

# Early Childhood Education and Care for Children with Disabilities: Facilitating Inclusive Practice\*

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In this case study, a co-operative inquiry process was used to facilitate the expansion of inclusive early childhood education and care practices in a rural community in the Midwest. A university and a community researcher first engaged in interviews and site visits, during which they learned how a three-member inclusion team of early care and education professionals initiated changes in practice from self-contained to inclusive special education and therapy. Key practices included responding to families' priorities, changing roles, and providing integrated services and support for children's successful transitions into Kindergarten. The second part of the research consisted of action planning during focus groups and community meetings, which resulted in social recognition from the school district, technical assistance through state improvement grant funding, and better preschool options for young children with disabilities.

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KEY WORDS: childcare inclusion; inclusive special education; integrated services; co-operative inquiry.

The inclusion of children with disabilities ages birth to six in community-based childcare and preschool settings is a legal mandate and civil right articulated by natural and least restrictive environment provisions under the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA) and reasonable accommodations under the Americans with Disabilities Act of 1990 (ADA). The natural and least restrictive environment mandates suggest that

special education be delivered in environments where children of particular age groups typically spend time in and benefit educationally (Division for Early Childhood, 1993; "Individuals with Disabilities Education Improvement Act," 2004, Pub. L. No. 108-446). Many school districts and communities in the United States are just beginning to provide families with more and better options for inclusive community-based settings (e.g., childcare) where children with disabilities socialize and play with children who are developing typically (DeVore & Bowers, 2006; Larson, Lapine, Schmitter, Tragesser, & Leichtfuss, 1999; Odom, 2002). Providing more opportunities for inclusion requires that early childhood special education teachers (ECSE) and related services providers undergo changes in their roles as professionals (Lieber et al., 1997). Instead of providing self-contained services in school-based classrooms, early childhood special educators and therapists must collaborate with families, early childhood regular educators, and caregivers to identify the best options for inclusive services in community-based settings (Sandall & Schwartz, 2002).

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The ADA requires early childhood educators and childcare providers to make available reasonable accommodations that assure the inclusion of children with disabilities in accordance with non-discrimination policies ("Americans with Disabilities Act," 1990, Pub. L. No.101-336; Rab & Wood, 1995; Yell, 1998). Title III of the ADA Act provides guidelines for childcare providers to assess on a case by case basis how they can support access to childcare programming for a child with special needs (Shipley, 2002) by considering changes in policies, practices, or procedures; removal of barriers in existing programs; and provision of auxiliary aids and services such as special equipment and individualized supports. Through dialogue and mutual problem solving with families, childcare providers are also asked to assess whether accommodations can be made without fundamentally altering the nature of the program or causing undue burden (American Academy of Pediatrics, 2002; Child Care Law Center, 2001). In addition to these legal mandates, there exists a rich literature that provides valuable guidance for professionals who work in community-based settings serving children with and without disabilities ages 0-6 years (Harbin, McWilliam, & Gallagher, 2000; Sandall, McLean, & Smith, 2000).

For example, newly licensed educators must demonstrate knowledge and skills to teach all children, those with and without disabilities (Division for Early Childhood, 2000; National Association for the Education of Young Children Governing Board, 2001). Such knowledge and skills assure that early childhood professionals are competent in using effective child guidance and positive behavior supports (American Association of Colleges for Teacher Education, 2004) and have available technical assistance through consultation (Buysse & Wesley, 2005; DeVore & Hanley-Maxwell, 2000; Larson et al., 1999). Children benefit from multiple daily opportunities to practice functional skills they are ready to learn during daily routines, play, and peer interactions (Bredenkamp & Copple, 1997; LaParo, Sexton, & Snyder, 1998; National Individualizing Preschool Inclusion Project, 2006). With respect to children with disabilities, such skills are supported by adequate material and/or environmental modifications (Sandall & Schwartz, 2002). Mutually trusting partnerships between professionals and family members contribute to the meaningful development of individualized education and care plans that support young children's overall health and development (DeVore & Bowers, 2006; Turnbull, Turbiville, &

Turnbull, 2000). These, and other evidence-based practices, will likely become more prevalent (Brown, Horn, Heiser, & Odom, 1996; Soodak et al., 2002) as more early care and education professionals are trained to provide interdisciplinary and inclusive instruction and care within community-based settings. Twenty-six states already offer training towards blended or dual early childhood educator licenses in regular and special education (Miller & Stayton, 2006).

