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A case study approach : exploring socially inclusive programming for toddlers with Down Syndrome through a relationship lens

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A CASE STUDY APPROACH: EXPLORING SOCIALLY INCLUSIVE PROGRAMMING FOR TODDLERS WITH DOWN SYNDROME THROUGH A RELATIONSHIP LENS

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ABSTRACT

This instrumental case study set out to examine the toddler room program of one child care centre (centre X) deemed as providing inclusive child care for toddlers with Down Syndrome (DS). Through use of both interview and observation tools this study sought to answer four particular research questions. These questions included: (1) To what extent is this centre providing socially inclusive child care for toddlers with DS? (2) What strategies do ECEs in this centre use to include toddlers with DS in socially meaningful opportunities with their peers? (3) How do parents of children with and without DS perceive their child's classroom to be an inclusive environment? (4) How do parents of children with and without DS recognize social inclusion to be a primary goal in their child's development during toddlerhood? After analyzing the rich set of data collected during the interview and observation process results demonstrated that each of the four research questions were affirmatively answered. More specifically, results demonstrated that not only were the ECEs in the toddler room providing C01 with socially meaningful opportunities but relationship formation among all children, typically developing or not, was something that was also highly valued and supported by these ECEs.

Key Words

child care; Down Syndrome; early childhood educators; parent beliefs; social inclusion; toddlers

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Introduction

"It is through the mirror of friendship
that you find yourself when you are lost."
- Vivian Gussin Paley
"The Girl with the Brown Crayon"

Children will form a multitude of relationships throughout their lifetime. The earliest of these relationships begins between a child and their primary caregiver. However, with many children now spending the majority of their time in child care, some will begin to form relationships with adults who are non-family members, as well as their peers, at an earlier age than in the past (Booth & Kelly, 2002; Berger, 2003; Killoran, Tymon, & Frempong, 2007). According to the Reggio Emilia approach, as children begin to form relationships with their peers and their caregivers they begin to establish a role in their community (Edwards, 2004). For children, the process of relationship formation aides in the development of various competences that they will begin to acquire during early childhood. Such competences include the development of intellectual, social, emotional, as well as physical abilities (Edwards, 2004). As more parents place their typically developing children in a child care centre, this process of relationship formation occurs naturally through the opportunity to play and explore their environment freely alongside their peers. However, this is not typically the case for a child with Down Syndrome (DS). Research demonstrates that children with DS have a range of both cognitive and physical deficits that can interfere with their development (Mundy, Sigman, & Yirmiya, 1988). Thus, a child with DS often exhibits delays in both language development, such as verbal communication skills, as well as physical development which hinders their ability to engage in social experiences with their typically developing peers (Mundy et al., 1988; Kumin, 1996). This inability to engage in social experiences impedes their ability to form meaningful relationships with their peers. The role of the early childhood educator (ECE) becomes critical in helping a

child with DS engage meaningfully in their environment and in creating give-and-take social opportunities with their peers.

Current research demonstrates that the more children are given the opportunity to engage in experiences that reflect various developmental domains, the more likely they are to be successful in the utilization of these skills in later life (Bricker, 2000). Evaluating how ECEs can provide meaningful social opportunities for children with DS is a topic that requires further investigation. Additionally, research needs to focus on the practical strategies that are being implemented as well as those strategies that work. ECEs also need to understand the implications their role has on a child with DS and how they can foster the social development of both children with DS and their typically developing peers during daily routines and daily interactions. Furthermore, Edwards (2004) believes that educators need to "[…] look at the quality of their programs and services through a 'relationship lens' so that practices support rather than undermine relationships" (p. 121).

Theoretical Framework

Edwards (2004) discusses the important role that caregivers have to support the development of relationships among themselves and the children as well as between the children they work with. This is made possible if caregivers provide opportunities throughout the children's day to include all children in program routines and provide support as children attempt to interact with each other. It is both the caregiver and the learning environment itself that help to support this development of relationships in early life. For example, it is the caregiver's use of language and their actions that can support or hinder children's attempts to interact with each other. Furthermore, learning experiences that promote group versus individual interactions such as the use of sets of materials rather than a single material, for the children to explore, can also support

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or hinder children's attempts to interact with each other. Thus, it is through the theoretical tool that Edwards (2004) refers to as a "relationship lens" that educators can begin to not only evaluate their learning environment but ECEs can also evaluate their own practices to ensure that they are providing opportunities that foster the development of peer relationships (p. 121). As the data from the interview and observation processes are reviewed, this framework will be utilized to determine if the toddler room programming reflects such theoretical underpinnings.

Definition of Terms

Inclusion

For the purposes of this research, Allen, Paasche, Langford, and Nolan's (2006) definition of inclusive education will be used. According to Allen et al. (2006), "inclusion means that children with special needs attend preschool, child care, educational, and recreational programs with their peers. Inclusion is about belonging, being valued, and having choices. Inclusion is about accepting and valuing human diversity and providing the necessary support so that all children and their families can successfully participate in the programs of their choice" (p. 3). Furthermore, this definition upholds that children with varying degrees of disabilities should be integrated into a classroom with their typically developing peers. Thus, ECEs should be ensuring that children with disabilities, such as children with DS, are given the support and accommodations they require in order to engage in *both* meaningful social and educational experiences with children their own age.

Meaningful Social Opportunities

Meaningful social opportunities will refer to interactions where children with and without DS initiate or reciprocate verbal and/or nonverbal communication with their typically and atypically developing peers. In addition to this style of communication, children with DS should be

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included in social play opportunities that are occurring naturally within the classroom (Allen et al., 2006). This should occur through support that is given to children with DS by ECEs in order to sustain give-and-take interactions during any given period of free play with their typically developing peers. Furthermore, what makes these interactions *meaningful* is that children are not simply just placed in the room or physically included in a particular experience, such as sitting at the carpet during circle time. Rather they are willing participants and demonstrate signs that that they are engaged in the experience. These signs of engagement can be noted through, for example, the child's body language such as eye contact, willingness to stay and participate in a particular experience, as well as communicating verbally or nonverbally with peers or adults facilitating the experience (Allen et al., 2006; Katz & Galbraith, 2006).

Toddlers

Toddlers will be classified as those children who are currently enrolled in the toddler room at the inclusive child care centre participating in this study. Typically, the age range of children in this room includes those children between the ages of 18 months to 2 ½ years and may also include children that are younger and/or older than this age range based on each individual child, their needs, as well as their family's assessment of what is best for their child.

Literature Review

Providing all children with meaningful social opportunities is of particular importance as research demonstrates that the early years of life are a critical time for children to begin to develop various skills such as language, communication, and social interaction with peers. A child's early years in life have also proven to be a critical period for children with DS (Mundy et al., 1988). Since DS is diagnosed early in life, often occurring before or at birth, ECEs are the first teachers in a child's life to become involved with both the family and the interventionist

team in order to provide children with DS the appropriate intervention and care they require and notably deserve. Thus, the type of support that ECEs give children and their families in early childhood is highly significant to the child's development and has ongoing effects that carryout into adult life (Bricker, 2000; Van Hove, 1999 as cited by Killoran et al., 2007).

Often in the early years of life the primary focus of children with DS is to further develop their motor abilities, including both fine and gross (Jobling, Virji-Babul, & Nichols, 2006). However, this often results in considerable one-to-one interactions between the child and an adult who is providing them with support (Katz & Galbraith, 2006; Kim, 2005). Thus, children with DS often spend less time engaging in social experiences alongside their typically and atypically developing peers (Katz & Galbraith, 2006; Kim, 2005). While Kim (2005) has noted the importance of the work an interventionist does with a child with a disability, most of a child's success and attempts at interactions with their peers is done in the absence of the support worker or interventionist. Odom et al. (1999) reports that child mediated interactions have proven to be more successful in the long run when compared to those interventions solely made by an adult. Therefore, more successful strategies need to be implemented in a child care classroom in order to effectively integrate children with DS within the classroom. In doing so, this will allow children with DS to become a part of meaningful social experiences with their peers throughout the day, rather than being limited to interactions with adults (Bricker, 1995). Ensuring that both children with DS and typically developing children are supported in their attempts to initiate and reciprocate social interactions with their peers is of utmost importance. This is because typically developing children are more likely to engage in play with their typically developing peers than with children with disabilities (Hestenes & Carroll, 2000; Odom, 2002).

