go from Here? Next Steps for Quality Initiatives That Foster Inclusion

While early childhood education has always been a challenging industry, the COVID-19 pandemic has been particularly difficult for young children and their families, as well as the educators and other service providers who support them. This has been particularly true for children with disabilities and those from populations who have been historically marginalized. During this time, state leaders have been working to prioritize pandemic relief initiatives and those that address children's social and emotional needs, as well as the needs of communities to rebuild a fractured early childhood system. How can leaders balance those urgent priorities while continuing to implement broader quality initiatives?

In the BUILD Initiative brief, [The Impact of COVID-19 on Early Care and Education Quality Initiatives](#), researchers presented some of the ways that states and local quality initiatives were modified to better support the early childhood field during this difficult time. They learned that states modified coaching, training, and technical assistance supports to allow for virtual delivery modalities. This had an effect that some were not expecting. In 32 percent of QRIS and QIS initiatives, quality improvement support *expanded* among existing participants; 22 percent of quality initiatives even expanded to include unrated programs during the pandemic. The virtual format allowed states and localities to extend their reach. As one state leader reflected, "as a CCR&R [child care resource and referral agency], we have done a great job reaching families who normally wouldn't be able to attend events, workshops, or meetings through Zoom along with educators who also would struggle having someone to look after their kids in order for them to attend a workshop. Zoom made it possible for me to meet educators from different counties as well" (Harris et al., 2021).

The survey data in the report showed that the content of the professional development supports shifted as well. Sessions became more likely to focus on virtual screening and observational methodology and social-emotional well-being, while shifting away from a focus on materials and equipment. This shift to a focus on building relationships with families will likely have a positive effect for children with disabilities, in particular (Harris et al., 2021).

Positive realignment resulting from the pandemic was found among agency partnerships as well. For example, state QRIS and QIS leaders indicated in the survey that they were more likely to reach across sectors, leverage existing relationships, or form new or stronger connections with state-level partners, or all of these options, as a way to increase collaborative impact. Increased communication and coordinated messaging became an essential way to reach the field with necessary information and resources. The report included a quote from a leader in Michigan who noticed “more authentic collaboration across and between intersecting systems and within early childhood sectors” (Harris et al., 2021).

This news is promising and may be an indicator of a silver lining circling the black cloud of the COVID-19 pandemic. As the recovery continues, state and local quality initiatives will be well-served to continue this increased spirit of collaboration across sectors. Stronger partnerships may be a way for states, communities, and programs to address the barriers to inclusion in a more systemic way. Young children with disabilities and their families are depending on all of us to meet this moment with an expansion of inclusion for the benefit of all.

## Related Resources

- ◆ Build Initiative. (2020). *Caring for our youngest: State strategies for improving the quality of child care for children under age three through quality improvement systems*. <https://buildinitiative.org/resource-library/caring-for-our-youngest-state-strategies-for-improving-the-quality-of-child-care-for-children-under-age-three-through-quality-improvement-systems/>
- ◆ Build Initiative. (n.d.). *Quality compendium*. <https://qualitycompendium.org/>
- ◆ Build Initiative. (2021). *The impact of COVID-19 on early care and education quality initiatives*. <https://buildinitiative.org/resource-library/the-impact-of-covid-19-on-early-care-and-education-quality-initiatives/>
- ◆ Center on Enhancing Early Learning Outcomes. (2014). *QRIS and inclusion: Do state QRIS standards support the learning needs of all children?* [http://ceelo.org/wp-content/uploads/2014/11/ceelo\\_fast\\_fact\\_qris\\_inclusion.pdf](http://ceelo.org/wp-content/uploads/2014/11/ceelo_fast_fact_qris_inclusion.pdf)
- ◆ Child Care & Early Education Research Connections. (2016). *Preschool inclusion: Key findings from research and implications for policy*. [http://www.nccp.org/wp-content/uploads/2020/05/text\\_1154.pdf](http://www.nccp.org/wp-content/uploads/2020/05/text_1154.pdf)
- ◆ Children’s Equity Project, & Bipartisan Policy Center. (n.d.). *Start with equity: Expanding inclusive learning*. <https://childandfamilysuccess.asu.edu/sites/default/files/2020-07/CEP-disabilities-inclusion-pullout-070620-FINAL.pdf>
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### **National Center on Early Childhood Quality Assurance**

9300 Lee Highway  
Fairfax, VA 22031

Phone: 877-296-2250  
Email: [QualityAssuranceCenter@ecetta.info](mailto:QualityAssuranceCenter@ecetta.info)

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