Inclusive preschool programs that have received the most visibility include university-affiliated model programs and Head Start. These programs typically have access to technical assistance and well-trained staff (Brown et al., 1996; Head Start Bureau, 1999; Peterson et al., 2004; Thompson, Wickham, Wegner, & Ault, 1995). Programs in small rural communities that represent a large portion of all childcare and education services in the country have not received as much attention. In this paper we explore how a team of early childhood professionals in a rural community have implemented change towards effective inclusive care and education and how a co-operative inquiry process supported the expansion of inclusion in this setting.

In order to better understand the actions of early childhood educators and to develop a framework of inclusive education and care in a rural community, we chose a qualitative research approach which is gaining increased attention as a preferred method to study community-based practices in various disciplines including early intervention, education, and care (Maxwell, 1996; Sandall, Smith, McLean, & Ramsey, 2002). The authors pursued a mixed method approach including grounded theory (Glaser & Strauss, 1967) and action research (Baldwin, 2001; Reason & Bradbury, 2001) to answer the following research questions: (a) what actions did an inclusion team take to implement and sustain the successful inclusion of young children with disabilities ages 3 and 4 years old who attend a community-based preschool program? and (b) how were inclusive practices expanded to provide more preschool options for children with disabilities in the community studied?

## METHODS

During 2 years of research the authors engaged in co-operative inquiry, a research approach that requires that practitioners participate in all decisions regarding the research (Heron & Reason, 2001). During the first year of the study, the university

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researcher (first author) conducted interviews with key stakeholders (including the second author) to answer the first research question (what actions lead to the successful inclusion of young children with disabilities ages 3 and 4 years old who attend a community-based preschool program?). During the second year, both researchers facilitated action planning to answer the second question (what actions will community stakeholders take to support the expansion of inclusive practices and other more community-based preschool options for children in the studied community?). A procedural map of the co-operative inquiry process is available in Figure 1.

### Research Context

According to 2000 census data, the studied community has a population of approximately 10,000. The community is located in a rural area 15 miles from a city of approximately 200,000. Families in the community work either in farming, local manufacturing, or in the nearby metropolitan area. The population is primarily Caucasian (95%), Hispanic (approx. 3%), and other races (approx. 2%). The school district includes a high school, a middle school, and, at the time of the research, two

elementary schools. A third elementary school was constructed after the research was concluded. At the time of the research, children ages 3–5 years old with disabilities received special education and related services during one morning and two afternoon sessions at two elementary schools. A second morning session was made available at a corporate community-based childcare center. As a result of the research, additional resources for the provision of integrated community-based services became available.

### Participants

Following approval by the university review board to seek consent from participants, the first author conducted an initial interview with an early childhood special educator, who is the second author. A theoretical sampling technique was used (Glaser, 1978) to proceed with data collection in accordance with grounded theory. Data analysis of the first interview transcript facilitated the identification of eight new potential participants, who were contacted by the first author. Out of the eight, six agreed to participate in a one to 2-hour interview held at a location they chose. The six new participants included