Wishart, Cebula, Willis, and Pitcairn (2007) discovered in their study that children, who

ranged from preschool to school age and had DS, were less likely to recognize emotions expressed by their peers when compared to their typically developing peers' ability to recognize emotions. Furthermore, Wishart et al. (2007) stated that this "ability to recognize emotional expressions is a skill central to social interaction and to forming relationships with others" (p. 558). Wishart et al. (2007) also discussed that children with DS are often perceived as highly social children. However, their research demonstrates that these children's socio-cognitive understanding limits their ability to socialize with others. Odom et al. (1999) discovered that children with disabilities often demonstrate weak social skills and that due to this weakness they are often rejected by typically developing children. This was particularly true for preschool aged children, which was noted as resulting from their display of less effective attempts to engage in play with their peers (Odom et al., 1999). Mervis and Robinson (2000) explored children with DS and their expressive language abilities. They noted that children as young as toddler age (two years, two months) who have DS display a notable weakness in their verbal ability. Furthermore, McCabbe and Meller (2004) discovered that preschool aged children that lack social experience demonstrate delays in social competencies and "may be at a disadvantage for learning and cultivating socially competent behaviours" (p. 320). While, McCabbe and Meller's (2004) study focused on those children who had speech and/or language impairments, it nonetheless represents the common domain of development (language) in which children with DS experience various difficulties and delays. Additionally, Terpstra and Tamura (2008) suggested that with support these children's ability to pick up cues from other children in a social setting may improve with additional support from educators. When ECEs act as facilitators of social opportunities, they encourage the beginning of meaningful relationships between children. Furthermore, the more opportunities children are given to interact with their peers and the more

they are supported in their interactions, the less likely they are to require facilitation from the ECE, making their interactions both familiar and natural in process (Edwards, 2004).

By including children with disabilities in early child care settings there are many benefits that can result not only for children who have a disability, but also for the families of these children, their typically developing peers, as well as the ECEs working in the inclusive setting. As Hestenes and Carroll (2000) discovered in their research, as typically developing children learn more about children with disabilities, the more likely they are to interact and form friendships with disabled children. Inclusion is one of the ways in which typically developing children can learn about children with disabilities. Additionally, Stoiber, Gettinger, and Goetz's (1998) study on parents' and ECEs' beliefs about inclusive programming indicates that the best way for ECEs to learn more about inclusive practices and enhance their ability to create an inclusive atmosphere is to acquire more "direct, hands-on experience" (p. 122). However, this can only happen if child care centres accept children with disabilities and/or ECE student teachers are given these opportunities to work with children with disabilities. Vilaseca and Del Rio (2004) have also noted that a naturalistic approach to supporting children with DS will provide them with the opportunity to more successfully develop their receptive and expressive language abilities. This means that by affording children with DS the opportunity to engage in everyday, meaningful social experiences that are scaffolded by adults, such as ECEs who work in quality child care centres, is a vital component to their language development. This becomes even more evident when this type of child directed atmosphere is compared to children with DS who solely work one-on-on in a very adult directed atmosphere with, for example, a trained speech therapist (Vilaseca & Del Rio, 2004).

An issue that has been raised is how ECEs should include children with disabilities in

their classroom environment and in such a way that they are provided with meaningful social opportunities with their peers. This is especially true for those children who have trouble engaging in social experiences, such is the case for children diagnosed with DS (Odom et al., 1999; Wishart et al., 2007). As discussed by Terpstra and Tamura (2008) and Vilaseca and Rio (2004) play is often the vehicle through which children both acquire and practice their social skills. However, simply being placed in a child care classroom with typically developing peers is not enough to ensure children are developing to their full potential (Killoran et al., 2007; Kim, 2005; Terpstra & Tamura, 2008). What needs to be considered is the quality of interactions and ways in which ECEs can allow children with DS to "fully participate in the programming while preserving their human rights and dignity" (Killoran et al., 2007, p. 82). This is an area that Odom et al. (1999) also explored in their study regarding the effectiveness of differing intervention strategies employed to support children with disabilities. These strategies ranged from those that were environmental, child specific, and peer mediated. It is evident that additional strategies need to be implemented within an inclusive child care setting in order to provide quality programming that offers meaningful social opportunities for all children, including those children with DS. However, research regarding how to support children with DS and the type of strategies that ECEs should implement throughout their daily interactions with children with DS appears to be lacking.

While a number of studies have been conducted with a focus on children with disabilities and the issue of social inclusion and verbal communication with peers, the majority of recent research centres on children with Autism Spectrum Disorder (ASD) or discuss disabilities in general and do not focus on DS in particular (Bauminger, Solomon, Aviezer, Heung, Gazit, Brown, et al., 2008; Matson, Matson, & Rivet, 2007; Thurm, Lord, Li-Ching, & Newschaffer,

2007). Bauminger et al. (2008) focus their study around the importance of friendship, the impact that it has on a child's social development, as well as whether or not children with ASD have the ability to form close, high quality relationships with their peers. Bauminger et al. (2008) go on to discuss how children with ASD lack the "ability to experience relationship-based emotions" which inhibits their ability to form meaningful social relationships (p. 136). Matson et al. (2007) explored the various methods that can be used to help support children with ASD and further develop their social skills. Some of these training methods included; modeling and reinforcement, peer-mediated interventions, reinforcement schedules and activities, as well as scripts and social stories. Matson at al. (2007) noted that modeling and reinforcement appear to be the most common methods used when teaching children social skills. Thurm et al. (2007) explored children ranging from the age of two years to five years who were diagnosed with Autism, with a specific focus on their "non-verbal ability, receptive communication, expressive communication, and socialization" (p. 1721). They discovered that a child's cognitive ability hindered their capability to engage in both expressive and receptive language development.

Furthermore, studies that do include children with DS do not focus on children who were of toddler age. An example of this is Grenier, Rogers, and Iarrusso's (2008) study which focuses on school-aged children with DS and offers some valid inclusive practices ECEs could transfer to their toddler program design. The article highlights the importance of helping children with DS establish communication skills before, during, and after their interactions with their peers. Mundy et al. (1988) propose that nonverbal communication is the first step for young children, such as toddlers with DS, need to establish before they can begin acquiring communication skills that allow them to engage in social interactions. It should be noted that while children with DS experience some delays in language and communication skills they do have the capacity to

communicate both verbally and non-verbally with peers and caregivers. However, it is the degree to which the child's peers and caregivers are able to respond to their cues that allows their interactions to be successfully communicated (Kumin, 1996).

Parental input is one strategy suggested in assisting ECEs to ensure that they are providing the right type of programming that will socially benefit children with disabilities (Palmer, Fuller, Arora, Nelson, 2001). As highlighted by the Reggio Emilia philosophy both principles of collaboration and creating a partnership with parents are of utmost importance (Fyfe, Hovey, & Strange, 2004). Creating a partnership with parents is even more important for those parents who have a child with a disability. Zaretsky (2007) recommends the use of a transdisciplinary team model in which she proposes collaboration among various professionals who typically provide a child with a disability and their family with support. This model was created to not only support educational professionals but also to give parents an equal and respected voice in their child's education. Grenier et al.'s (2008) article reinforces the notion that children need to be supported in their social interactions and that a collaboration between the teacher, parents, and interventionist team needs to occur in order to provide optimal, child specific programming for the child with DS. In considering some of these suggested approaches centres might realize that there is no need to turn away a child who has a disability from their centre but rather they should embrace this opportunity.

Methodology

This study is an examination of an inclusive child care environment in a specific centre (centre X) whose toddler room had a child with DS (C01). More specifically, this study set out to examine parents' and ECEs' ideas around social inclusion as well as the extent to which the ECEs working within this centre's toddler room provide meaningful social opportunities for a particular toddler diagnosed with DS. This in-depth examination of one child care centre was employed with the hopes of yielding successful, practical strategies for creating meaningful social opportunities for children with DS. The study asked the following questions: (1) To what extent is this centre providing socially inclusive child care for toddlers with DS? (2) What strategies do ECEs in this centre use to include toddlers with DS in socially meaningful opportunities with their peers? (3) How do parents of children with and without DS perceive their child's classroom to be an inclusive environment? (4) How do parents of children with and without DS recognize social inclusion to be a primary goal in their child's development during toddlerhood?

Research Design

This is an ethnographic study that utilized a case study approach in order to create a rich representation of one particular child care centre that was the focus of this study. This design was chosen not to compare or contrast data or experiences in relation to other studies or make generalizations about its findings. Rather, this study's primary focus was to place emphasis on its uniqueness and to gain a better understanding of all aspects of this centre's inclusive practices (Stake, 1995, p. 8). This study is what is known as an instrumental case study (Stake, 1995; Creswell, 2008). This approach allowed the researcher to pull data from a variety of sources, such as parents, educators as well as the children, in order to acquire a full understanding of all aspects of a socially inclusive child care centre that one needs to consider in order to provide appropriate programming for toddlers with DS.

Sampling

A two stage sampling design was utilized in order to first choose a centre deemed as socially inclusive and then select participants for this case study. The centre chosen for the purpose of this research is a lab teaching school whose philosophy asserts child direct inclusive

practices and has accepted children with disabilities such as PDD, DS, and other behavioural and physical disabilities. Participants were then selected from this child care centre that is deemed as providing inclusive child care for all family types.

Purposeful, non-random qualitative sampling was used in order to obtain voluntary permission of participants. Participants included the supervisor (S01) of the inclusive child care centre, the ECEs (T01 through T06) that worked in the toddler room of this centre, all of the children enrolled in the toddler room (C01 through C13), with a specific focus on one child with DS (C01). Participants also included parents of three children who were enrolled in the toddler room. One set of parents interviewed were those of the child with DS (P01 and P02), while the other two sets of parents included in the interview process had children without DS enrolled in the toddler room (P03 through P06).