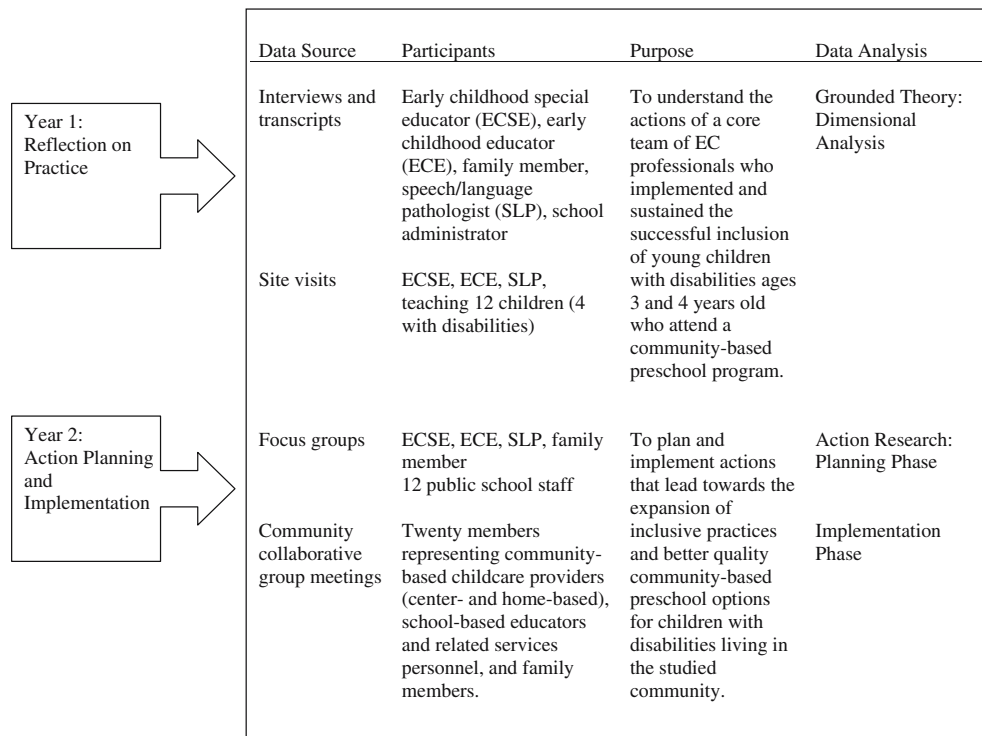


Fig. 1. Procedural map of the co-operative inquiry process.

an early childhood regular educator, a family member, two speech and language pathologists, a school administrator, and a teaching assistant. Out of the total of seven interviewees, five were identified as key contributors in taking initial steps towards inclusive practices (see Figure 1). Because the authors decided to focus the inquiry on better understanding the actions that strengthened successful inclusion, they did not include transcripts from two interviewees whose information revealed that they were not participating in the initial actions to provide inclusive education and care and were still questioning the benefits of full inclusion for children with disabilities.

Following the interviews, the first author conducted eight site visits in a classroom of 12 children attending the corporate childcare center. While volunteering, she observed how the special educator, the early childhood regular educator, and the speech and language pathologist provided integrated services to four children who had individualized education plans.

During the action planning and implementation phase of the inquiry, the authors led two focus groups and organized eight community collaborative group meetings. The first focus group included the early childhood regular educator, the speech and language pathologist, the family member, and the authors. The second focus group consisted of 12 early childhood professionals including two speech and language pathologists, two early childhood special educators, a school psychologist, two occupational therapists, two early childhood regular educators, a social worker, and two teaching assistants. In response to the focus group discussions a community wide collaboration team was formed. The second author mailed invitations for joining an early childhood collaborative community group to eight childcare centers, five licensed family childcare providers, 10 early childhood school sta , and 10 families who had inquired about inclusive childcare services. Eight meetings were regularly attended by 20 community members including 11 childcare and education professionals representing five childcare centers and five family childcare programs; five school professionals including a Kindergarten teacher, two early childhood special educators, a school psychologist, and a social worker; and family members including four mothers of preschool age children.

## Procedures

Initial interviews and site visits were conducted to better understand how inclusive practices were

implemented. Two focus groups and eight community collaborative group meetings facilitated action planning and expansion of inclusive care and education.

### *Initial Interviews*

During 1–2 hour interviews, respondents shared their knowledge and experiences related to the following semi-structured questions: (1) Who were the people involved and what were their roles in making inclusive services available? (2) What actions did you take to implement and expand inclusive special education and related services in community-based childcare settings? All interviews were tape recorded and transcribed verbatim resulting in over 80 pages of written text.

### *Site Visits*

To further gain insight into how the educators and the therapist team-taught in an inclusive classroom of 12 children, the first author volunteered in a preschool room. She took 20 pages of field notes during eight site visits, in which she captured the actions the professionals demonstrated as they provided integrated services. The field notes were shared with the early childhood special educator (second author), the preschool teacher, and the speech/language pathologist, who each provided clarifications and corrections.

### *Focus Groups*

During the action-planning phase, the authors facilitated two focus groups during which they wrote detailed notes. These were recorded like minutes and captured the action plan participants outlined to form a larger community-wide collaboration team and apply for a grant to fund community-wide meetings (including refreshments and childcare), trainings, and materials. Participants reviewed the notes for corrections and approval.

### *Community Collaborative Group Meetings*

Following the formation of the community collaborative group and successful grant funding by the Department of Public Instruction, the authors facilitated monthly community collaborative group meetings during which they took detailed minutes. The minutes were emailed to all members of the group and guests. Eighteen pages of approved minutes documented the progress professionals made

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towards expanding integrated services for children with disabilities at the preschool level.

### First Year Data Analysis and Interpretation

The first author conducted an ongoing comparative dimensional analysis of written text (based on interviews and notes) involving open and axial coding procedures in accordance with grounded theory (Bauers, 1989; Glaser & Strauss, 1967; Kools, McCarthy, Durham, & Robrecht, 1996; Schatzman, 1991; Strauss, 1987). She analyzed the first interview transcript line by line according to identified properties described as actors, actions, conditions, and consequences (open coding). An example of a line-by-line analysis labeled as “Changing roles” is provided in Table I. New interview transcripts were then coded according to dimensions identified in the first interview and sorted by commonly described actions, conditions, and consequences of actions (axial coding). For example, the openly coded section highlighted in Table I as “changing roles” was later combined with coded sections labeled as “collaborating” and designated as “collaborating and changing roles to make inclusion work.” Field notes taken during site visits were analyzed according to actions professionals took to provide integrated services for four children with disabilities. All text passages were dimensionalized and sorted by most commonly appearing codes using electronic software called NVivo.

NVivo facilitated coding of dimensions that commonly appeared in all written text (Bazeley, 2007; Fraser, 2000). The first author used visual explanatory matrixes drawn in NVivo to clarify the analytical process of designating dimensions as conditions,

actions, and consequences (Bauers, 1989). The final dimensions were reviewed by both authors and shared with participants to assure agreement about how integrated practices were initiated. The researchers and community leaders then began action planning to further expand inclusion.

### Second Year Data Analysis and Interpretation

The notes and minutes the authors wrote during focus groups and community group meetings were analyzed according to actions participants described that supported the integration of services for children with disabilities in their least restrictive environments. NVivo software facilitated the dimensional analysis process. For example, at a community meeting, a childcare provider asked for information about how to collaborate with family members to refer a child for an evaluation. Consequently, school staff provided a written and oral overview of the referral process for all interested childcare professionals. Following each meeting, participants received meeting minutes via email and were asked to make corrections or additions, which verified the accuracy of the authors’ interpretations.

### Trustworthiness and Fidelity of the Research

Three methods were used to collect data including interviews, site visits, and focus/community groups. These methods enabled us to verify observed dimensions through the process of triangulation, a tool frequently used to enhance the credibility of research (Maxwell, 1996). Furthermore, member checks were conducted by asking participants to verify accuracy of written text and adding additional

Table I. Line-by-line Dimensional Analysis of Transcript Section Labeled as “Changing Roles”