Data Collection

Data was collected through the combination of both anecdotal observations and semi-structured interviews. A series of 58 observations were conducted in the toddler room of centre X over approximately a three week period (Appendix A). Observations were collected during morning and afternoon play periods on days that C01 was present. Data collected during the observation process allowed insight into whether or not centre X was in fact providing support for C01, a toddler with DS, in order for her to engage in meaningful social opportunities. Interviews were also conducted with the supervisor of the inclusive child care centre, the ECEs that work in the toddler room, as well as three sets of parents who each have a child enrolled in the same toddler room. One set of the parents had a child with DS (C01) who was enrolled in the toddler room, while the other two sets of parents had a typically developing child enrolled in the toddler room (C02 and C12). Interviews were conducted at the convenience of the participants

either at the child care centre or at the participant's homes and followed a specific protocol outlined for the interview process ahead of time (Appendix B).

Data Analysis Plan

Upon the conclusion of the observation process, data was analyzed in order to pull out information that related to whether or not the children in the toddler room were being provided with socially inclusive programming based on the definitions previously stated about inclusion and socially meaningful opportunities. Additionally, any strategies that ECEs used to help C01 initiate and sustain interactions with her peers were noted. For the purpose of the interviews, data was transcribed and analyzed to establish any common themes or relationships that surfaced during the interviews among the different categories of participants. Furthermore, the information collected from the observations was compared against the information collected during the interview process in order to determine if theory was being put into practice. Thus, is centre X, which is labelled as an inclusive child care centre, really providing inclusive programming for toddlers with DS? The interviews that were completed with the parents whose children were enrolled in the toddler room were analyzed to pull out any information that relates to the final two research questions posed, which focused on parent's perception of their child's classroom and to what extent parents recognized social inclusion to be a primary goal in their child's development.

Trustworthiness and Authenticity

To ensure the credibility of this case study observation and interview protocol were developed for the researcher to follow while collecting both forms of information. Utilizing this form of data collection ensured that the information recorded was done in such as way that allowed both objective and subject notes to be collected separately. Triangulation was also a tool

employed in order to collect data from the supervisor of the centre, the staff in the toddler room and the parents of three children enrolled in the toddler room. Collection of information from each of these resources through the use of both interviews and observations ensured that more than one resource supported the underlying themes in this study (Creswell, 2008). Collection of data from various resources and through the use of two different tools ensured that a multitude of rich data could be collected in order to understand the "contextual uniqueness and significance" of the toddler room's programming (Bryman & Teevan, 2005, p.150). Furthermore, all data that is collected throughout this case study will be stored for a period of time to ensure dependability of this study is met and allow for the opportunity to this data to be audited at anytime.

Ethics and Human Relations

To ensure ethical issues did not result before, during, or after the completion of this study, ethical approval was obtained from the Ryerson University Research Ethics Board (RUREB) before any research related to this study was collected. Furthermore, before any research was conducted and approval had been granted from the RUREB, permission was sought from the supervisor of the child care centre wished to be used in this study. After approval was granted from the RUREB, ethical approval was obtained from this child care centre's ethical review board. Given that human participants partook in this study there were unknown risks that could have occurred. However, to reduce the likelihood of these unknown risks from occurring, participants were asked to thoroughly read through a consent form and were reminded that they could withdraw from this research study at any point in time if they experienced any type of distress or discomfort (Appendices C through F). All information collected during the observation process and the interview sessions, including the participant's identity were kept, and will continue to be kept, confidential. For the purpose of the observations, the researcher spent a

period of time in the room to allow participants to accommodate to her presence in order to ensure the observations of the participant's behaviours were as naturalistic as possible.

Findings

This instrumental case study utilized both observation and interview data collection tools which allowed the researcher the opportunity to consult all factors that may contribute to C01's (child with DS's) experiences. Additionally, these research tools allowed the researcher to gain insight from those individuals who have a primary investment in C01's development and progress in a child care setting, such as her parents (P01 and P02). After analyzing participant interviews many themes began to emerge around the four research questions posed prior to beginning this study. These themes were then compared against the researcher's observations to determine the consistency and application of these ideas. The interview process resulted in the collection of data that allowed research questions three and four to be answered. While the interviews with the ECEs and the observations collected of C01 in the toddler room contributed to the findings pertaining to research question two. An examination of all sources of data allowed reflection on research question one: To what extent is this centre providing socially inclusive child care for toddlers with DS?

Defining C01 as a Person

Parental Insights. The interview process began with a semi-structured interview with C01's father (P01) and mother (P02). P02 began by discussing the journey they had been through since the birth of their daughter. P01 discussed that early on he saw C01's personality shine through and described C01 as being a fighter and showing signs of feistiness (Personal communication, October 30, 2008). He also noted a lighter side of C01, stating that she likes to play around and often can be mischievous. P01 also discussed how his daughter demonstrated

that she had a lot of desire to learn, which was a surprise to both P01 and P02 because they were not sure what to expect from having a child with DS. C01 especially seemed enthusiastic about learning when praised for her positive behaviours. P01 continued to describe C01 as being independent and noted that she proved to be very content when left alone with materials to explore. As C01 began to develop, P01 and P02 both emphasized that C01 learns best through observation, especially if behaviours are modeled for her repeatedly. Socially, both parents described C01 as an observer. P02 discussed that C01 likes to observe people or other children. P02 continued to describe C01 as smart and having a great sense of humor. She expressed C01's fascination for music, dancing, and books.

Early Childhood Educators' Insights. Interviews with the ECEs who worked with C01 mirrored the observations of C01's parents. Almost all of the staff referred to C01 as being funny and having a great sense of humor; she was also happy, very determined, and described as not being afraid to make her needs know either verbally or non-verbally. Much like C01's parents, almost all of the ECEs described C01 as an observer, excluding T05. T02 discussed that C01 was beginning to initiate interactions with her peers and was making more eye contact with them, however, she often enjoyed just watching her peers play (Personal communication, November 21, 2008). Additionally, T01 noted that some of C01's interactions are self-directed and some are teacher led, which are both supported by the ECEs in the room (Personal communication, November 21, 2008). Furthermore, T04, T05, and T06 each indicated that C01 had been showing signs of interest in her peers' play experiences and was enjoying being near them or sharing in their experiences (Personal communication, November 13, 2008; Personal communication, November 14, 2008). Whereas when T03 reflected on C01's play experiences she felt that C01 mostly reciprocated play that her peers initiated (Personal communication, November 13, 2008).

Overall, the ECEs working with C01 expressed a wide range of characteristics that describe who C01 is as an individual as well as her social disposition with her peers in the toddler group as a whole.

Goals for Children With and Without Down Syndrome

Parental Insights. Upon one of P01 and P02's first discussions with S01 about C01 and her needs they were reassured that their early interventionist (EI) could come into the centre and work with C01. This was very important because C01's EI helps to assess C01's development and sets new goals as well as providing strategies for both the parents and staff in regards to how to best help C01 achieve these goals. P01 stated, "I not only want my kid to be included but I want you to take note of her special needs too" (Personal communication, October 30, 2008). S01 ensured P01 and P02 they would make accommodations and this proved to be true. P01 and P02 explored the goals they had for C01 in comparison to other people they interact with and who have children with DS. P01 discussed how some people set goals for the children such as getting their child to close their mouth or keep their tongue in their mouth which they viewed as goals that were irrelevant to not only C01's development but any child with DS's development. However, P01 and P02 expressed that they had a different set of goals for C01 which they felt were more relevant and focused on skills that would benefit her in her everyday routines and tasks. These included such goals as C01 being able to dress herself, eat with a fork, keep her cup on the table, as well as helping her develop language and express herself either verbally or nonverbally. They wanted her to engage in more productive play, rather than moving from shelf to shelf dumping toys. They wanted to know that she was safe, that she was being cared for, and they wanted her to be included in everything that her typically developing peers would be involved in. Foremost, they wanted C01 to be treated like her peers and to be introduced to other

children in order to have the opportunity to interact with other children and obtain and utilize social skills. P01 specifically discussed that he wanted C01 to learn how to build friendships and interact with children with the overall goal that bullying might be less likely when she enters the school system. P01 and P02 expressed that centre X had proven to be a place where friendships and inclusion were nurtured.