Text	Dimensional analysis
And so we took those two students then and did a pilot with the childcare staff; where our speech and language therapist and I went out 2 days a week. I went out on Tuesday/Thursday; she went out on Monday/Wednesday.	<i>Actors:</i> Early childhood special educator, preschool teachers/childcare providers, speech and language pathologist, two children with disabilities (and their families) <i>Actions:</i> Initiating the provision of itinerant services (ECSE and SLP). Consulting with staff and working with two students in inclusive preschool and childcare classrooms during times that fit everybody’s schedules. <i>Condition:</i> Favorable collaborative conditions to pilot itinerant approach of service delivery. <i>Consequences:</i> Changed roles from self-contained classroom instruction to consultative integrated instruction.
And I went out over lunch time and prep time.	Creation of new half-time itinerant position to allow the early childhood special educator to provide integrated services to eight children.
And then we went from that to when we were able to add staff this year, and that would just be a half-time position.	

reflections to clarify stakeholders' perspectives. Finally, the research process and the final dimensional analysis were discussed among the researchers and participants before presenting the findings (Friedman, 2002). Triangulated data collection, member checks, and verification by a team of experts assure trustworthiness and fidelity of research results (Bogdan & Biklen, 1992).

## RESULTS

Results are organized by first year grounded theory findings and second year action planning and implementation. First year dimensional analysis revealed how inclusive practices were implemented at the corporate childcare center. Second year results show how action planning contributed to the expansion of integrated services community-wide.

### First Year Grounded Theory: How an Inclusion Team Initiated Change from Segregated to Integrated Practices

Three professionals collaborated to form an inclusion team whose goal was to provide integrated services for children with disabilities. Actions that were described by all participants as positively affecting change from segregated to integrated services were included in the final results and designated as the following dimensions: (1) Responding to families' wishes for integrated services, (2) collaborating and changing roles to make inclusion work, and (3) facilitating children's transitions into Kindergarten. Field notes from eight site visits revealed how the inclusion team designed embedded instruction and adjusted instructional techniques to assure positive outcomes for children with disabilities.

### Responding to Families' Wishes for Integrated Services

The corporate childcare center where integrated services were initiated served around 60 children birth to 5 years of age in part or full day childcare and 40 children ages 6–10 years in after school childcare. At the time the research began, two family members, whose children received special education services from the school district, had requested integrated services in a community-based childcare setting. Three professionals (the early childhood special educator, the speech and language pathologist, and the childcare director/ regular early childhood educator) responded to the families' wishes by persisting

to facilitate inclusive services for the two children. The interviewed family member shared that the main reason she needed to look for a new option was due to her daughter's special needs:

It was really part of her special needs. She has Asperger's syndrome. And it is really hard for her to change activities sometimes, which is part of the reason why practicing full integration is so helpful. I thought that if I drop her off at early childhood [special education self contained] and then she would bus to a childcare and that would mean 2–3 transitions throughout every day. All of the people would be different. And then she would get overwhelmed.

In response to requests from eight more families for inclusive services, the early childhood special educator and the childcare director presented a written proposal to the school district in which they outlined a plan for creating two fully inclusive classrooms with 12 children each. Four children per classroom would receive integrated services. Financial arrangements, transportation, and morning and afternoon programming were explained to provide eight families with childcare and special education services at the center. The financial feasibility of the plan was creative in that the childcare center did not charge families of children with disabilities for attending the childcare program in the mornings. The childcare director explained:

The parents do pay for the afternoon services. The morning is at no charge because of the special education early childhood program. That is how the financial portion has been worked out. The initial work was completed by going out to the Center and consulting to provide one section [inclusive early childhood special education] and then we expanded this option [for up to eight children].

The school district and the corporate childcare center's board of directors approved the proposal. To implement the plan, collaboration among early childhood professionals became central to their work.

### *Collaborating and Changing Roles to Make Inclusion Work*

When integrated services were expanded to eight children, professionals' roles changed. The special educator, speech and language pathologist, and regular educators worked side by side instead of in separate classrooms. According to the childcare director, "taking the steps towards change was hard, because we didn't always know whether what we were doing was right." However, as team members

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recognized each others' skills, professionals began to create a sense of trust, equality, and team building. Preschool teachers and therapists increasingly shared information in a reciprocal way. The early childhood special educator shared the following:

What I have learned this year is that if I really want to be bringing something in, an idea or materials or whatever, I first need to ask that teacher [childcare provider]; can I use what you have just done, that was a great idea, can I borrow that for my classroom in the afternoon?; then it seems that it is easier when I bring something in, because it is much more reciprocal, much more on the same plane.

A part of providing integrated services successfully included preparing children with disabilities for smooth transitions into Kindergarten (typically at age 4).

### *Facilitating Transitions into Kindergarten*

The special educator organized transition supports based on observations of children's social and pre-academic skills. She attended Kindergarten with individual children on a weekly basis throughout the spring semester and ate lunch in the cafeteria in preparation of the full day experience. The family member reflected on the transition activities in this way:

I think they are very forward thinking and always thinking of what is in the child's best interest. They have great ideas and think ahead how a child needs to get ready for Kindergarten. The transition activities are a wonderful way to help a child get ready.

During site visits, the first author observed that in addition to collaborating and adapting roles, the team made sure that individual children were making appropriate progress and had opportunities to practice skills during daily routines, which extended to adjusting instructional strategies if needed.

### *How Professionals Designed Embedded Instruction in Response to Individual Needs*

In the observed inclusive classroom the early childhood special educator and the speech and language pathologist provided embedded learning opportunities during morning activities. All such opportunities were planned based on children's individualized educational goals (IEPs) and provided during regular routines. For example, one morning the special educator brought in tubs of "theraputty." She tied the activity into the bi-weekly theme of "life

in the jungle" and suggested that children use their fingers to create animals and paint them with markers. All educators in the room (regardless of their professional titles) interacted with children and provided special supports for those who benefited from individualized instruction. They provided invisible support such as squeezing the "theraputty" ahead of time to make it easier to work with and adult or peer support by engaging children in meaningful interactions.

The speech/language pathologist (SLP) changed instructional strategies whenever she observed that during the course of an activity a child was not participating successfully. For example, after working one on one with a child on improving speech sounds in a separate room (based on the experience that children benefit from practicing articulation skills in a quiet area), the child made good progress towards set goals. Thus, the SLP decided to practice with the child during small group activities. However, in the new context, the child was too distracted to use the prompted speech sounds. Therefore, the SLP invited two peers to model speech sounds during playful interactions in the quiet room. The child considered going to speech with her friends a fun activity and made good progress. The SLP's goal remained to fully integrate the practice of speech sounds to the general education environment.

As a community leader who implemented change of practice, the second author recognized that she needed support beyond the three-member inclusion team to further expand her role as itinerant teacher and consultant. She asked the university researcher for literature on inclusive practices, information about state resources, and later asked school administrators to approve the application for a state grant.

### *Second Year Action Planning and Implementation: How Early Childhood Professionals Planned for and Expanded Community-wide Inclusive Practices*

Due to growing child enrollments, a community-wide team had to be formed to address the needs of a larger number of families of young children with disabilities who sought inclusive education and care. Two focus groups were held to plan ahead.

#### *Focus Groups*

During one of two focus groups, five participants decided to present their experiences with providing

integrated services to a larger group of public school personnel. During the second focus group 12 public school representatives listened to the inclusion team's account of how integrated services at the childcare center positively affected children's lives. Participants supported the idea that the second author apply for a community collaboration grant and that public school administrators employ a new early childhood special educator in the district. By the end of the semester, these actions were taken. In order to fulfill grant requirements and community-wide planning, the authors invited family members of young children, preschool teachers, family childcare providers, childcare center directors, early childhood special educators and related services providers to participate in a community collaborative planning team whose goal would be to identify quality services that existed or needed to be developed to positively impact preschoolers within the community.

#### *Community Collaborative Group Meetings*

Twenty people representing early childhood care and education stakeholders joined the collaborative group. This group was charged with planning for and creating more inclusive settings and placements in natural environments for preschoolers with developmental disabilities. To facilitate the group's work, the school district provided logistical supports such as grant budget management and opportunities to hold monthly meetings at a community center.