Early Childhood Educators' Insights. Each of the ECEs interviewed described C01's goals as those that are to help her in her everyday routines and interactions in the classroom. These included such things as keeping her cup on the table, using a spoon to eat her food, as well as communicating with her peers and teachers either verbally or non-verbally or through the combination of both verbal language and sign language. T01 specifically described C01's goals as those that are similar to that of her peers, she referred to them as "toddler skills" (Personal communication, November 21, 2008). Additionally, the staff described her goals as those being directed by the parents and early interventionist. C01's goals typically fell under the areas of social skills, cognitive, and physical development, with a specific focus on fine motor development. Due to the fact that there were six different staff working in the toddler room the toddler teachers found it very important to communicate effectively with each other in order to ensure they were focusing on the same goals and effectively supporting C01 in attaining these goals. This was done through both verbal and written communication in the form of a daily log and through the use of the early interventionist's communication book, discussion with parents as well as team meetings that included S01, the toddler staff as well as C01's parents. T02 described her one-on-one time with C01 as an opportunity to support C01 to follow directions, routines, and to engage in functional play with not only materials in the room but also with her peers. T02 further described C01's goals as being comprised of both short and long term goal

depending on the area of focus. Communication, specifically language development, was one of the major areas discussed by all of the ECEs interviewed as they all had to learn sign language in order to help C01 express her needs more clearly and communicate their wishes with her more effectively.

Ideas Around Inclusion

Supervisor. During the interview with S01, the supervisor of child care centre X began by defining inclusion as insuring there is an "opportunity for every child to participate at whatever level they are able to" (Personal communication, November 6, 2008). Furthermore, she felt it is up to the ECEs in the room to ensure that they are making modifications regarding their interactions with children as well as making those necessary modifications to the learning environment and programming so that a child with a disability is able to participate in everything. S01 also unveiled that social inclusion is a specific focus in the toddler room because "developmentally that's where toddlers are functioning" (Personal communication, November 6, 2008). S01 further discussed social inclusion as an important aspect of an inclusive program as she stated that there are many benefits to having friendships with children with DS and vice versa. She believes that by successfully including children with DS it allows children and adults to become accepting, while at the same time extinguishing the fear factor or the unknown (Personal communication, November 6, 2008). S01 also placed a great deal of emphasis on why understanding that each child is unique as being vital when attempting to understand how to support children with disabilities, such as children with DS. Additionally, she pointed out that "learning about a specific exceptionality isn't going to help you necessarily with every child that has that diagnosis" (Personal communication, November 6, 2008). She felt that each ECE that works with children (with or without disabilities) should get to know the children's strengths and

weaknesses and build their program around this information. S01 also emphasized that learning something in theory is very different than learning it through hands-on, practical experiences.

S01 specifically talked about how supervisors play a role in ensuring their centres are inclusive. She expressed that unfortunately during her 28 years in this field that inclusiveness is not something that supervisors have a commitment to and that it is "a real easy thing to say the staff can't look after them" (Personal communication, November 6, 2008). S01 also noted the lack of well educated ECEs that are currently working out in the field as one of the reasons that she felt makes supporting children with disabilities in an inclusive environment a difficult task. S01 also pointed out that there are many services available to centres and families alike that can help support the creation of an inclusive environment. Such resources include; intervention services, funding, early interventionists, and workshops.

Early Childhood Educators. Each ECE that was interviewed shared their definition of inclusion by stating characteristics that mirrored those characteristics utilized in the toddler room program in child care centre X. More specifically, during the interview process each ECE discussed the importance of ensuring each child was included in every aspect of the toddler program by ensuring that the necessary accommodations were being implemented. For example, it was discussed that if one of C01's goals was to sit and eat at the table using with her peers using her utensils and keeping her dishes on the table, that the ECEs brainstormed and utilized every strategy possible to ensure these things were happening. When evaluating the differences in the staff's discussion of inclusion, T01 was the only ECE that stated differences in race to be an important factor when defining inclusion. Specifically, T01 felt that all children should be included in programming no matter their ability as well as recognizing and being sensitive to their cultural background. T04 and T05 were the only two ECEs that mentioned social inclusion

as an important factor when defining inclusion. The other ECEs were prompted to consider if this area of inclusion was important by being read the definition of inclusion on which this study is basing its research. T02 emphasized that the toddler program at centre X does a good job of including all children "regardless of their abilities" and stated that "we give the time to the children that need that extra time" (Personal communication, November 21, 2008). Furthermore, after reading Allen et al.'s (2006) definition of inclusion to T02, she went on and discussed in great detail the importance of social skills:

> T02: I think that with any child, or any person, social skills are the most
> important skills to have. 'Cause you might not be good at something, but
> you're always going to have to work with people and you're always
> going to have to interact with other human beings and, and having those
> skills is, is important. (Personal communication, November 21, 2008)

T02 also discussed how being aware of children's abilities is important. More specifically, T02 stated that when ECEs become aware of what they can do to support a child with a disability, such as in the case of C01, it ensures that C01's disability does not become an excuse for her unproductive behaviours, such as dumping or throwing table utensils.

T02 then shifted her discussion to the importance of being open to learning new ideas and strategies. T02 felt this willingness to learn and grow has proven to be successful for all of the ECEs in the toddler room in the case of sign language. All of the ECEs were encouraged to learn sign language in order to not only help them communicate with C01, but also to help C01 communicate more effectively with her peers. For example, C01's interventionist suggested that sign language would be a good tool for C01 to use in order to help her develop communication skills with both her peers and staff in the toddler room. Since T02 happened to have studied sign

language she then began using this tool to communicate with C01 and the other staff showed an interest in learning sign language too as they observed this to be a successful communication tool between T02 and C01. T02 expressed that because the staff were quite open to learning and expanding their knowledge, they then quickly picked up this skill and utilized it on a daily basis with C01.

T03 brought up the idea that language, communication skills, and playing together are important aspects to ensure that children with disabilities, such as DS, are included. T04's interview supported these ideas as she also discussed the importance of making accommodations to include children in programming as well as placing an emphasis on the importance of communication and socialization skills. T05 and T06 specifically discussed how the set-up of the environment can also support or discourage children's involvement in the classroom. Furthermore, T04 noted that communication with each child's family will guarantee that the parents' expectations as well as the child's needs are being met. Similar to S01's comments, T04 stated that she felt that not all centres that deem themselves as inclusive are doing a very good job at meeting all aspects of Allen et al.'s (2006) definition of inclusion. While T06 felt that because the toddler age group already has so many needs, as they are just beginning to learn self-help skills, that this makes it more difficult for centres to integrate children with disabilities into a toddler room compared to other age groups. T06 also emphasized the importance of having extra support through one-on-one time which she felt allows inclusive practices to be carried out more successfully.

Parents. P01 described inclusion as the ability of child care centres to not only *include* their child with DS in everything that happens in the room but also to take note of her special needs when they arise. He also felt that giving C01 extra time is important, as she may need extra time

to complete the same tasks as her peers, such as dressing or undressing herself. Finally, P01 also discussed the importance of being proactive about knowledge sharing and communication. He felt good communication is essential for their needs and the staff's concerns to be addressed successfully. P02 also felt that C01 should be included in every opportunity that is made available to the other children. She does not want to see C01, or any other child, excluded from the program. She said she would hope to never hear, "we've set up something special for her over there or you know, she's, she's not going to be able to go to the pond today because it involves a lot, a, a bit of walking, so, she's, she's kinda slow at walking and falls a lot so, you know, she'll stay back with, somebody else in the room" (Personal communication, October 30, 2008). Furthermore, P01 and P02 felt that their child was included in every aspect of the program or routines in the toddler room at centre X, whether it be major or minor, from circle time to having a stuffed animal on her bed like the other children in the room. Near the end of our interview P01 also discussed the importance of educating C01's peers about her disability, which he did note may be more appropriate as the children get older, but is nonetheless an important factor when considering inclusive practices. He felt that children know C01 is different but do not really know *why* she is different. P01 and P02 also discussed that by including all children in an environment and educating everybody, children and adults alike, that children with disabilities will be more accepted and they hope that maybe bullying will be less likely to occur as children get older and enter the school system.

P03 and P04's discussion about inclusion involved the idea of ethnicity and cultural backgrounds as a key component of inclusion, which differed from the other parent interviews. P03's description of inclusion regarding children with disabilities did not evolve naturally and had to be promoted. When asked if he felt that the toddler room would encompass the definition

of inclusion he answered, "ya, I would say so," and continued to focus on the aspects of social and economic diversity (Personal communication, October 31, 2008). While P04 discussed ethnicity to be an important factor in the definition of inclusion she also elaborated on other areas that contribute to creating an inclusive learning environment. She described inclusion as creating an environment that accepts every child into their program who have different backgrounds, abilities, including both physical and mental disabilities, as long as they are able to participate in the program.