Based on data collected during eight group meetings, the authors concluded that community-wide early childhood collaboration resulted in four significant changes that were implemented during the second year of the study. First, early childhood education and care providers received social recognition from school district administrators and community members for their work with the collaborative group. For example, two administrators who attended one of the meetings requested recommendations from the collaborative group for how community-based 4-year-old Kindergarten might be implemented in the future and how high quality preschool options might also address the needs of children with disabilities. Second, the half-time itinerant teaching position was expanded to full-time. The additional time allowed the special educator to expand integrated services from 1 to 6 community-based childcare programs. Third, community-based inclusive services increased from 8 to 15 children with disabilities, who attended their family chosen preschools and childcare pro-

grams. Finally, trust increased between childcare and school professionals during the community collaborative meetings, which positively influenced educational planning and inclusive practices within the community.

#### DISCUSSION

In this study, co-operative inquiry contributed to better understanding how early care and education leaders in a rural community implemented professional practices that resulted in more coordinated preschool options for young children with and without disabilities. Co-operative inquiry involved first studying the extent to which inclusive practices were already in place within the community and then engaging in action planning to expand such practices community wide.

Dimensional analysis contributed to better defining the roles of inclusion support specialists (Cook, Klein, & Tessier, 2004) by studying how early childhood professionals provided integrated services. Research about professionals, who consult to provide inclusive care and education in various community contexts, is important (Buysse & Wesley, 2005; Hanft, Rush, & Shelden, 2004) at a time when in the United States at least 60% of children with disabilities under the age of 5 participate in non-parental care and education (Booth-LaForce & Kelly, 2004). Our research is consistent with previous findings that (1) effective team building and problem solving are cornerstones of successful inclusion (Hanson & Widerstrom, 1993), (2) designing child-focused instructional strategies embedded in daily routines and activities can effectively teach children functional skills that they practice and reinforce daily (de Groot Kim, 2005; Horn, Lieber, Sandall, Schwartz, & Wolery, 2002; Petti-Frontczak & Bricker, 2004), and (3) teaching specific social and organizational skills provides children with more competence to enter new learning environments and routines such as Kindergarten (Pianta & Kraft-Sayre, 2003). We learned that an inclusion team of three professionals played a crucial role in implementing these practices to support the successful integration of two and later eight children into a community-based childcare program.

Action planning became the main focus of the research after professionals responded to families in the rural community, who sought inclusive community-based special education and care options for their young children. To begin the process, a small team of community leaders engaged a larger

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community group in planning for providing more inclusive learning places for young children. During monthly meetings participants discussed topics related to planning for individual needs of children. Further, they shared how consultation from specialists enhanced the abilities of caregivers to educate children with disabilities in preschool settings. As a result of better collaboration among community stakeholders, the number of children with disabilities receiving integrated services almost doubled, representing almost half of all children with disabilities in the district. The collaborative team became a community of practice that addressed and responded to the needs expressed by early childhood professionals within the school and childcare community as well as the needs of individual children with developmental differences and their families.

The idea that a small team of professionals can implement change by first acting on a small scale and then identifying community leaders, who want to expand innovative practices on a larger scale, is not new (Wheatley, 2005). Particularly in early childhood care and education, community forums have been used to plan for better inclusive care and education (Wesley, 1995) and school communities engaged in ongoing action research become professional learning communities (DuFour, 1998). These findings are encouraging. In the rural community studied here, early care and education leaders' capacities to implement changes for inclusion were enhanced by the co-operative inquiry process used, which included reflection upon practice, action planning, and implementation. It took 2 years to successfully implement changes from segregated to integrated preschool services that offered families of young children with disabilities more preschool options. The authors anticipate that families will continue to increasingly seek integrated services. There is a need to further explore whether co-operative inquiry can positively affect the rate and effectiveness at which early childhood leadership teams create learning places for all young children living in rural communities.

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