P05 and P06's definitions of inclusion were very similar to that of P01 and P02's, even developing the conversation further to describe the benefits of inclusion for their child now and later in life. P05 began reflecting on the meaning of this term first by stating that children should have the same opportunities, regardless of their circumstances. He continued his discussion by stating that:

> P05: [I think it's] it's going to show, hopefully, to C12 that, e-everybody is a valued member of the group, right? An-and, n-not to, base anything on how someone looks or if they act a little bit differently, you know, an- and hopefully as he gets older, he understands that –it, that you don't make fun of that, or, you know, you I hope he goes on to also include them as he gets older. […] I hope that th-this helps him, understand, that it, it, there might be difference but it doesn't matter and that it, you still include them and still talk to them just like you would, you know, anybody else and, so that's what I'm hoping that, uh, he gets from it. (Personal communication, November 20, 2008)

P05's discussion about what inclusion looks like really focused on treating everyone equally and including everyone no matter what their abilities may be. P06 also discussed that children with various challenges should be included in programs with their typically developing peers. She also felt that this is how her son C12 will understand that children with disabilities are not any different from him. Additionally, P06 noted that when child care providers are creating an inclusive environment they are also providing children with the extra attention they need, just as they would for any other child. This could be demonstrated through extra time, an extra cuddle, or through extra time spent playing or reading with a child, if that's what they need. P06 also emphasized that everybody is valued in the room when an inclusive environment is nurtured.

An In-depth Look at the Toddler Program

Supervisor's Discussion of their Centre's Philosophy. S01 began by describing play as the major focus of their centre's philosophy. More specifically she noted that "children need an awful lot of experience with supportive adults in order to reach their potential" (Personal communication, November 6, 2008). She expressed how she has worked to ensure that children are a part of an environment that is safe, stimulating, and meets each child's needs. S01 also states that parents are a key factor that contribute to the children's learning as they are "the primary educators of the children and [the centre] is supplemental for that" (Personal communication, November 6, 2008). S01 also disclosed during the interview that centre X has had an underlying commitment to ensure that at least one child with a disability was included in each of their child care rooms, such as the toddler room. The ability to provide successful programming has led to many parents signing up for the waiting list, specifically those parents who have a child with DS. While S01 would like to have a bigger mix of children with varying degrees of disabilities, more recently there seems to have been an increase in the number of children with DS on their waiting list making the wait longer than before.

Early Childhood Educators' Beliefs About the Toddler Learning Environment. T01 began her discussion of the toddler room by focusing on how the staff provided programming for the children who attend their program. She discussed that they base everything on their observations of the children. They focus on meeting the children's developmental needs and provide various materials that will challenge them and help them reach their next milestones. Their planning also comes from what they observe the children to be interested in. T01 described the children in the room as being very different, while there are some similarities between the children, for the most part they each have their own unique personalities. T02 also noted that the staff in centre X focus on the children's interests and development to help them with their curriculum planning. T02 also expressed that while the toddler room has routines that they follow on a daily basis, play is still a major focus in the room.

T02's role differs slightly from the other ECEs as she also works one-on-one with C01 both in the classroom as well as in her home on a weekly basis. T02 noted the following characteristics as important when working with children with DS: patience, flexibility, good listening skills, as well demonstrating enthusiasm about things that staff are exploring or working on with the children. T02 discussed C01's role in the room and how they determined the best way to support C01 and her peers in the toddler program:

> T02: I think that we, we do integrate her, fully into our room. There's never a time where, she's an exception to doing something because she has D-Down Syndrome. She's part of the room and she-she's, she's always included in everything that we do. I mean our expectations for her, some of our expectations, I'm not going to say all of them, some of our expectations differ from what we'll expect from another child, but

from every child we have different expectations cause we know what their capabilities are, we see how [...] they are learning. (Personal communication, November 21, 2008)

T02 continued to discuss that the toddler room staff really work together to try and attain the same goals for the children. They work towards including all of the children and getting them to work together. This was similar to T01's discussion of getting the children to work together cooperatively and engage in cooperative play. T03's discussion about the toddler room was brief but reflected the same philosophical underpinnings as the other toddler staff. She stated that the staff use the children's interests, whether it was a group of children or a single child's interests, to complete their program planning. She also felt that she and the other staff did a good job treating the children the same and not excluding any child from the experiences that they plan in the toddler room.

T04 also noted that they provided quality programming for the children that was child directed. T04 continued to describe that their centre is family oriented and stated that "a lot of their focus is on, making sure we follow through with the family's wishes and having respect for the families and a lot of communication with the families" (Personal communication, November 13, 2008). She continued to discuss that the ECEs "try to give each child the best day they can give" (Personal communication, November 13, 2008). T04 stated that any modification they needed to make for C01 they made for all the children in the room, or vice versa. Some examples of this included, using labels for the children's cups at the table or using sign language to help with C01's expressive and receptive communication abilities.

T05's description of the toddler room was very detailed and seemed to encompass all of the previous descriptions made by both the supervisor and other ECEs interviewed. She discussed

that centre X's main philosophy is that children learn through play and that children engage in direct experiences with not only the materials presented to the children in the room, but also through interactions with their peers as well as the ECEs working in the room. She described how the program focuses on various areas of development. Some of these areas that T05 noted included, but were not limited to, the children's emotional, social, and cognitive needs. T05 described the centre as having a strong cultural, familial, and child-centered approach, ensuring that they make changes requested by families or incorporate items, such as security items, to benefit the children who are enrolled in the program. Much like her co-workers, T05 also noted that the ECEs in the toddler room formulate all of their planning based on observations that are collected of the children in the toddler room, as well as that the children's interactions with peers or exploration of materials. T05 focused in on the specific accommodations the staff have made to support C01 in their toddler program, noting that some areas have been easier than others to work on. She described learning sign language as important but a difficult task and that having T02 available to support C01 throughout the week has also proven to be very positive. For example, during C01's one-on-one time with T02 they focus on C01's goals determined by her parents and interventionist. T05 expressed that without this time that T02 and C01 spend together that she did not feel that C01 would have successfully attained her goals as quickly as she had. T05 also discussed a lot of positive aspects that C01 has brought to the room from something as simple as her positive personality to music therapy that included all of the children. Furthermore, she also expressed the importance of having support from C01's early interventionist, maintaining communication among the staff either verbally or through the written communication books, as well as C01's parents.

During T06's interview she also described the use of observations of the children's abilities and interests as a tool used to develop their programming planning for the toddler room. She felt observations allowed the staff to provide materials that challenge the children in various areas of development. T06 then shifted her focus to discussing how C01 fits into their programming stating that "I think she is at a good stage of development that she can blend well" (Personal communication, November 14, 2008). In addition, T06 noted that the staff ensure C01 is always included in all aspects of the room, and that they work to support her interactions, as well as luring C01 or her peers into social interactions through singing or through the use of C01's picture cards. T06 also discussed that this program might not benefit all children with DS, however, it does seem to work well for C01. More specifically, T06 expressed that C01 is included into their program more easily than other children they have had with DS because her developmental abilities are very similar to that of her peers. T06 also noted that C01's ability to pick up on routines and the staff's expectations occurred more easily than they had experienced in the past with other children with DS. Similar to T05's interview, T06 also discussed the importance of having T02 spend one-on-one time with C01 and that communication about what T02 is working on with C01 as well as with her parents, staff, and early interventionist all play a vital role in ensuring that the staff all stay focused on helping C01 reach her goals. Overall, each of the staff shared some similarities in their philosophies and each highlighted major areas of focus that was not necessarily linked to their fellow co-workers.

Parents' Beliefs About their Child's Experiences in the Toddler Room. P01 and P02 discussed that centre X has accommodated their child since her care first began in the infant room. This was first discovered when P01 and P02 had their first team meeting at centre X to discuss C01's progress thus far in the infant program. This meeting included both of C01's parents, S01, and the infant room teachers. The staff shared their observations and wanted to

know about P01 and P02's expectations and were very open to suggestions (Personal communication, October 30, 2008). This is also something that has been carried on as C01 moved up to the toddler room. Furthermore, P01 could not believe how open-minded everyone was to their ideas. P01 and P02 also noticed that the staff at centre X followed through with whatever was discussed during the team meetings. For example, their interventionist recommended that the toys that were shiny and that could spin were not productive for C01 and so the staff replaced these materials with materials that would prove to be more productive for C01. P01 and P02 also found that when S01 believed something would benefit S01 she would make it happen. This was the case when P01 and P02 wanted C01's early interventionist to visit C01 at the centre as well as hiring an ECE to spend one-on-one time with C01 working on various developmental and behavioural goals. P01 stated that centre X has "been very good to us" (Personal communication, October 30, 2008). P02 acknowledged that centre X had gone beyond what his expectations were and the extent of support they have provided for CO1's growth. Even P01's father had noted C01's development growth since she began at centre X.

P03 discussed that he strongly agreed with centre X's philosophy that supports children to "develop at their own pace" (Personal communication, October 31, 2008). He really felt that every child is different and by respecting children's differences in development it allows each child to develop various skills when they are ready. He also stated that being aware that each child develops different has allowed him to worry less about different areas of development and whether or not C02 was meeting them at the right age. Specifically, P03 reflected on C02's language development as she appeared to be a bit behind in comparison to her peers. Eventually P03 realized that C02's lack of language was linked to her naturally quiet personality and as it turned out C02 began speaking as much as her peers were in her own time. The only area that

P03 expressed a need for improvement in the toddler room was with regards to staff-parent communication. He wished that the staff had more time to communicate, particularly about C02's day as this was a good tool to talk with C02 at home about the things she did at child care and that also allowed he and P04 to reinforce C02's strengths or interests at home. Although, he did state that he has come to realize this might not always be possible as the number of children that each staff is responsible for had increased as C02 moved up from the infant room to the toddler room. P03 finally discussed how great it has been to connect with other parents and have C02 form friendships with other children in the toddler room.

P04 discussed that she has found the staff in the toddler room to be very friendly and that they were more than willing to offer information with regards to development or behavioural issues to both her and P03. During the time that C02 had been enrolled in the toddler program at centre X, P04 had noticed some new and positive qualities surfacing in C02's development. Particularly, P04 noticed that C02 is now good at sharing and is really caring and empathic towards others. This is something that P04 felt that C02 has learned from her peers as well as the ECEs in the toddler room. P04 also expressed how she hoped that by having C01 (and other children with disabilities or of differing cultures) in the same room as C02 that it would hopefully give her that exposure to different people at an early age which she then hoped would allow C02 to become more accepting of other individuals who may be different than she is later in life.

P05 began by describing centre X as a place where he knows C12 will be well looked after. He specifically states that "it's very clear that all the teachers there, really enjoy kids and, you know, he gets a hug and a kiss every morning and, you know, it's nice" (Personal communication, November 20, 2008). This area of discussion was followed up by P06 as she

discussed how it has also become evident to her that her son is loved and that the staff really know him well. P06 also expressed that there are good teacher-child ratios at centre X that often exceed the required standard. Furthermore, the staff that are present in the toddler room are all qualified ECEs and in addition to this there are also student teachers present which she felt meant that there was "just so much attention for the kids" (Personal communication, November 20, 2008). P05 also felt that with all of the staff present it reassured both he and P06 that nothing bad could ever happen. In addition to the staff and children in the toddler room, P06 also felt that there were other areas that they have discovered to be positive too. These included such areas from cleanliness to menus to ensuring the children are eating by giving them the support they require. P06 discussed that parents that she had spoken to were always concerned about their child's centre as being structured and whether or not their child will be learning their numbers or colours. However, right from the beginning S01 told them that their philosophy is based on play. P06 went on to discuss her ideas about why teacher directed experiences are not appropriate as well as the benefits that C12 is getting from centre X's type of program:

> P06: Some people said to me well they don't have that. I'm like who
>
> cares, he's learning! I can just see how much he's learning already, just
>
> through play and through the fact, like, people who are around him, care
>
> for him and they're taking the time to, teach him things just through
>
> conversations. (Personal communication, November 2008)

P05 and P06 expressed during the interview that allowing children to play and that by having the ECEs support and care for the children is what mattered the most. Additionally, they expressed that they were really pleased with the programming and positive interactions that were occurring in the toddler room. P06 specifically stated that not only are the ECEs working at centre X

"educated [...] trained professional" but they were also impressed with the quality of interactions that occurred between C12 and the staff as well as between C12 and his peers. P06 noted these qualities as being "so invaluable" (Personal communication, November 20, 2008). P05 then switched the discussion to how caring the staff had been towards their son and the other children. For example, P05 had to pickup C12 twice from centre X because he was sick and as he arrived both times he found his son in the arms of one of the staff cuddling him. The first time he had a fever and the second time he was being cuddled by T04 even after he threw up on her. Much like P03 and P04, P05, and P06 expressed that they were also grateful for the dialogue they have had with the staff, for the friendships they have made with other parents, and those connections that C12 had made with the other children in the toddler room.

Findings from the Observations

During the four week period that observations were collected of the staff and children's interactions in the toddler room, a variety of strategies that the ECEs used to include C01 in both the daily toddler room routines, as well as in a variety of social opportunities, began to emerge. One of the first notable pieces of information documented was that C01 was included in all parts of the children's daily routines. This included routines as general as indoor and outdoor play and as specific as meal time and transitions, which often involved cleaning up as well as participating in circle time. The second notable theme that emerged from this set of observations collected demonstrated that not only was C01 included in these daily routines but that a variety of strategies were also employed in order to engage C01, or her peers, in socially meaningful opportunities by each of the ECEs.

Early Childhood Educators' Role in Providing Socially Meaningful Opportunities. The interactions that occurred in the toddler room ranged from those that were teacher led, child

initiated (either on C01's part or by her peers), as well as those that were either solely between C01 and a staff member or occurred only between C01 and her peers. In each case, communication was a key aspect to the successfulness of each interaction. For example, sign language was used along with verbal communication when the staff communicated with C01 during various routines or play periods. The staff also helped C01 communicate to her peers, or vice versa, especially in situations where conflict arose over a material or due to the inability of the children to communicate with each other. Some attempts made to engage C01 in a social experience were unsuccessful which were in part because C01 was not interested in engaging in that particular experience or with a particular group of children. It was often observed in these situations that C01 preferred to observe the children, the staff, or both the children and the staff engage in play together. In approximately eight out of the fifty-eight observations collected the toddler room staff failed to include C01 in social opportunities in which her peers were engaged. This often resulted during circle time and was a result of either misreading C01's cues or missing C01's cues all together. It should be noted that one primary ECE was responsible for engaging the 13 children in a music and movement experience during circle time, while occasionally one fellow ECE, or student teacher, was present to support them.

Additionally, there proved to be a great deal of overlap within the implementation of various strategies that the staff utilized when working towards including C01 in social play experiences or presenting C01 with socially meaningful opportunities. Some of these commonalities among the staff's strategies included the staff intervening in interactions that resulted in conflict or where cues were misinterpreted either on C01's part or by her peers. The staff mimicked C01's play or sounds and took C01's lead. They lured C01 into a social play experience through music, singing, or positive reinforcement as well as continually modeling positive interactions with

C01's peers through the use of either verbal or non-verbal language, or both. Staff always seemed to position themselves close to C01 and would then begin interacting with her. As the other children joined in they would slowly become less involved in this social play experience. Finally, positive reinforcement was used in order to point out the attempts that C01 made to interact with her peers or to encourage her peers to interact with C01.

Findings from the Interviews

During the interview process the staff also described the type of strategies they employed in order to support C01 in her social interactions or in the children's interactions with her. T01, T03, and T04 noted very few strategies they used to support C01. The strategies that they did talk about included using both verbal and non-verbal language such as sign language to make their needs known to C01 and for C01 to communicate to them. Furthermore, sign language was a strategy discussed by all of the ECEs as being very useful and was observed being used regularly in the toddler room, particularly by T02. Additionally, T01 and T03 both discussed inviting C01 to join various play experiences that they thought she would be interested in. Furthermore, T01 also discussed that she would invite C01 to join a play experience that her peers and her were engaged in or would point out to the children that they should invite C01 to join. An example of a teacher initiated interaction that T01 shared was to tell the children to take C01's hand and bring her over to where they were playing. Conversely, T02 noted that she would talk to C01 about what her peers were doing in order to try and engage her in their play. T01, T02, and T06 all mentioned that they would share materials with either C01 or C01's peers in order to have the children begin to communicate with each other or work together cooperatively.

Furthermore, the staff typically noted that the type of strategies that they made use of in order

to engage C01 in socially meaningful opportunities, were strategies that they had utilized with other children. T02 noted that she had used some strategies that worked with other children and had also discovered some new strategies while working with C01 and then began using them with the other children as well. In general, any strategy that the staff working in the toddler room implemented were no different than the process they would go through when working with other children, disabled or not. This was also true for the ways in which the staff went about finding out about useful strategies they could utilize when interacting with C01. Another strategy that proved to be successful, and was mentioned by almost all of the staff, was the one-on-one time that T02 had with C01. This time spent with C01 was utilized to focus in on C01's interests, including her peers in social play, as well as using materials in a functional way that might allow her peers to join in.

Consistencies Between the Observations and Interviews

When comparing the interview data to that of the observations collected it appeared that all of the strategies discussed in the interview were also being utilized in the classroom, as well as many others that were not mentioned. This was especially true for some strategies such as the combination of sign-language and verbal communication, modeling, and singing to lure C01 into a social play experience. Other strategies that were not mentioned in the interview but proved to be successful included such strategies as having a staff encourage a group of children and C01 to work or play together cooperatively. Additionally, the staff would begin interacting with a group of children and then slowly become less involved and have C01 or her peers communicate and work together on their own. Furthermore, the staff seemed to know when their help was required and when they needed to stand back and simply observe the children's positive interactions with each other. In general, the staff also set up the environment to encourage social interactions. For example, the children would go in groups to wash their hands, get changed in the cubby area or eat lunch together. The toys in the room were also set up so there were sets of materials that could be explored by more than one child at a time which also encouraged the children to work together or communicate socially. A final strategy that was noted during the observation process but was not discussed by any of the staff was being finding the balance between encouraging C01's interactions with her peers but also knowing when to step back and respect C01's decision to play somewhere else or simply observe her peers.

Discussion

This study sought to examine practical strategies for creating meaningful social opportunities for children with DS. Related to this central focus are questions concerned with the inclusivity of the child care centre under examination, the extent to which the ECEs working in this centre are able to provide meaningful social opportunities for a toddler with DS, as well as parental perceptions of inclusion, in general, and their understanding of the level of inclusive practices in this specific centre. The original areas of focus of this study will now be discussed as will other significant findings.

Parent Perceptions About Socially Inclusive Child Care

P01 and P02 discussed wanting child-centered programming that would offer their child something extra based on her needs as well as providing socially inclusive programming. Socially inclusive programming was also a requirement that other parents also expressed during the interview process. During the parent interviews C01's parents asserted the need for their child to be included in programming while at the same time ensure their child's needs were being addressed. P05 and P06 noted additional areas of importance in their definition of inclusion. One of these primary areas was focused around ensuring everyone was included and valued. This was

something that P05 felt was being emulated through the way in which the staff talked with the children, treated the children, and simply by the fact that children with disabilities, such as C01, were being included in the toddler program. Furthermore, both P05 and P06 discussed the hope that by including typically and atypically developing children in a program together that it would allow C12 the opportunity to recognize that C01 is just like him. Odom and Bailey (2001) noted that in fact there were positive benefits for both children with and without disabilities who participated in inclusive environments (as cited by Katz & Galbraith, 2006). Specifically, children experienced "gains in tolerance, compassion, and an overall understanding of the strengths and needs of children with disabilities" (Stainback & Stainback, 1990; Willis, 1994 as cited by Katz & Galbraith, 2006, p. 6). Hestenes and Carroll's (2000) study also yielded positive findings, stating that children who were a part of inclusive settings were noted as demonstrating higher rates of acceptance of children with disabilities as well as having a better understanding of that disability. Overall, the parents that were interviewed demonstrated a positive understanding of inclusiveness that related to social aspects and positive gains of their child being a part of an inclusive setting. Furthermore, parents' awareness of disabilities and social inclusion predicts a positive likelihood that their child will have a positive understanding of children with disabilities (Hestenes & Carroll, 2000; Stoiber et al., 1998).

Another area that P02 explored in relation to her definition of inclusive practices focused on insuring C01, or other children with disabilities, were not excluded from daily programming due to the fact that she, or her peers, may have a disability. Such exclusion methods included providing children with disabilities with rewards for their positive behaviours as well as pulling out children to teach them skills or work on specific goals (Bricker, 2000). However, after carefully examining interview and observation data, it became very evident that centre X does

not utilize any of these methods. Rather, much like P01 and P02 claimed, centre X worked to include C01 in everything her typically developing peers.

Strategies Utilized by the Early Childhood Educators

Attitude as a Strategy. Strategies for successful inclusion can refer to concrete tasks utilized by staff, but often they can also include approaches which are attitudinal in nature. One commonality that surfaced throughout the analysis of the interview data was that positive descriptions highlighting C01's strengths were almost always noted. For individuals to focus in on a child's strengths rather than viewing children through a deficit model is something that both Allen et al. (2006) and Zaretsky (2007) noted as an important factor when considering inclusive practices with children with disabilities such as DS. Viewing children as possessing potential as well as learning to support this potential and encouraging growth is one of the underlying principles of the Reggio Emilia approach and appears to have greatly impacted centre X's philosophical underpinnings (Gandini, 2004). Not one participant in this study described C01 solely as a child with DS or even viewed her disability as a negative characteristic. Both parents and staff were able to look beyond C01's disability and note personality traits which they used to define her instead. This included such descriptions as the staff speaking of her sense of humour and self confidence. Allen et al. (2006) further support this discussion through their assertion regarding how children's "multiple identities" should be recognized by ECEs and why a centre's programming should mirror these realities (p. 5).

Staff in centre X refrained from viewing C01 as solely a child with DS. Rather, they looked at her needs, as they would her peers, interacted with her and supported her utilizing strategies utilized with typically developing children. This is a notable factor in providing inclusivity as Allen et al. (2006) note that in the past educators would engage in something

referred to as the "identify and help" process (p. 9). This meant that educators would identify the child's disability and then attempt to help this child "normalize" so they could then be successfully integrate into the classroom (Allen et al., 2006, p. 10). This approach that the ECEs take at centre X, reflect more recent philosophies that work to "include and support" all children in order to "ensure their full and meaningful participation" in not only their learning environment but, more importantly, in society (Allen et al., 2006, p. 10).

Previous Experience as a Strategy. During the interview process it became apparent that the staff employed a variety of strategies that did not require them to do anything different then they would do with typically developing children. This is something important to note as one of the reasons that centers turned away children was because they claimed to not have enough education or time to learn new strategies or skills (Killoran et al., 2007). T02 discussed how she did not need to utilize any additional strategies that she was not already using with C01's peers. Furthermore, if there were new strategies that she did find effective with C01 she began utilizing these with C01's peers as well. Similarly, Bricker (2000) discussed that the staff in their program of focus would often employ strategies that they were already utilizing with typically developing children. One strategy used by T02, that was not discussed in the literature search, was talking to C01 about what she saw the other children doing as a tool to lure C01 into the play experience. Furthermore, many of the staff discussed that the time T02 and C01 spent together really helped C01 when she was in a social situation without T02 present. This mirrors Allen et al.'s (2006) discussion about children needing to acquire skills to then be able to interact successfully in social experiences with their peers. Kim (2005) also discussed this occurring in his observations of his subject named, Kevin. Often the interventionist and Kevin would work together, but when she was absent, Kevin would then engage in more social experiences with his peers.

Observation as a Strategy. In order to fully support and meet C01's needs staff described collecting observations of C01 (and her peers) as a helpful tool in order to implement child-centered programming in the toddler room. Much like Kumin (1996) and Mundy et al. (1988) discussed, the ECE staff were aware that C01 had many abilities to engage in meaningful social experiences with her peers, it just may take her longer or she may require additional support to do so. The ECEs were aware that they needed to observe and make accommodations on their part to ensure C01 was benefiting from their program. In fact, observation played a key role in ensuring that the teachers could respond effectively to begin to support C01 in social interactions. For example, many of the strategies the staff described using were highly individualized based on C01's interests and needs. This included using such tools as music and singing. All of the staff noted that this was a primary interest of C01 and a tool that proved to be successful in order to get C01 involved in successful play experiences with her typically developing peers. Observation is also a key aspect of child-centered curriculum and is recognized as one of the key approaches in providing inclusive programming for children with disabilities (Bricker, 2000; Terpstra and Tamura, 2008). However, it should be noted that the ECEs in this child care centre also continuously completed observations of all children – those with and without disabilities in their toddler program – to ensure they were providing child-centered programming. The staff also worked alongside all the children to support and encourage their interactions with peers as well as their growth in various developmental domains.

Play-Based Curriculum as a Strategy. During S01's interview she discussed centre X's philosophy as being heavily based on the notion that children learn through play. Bricker (2000) and Odom et al. (1999) support this discussion as they have discovered that play is an important vehicle for children to begin socializing with each other and to practice social skills.

Additionally, when interactions are peer mediated children are more likely to become engaged and acquire skills needed to sustain and maintain interactions with their peers and with adults (Odom et al., 1999). Greiner et al. (2008) as well as Jobling et al. (2006) have conducted research in programs that focus on peer mediated and adult supported interactions as a method of promoting positive social interactions among typically and atypically developing children.

C01's parents also expressed wanting their child to be included in all aspects of the toddler program. Her father specifically expressed that he wanted C01 to be able to build friendships with her peers. In fact, one of the strengths of the program in this centre was the play-based curriculum it embraced and was appreciated by the parents. It would appear that play-based curriculum is suitable for employing what Katz and Galbraith (2006) believe are essential strategies in creating a positive social environment. These strategies include open-ended experiences, ensuring that the transitions in the room are predictable for children, and allowing staff the opportunity to take a major role in supporting the children's interactions. The findings in this study demonstrated that these three strategies were being utilized by the ECE staff in the toddler room. Bricker (2000) emphasized the importance of children with DS learning in a natural environment, like centre X's toddler room, through such tools as play. In addition, play, as stressed by both the supervisor and staff, is one of the most important ways that children can engage in social experiences with their peers while at the same time utilizing and further developing their social skills (Bricker, 2000; Terpstra & Tamura, 2008). As children engage in play with their typically developing peers their peers act as models for them. From engaging in play and/or observing play, children with disabilities are afforded the opportunity to learn how to interact socially with other children in varying social situations.

Goal Setting as a Strategy. In addition to the strategies above, which are strategies that proved to be successful for any child, there are also some concrete aspects of programming for a child with a disability that also need to be noted. Children with disabilities require both short term and long term goal setting directly related to their development. When setting long term and short term goals for C01, P01 and P02 expressed the importance of having C01's early interventionist (EI) present in order to first, determine the focus of her goals and second, to determine whether or not these goals were being met. Since C01 spent the majority of her time at centre X, her parents felt that it was very important to be able to have C01's EI visit her in the toddler room and that the EI have the opportunity to converse with the toddler staff. Centre X proved to follow through with this expectation of allowing C01's EI to be present on a monthly basis by making required adaptations to their staffing or schedule. Following through with the parents' wishes to have the EI present also ensured that C01's goals could then be addressed. This is what Allen et al. (2006) refer to as family-centered programming as centre X worked with the family in order to adapt their program to meet the parent's needs. It is also interesting to note that C01's parents had goals for their child which included such areas as self help skills, communication skills, as well as engaging in more productive play. This contradicted research which unveiled that parents and/or early interventionists typically set cognitive or academic goals for their disabled child (Guralnick, 2001 at cited in Katz & Galbraith, 2006; Odom et al., 1999).

One-On-One Time as a Strategy. Furthermore, the teachers noted that the one-on-one time they spent with C01 was also critical in ensuring that C01's goals were being met and provided her with the extra time she required in order to successfully achieve these skills. While T05 and T06 noted that the one-on-one time that T02 spends with C01 was very beneficial, the one key aspect to note is that the type of interactions that T02 had with C01 and the type of

strategies T02 utilized did not necessitate the typical definition of one-on-one time. Typically, the one-on-one time that an adult spends with a child with a disability often occurs outside of a social environment and heavily focuses on individualized goals for the child. This typically consists of working on a teacher-directed task together and focuses on, for example, developing an area of fine motor skills (Bricker, 2000; Grenier et al., 2008). In the case of T02 and C01's one-on-one time, while T02 did have a set of goals she wished to focus on with C01 she did so in a social context. This is why their one-on-one time occurred while C01 was in the toddler room with her peers. T01 and T06 also discussed that by having T02 present in the room to communicate with C01's EI provided the staff with two specific benefits. First, T02 could clearly obtain specific directions from C01's EI while at the same time share with the EI the toddler staff's specific concerns and questions. Secondly, the time that T02 spent with C01 allowed her to be the first to utilize specific strategies that had been discussed with the EI, which in turn provided the other staff with a model that could then help to direct their interactions with C01.

Unsuccessful Attempts at Social Inclusion

It should be noted that there were instances when the staff's attempts at including C01 in an experience did not prove to be successful. This often occurred when C01 was not interested in the experience itself. The staff would try and see if C01 wanted to join, but C01 would wish to engage in play with other materials or simply enjoy watching her peers. Bricker (2000) described the importance of respecting children's decisions and utilizing observations to determine where to go next. Furthermore, the staff only seemed to misread or miss altogether C01's cues during circle time. This also seemed to be the time of day where the staff also misread or missed her peers' cues. This may have happened more often with C01 as she was not as verbal as her peers and would often use sign language. As discussed previously, sign language was something that

the majority of the staff were just learning which may account for their inability to pick up all of C01's cues.

Much like Allen et al.'s (2006) discussion, the ECEs in the toddler room hoped to provide C01 and her family with care that focused on their needs and expectations while at the same time ensuring that C01 was a full-time participating member of their classroom. Ensuring P01 and P02's expectations for C01 were being met in the toddler room was accomplished through communicating with each other, the EI, and C01's parents as well as evaluating their room. These strategies employed to ensure inclusive practices mirrored that of the transdisciplinary approach (Zaretsky, 2007). This is because P01 and P02's ideas were respected and valued and everyone seemed to be an equal partner in setting and assessing C01's goals and achievements.

The Role of the Environment

Vilaseca and Rio (2004) discuss the importance of providing children with disabilities the opportunity to interact with their peers in a naturalistic environment, while the teacher merely acts as a facilitator of learning. This was something that T01, T02, T05, and T06 specifically discussed during the interview process. Ensuring that all staff take the time to really get to know children with disabilities, as well as their needs and capabilities, was an idea expressed by Grenier et al. (2008) as way to provide quality programming for children with DS. This was something that each staff engaged in through the observation process and that came through during their descriptions of C01's personality. Typically, for school-aged children, the EI or adult working one-on-one with the children with a disability would be the only person to really know about that disabled child and their abilities. However, Grenier et al. (2006) asserts that it is beneficial for everyone interacting with the child to do so and this was something that was

maintained between the toddler staff through verbal and written communication with each other, the EI, and C01's parents.

The Role of the ECEs

Throughout the interview process it became apparent that the staff working in the toddler room engaged in self reflective practice. Furthermore, this process of self reflection was noted as being a vital component to providing quality child care and is an essential component of the Reggio Emilia approach (Gandini, 2004) as well as noted in other research (Katz and Galbraith, 2006; Stoiber et al., 1998). In addition to the self reflection that occurred both individually and as a group, it also appeared that a lot of communication occurred between not only the staff but also between the staff, supervisor and parents in order to ensure they were providing C01 with optimal educational and socially inclusive experiences. Both Zaretsky (2007) and Stoiber et al. (1998) research highlights the importance of engaging in effective communication practices and self reflective practices to ensure quality programming and support is being provided for children with disabilities.

The Role of the Supervisor.

Friendly and Lero (2002) noted that supervisors were typically the person that dictated whether or not a child with a disability was included in their program and whether or not inclusion was successful (as cited by Killoran et al., 2006). Similarly, during the interview with this centre's supervisor, she stated that not all supervisors "have a commitment to inclusiveness" stating that "it's a real easy thing to say that the staff can't look after them" (Personal communication, November 6, 2008). Additionally, S01 described in her interview that they felt including children with disabilities was of utmost importance as it would provide both the staff and children the opportunity to become accustomed to working alongside children with

disabilities. This in turn would allow the staff to gain the experience required in order to support this child, or other children, with disabilities in a positive manner.

The Role of the Parents

During the interview process it became apparent that each set of the parents played a major role in their child's early child care experiences. Furthermore, the parents were met with open lines of communication from the toddler room staff. Each parent discussed during their interview that the staff were friendly, welcoming, offered advice, and wanted to know about their expectations for their children. Specifically, P01 and P02 discussed having the opportunity to engage in team meetings about C01 and her care with S01, the staff, and C01's EI. What P02 was even more amazed about was that the staff really wanted to know what they thought about their program as well as their expectations for their child. S01 expressed that "[...] parents are a huge part of the learning process. They are the primary educators of the children and we are supplemental for that" (Personal communication, November 6, 2008). Similarly, Zaretsky (2007) emphasizes that parents are the key holders of knowledge and should be viewed as vital sources of information. Parents need to have their voice heard and respected, more so than those individuals holding professional positions, such as speech therapists or EIs. In addition to the staff at centre X demonstrating that the parents' opinions were valued through communication and adapting their program to their child's needs, the parents also noted a variety of other positive qualities the staff projected. The role that caregivers play in an inclusive setting is linked to the quality of that child care's program (Booth & Kelly, 2002). These qualities included "responsiveness and sensitivity to the needs of the individual children" (Booth & Kelly, 2002, p. 172). These are characteristics that the staff demonstrated possessing and employing during the observation process as well as being mentioned by the parents interviewed.

Goelman et al. (2006) noted in their study on quality child care centers that specific characteristics of child care centers predicted quality programming for children and families alike. Some of these characteristics were also mentioned by the parents during the interview process. P05 and P06 described the child-staff ratio as well as the qualifications of the staff working in the toddler room as positive features. It was noted by Goelman et al. (2006) that as the number of staff in the room increase, so does the quality of care provided for the children. Student teachers also contributed to these enhanced ratios and quality of care as centers that supported placement students were also those centers deemed as providing quality care for children. According to Goelman et al. (2006) this is due to the fact that the staff mentoring these students needed to ensure that they are engaging in developmentally appropriate practices, that they are continually providing the students with feedback, as well as engaging in reflective practices. P01, P02, P05, and P06 all described that they felt having student teachers present was a positive aspect that contributed to their decision to choose centre X for their child. Furthermore, P05 and P06 commented on the idea that knowing that each of the staff members were qualified ECEs was also another benefit of centre X. Both Goelman et al. (2006) and Stoiber et al. (1998) noted that staff education was a positive contributor to a centre's quality and the more educated that ECEs were the more understanding and accepting they were of inclusive practices.

Another area discussed by all of the parents was the way in which the staff in the toddler room interacted and supported the children. This type of support is what Vygotsky (1978) referred to as scaffolding and the zone of proximal development (as cited by Kim, 2005; Vilaseca & Rio, 2004). More specifically, P03 described how the staff allowed the children to develop at their own pace. While P06 described centre X's teaching style, stating that the

teachers seemed to really teach the children through conversations they have with the children. P01 and P02 also described the toddler teachers as being accommodating and really providing their child with type of individualized program she required. P01 and P02 also noted that their child was included in all aspects of the toddler program and that the staff really helped support C01's developmental growth.

Limitations of Study

The data that was collected and analyzed during the research process demonstrated many positive outcomes that were not typically the case in previous research that has been conducted (Killoran et al., 2007). Due to the fact that this child care centre is a lab teaching school may have contributed to its untypical high quality programming that other child care centres in previous research may not have considered. The analysis process involved some subjective interpretation and in turn may be viewed as limiting to the case study approach itself. However, it is this subjectivity that Stake (1995) believes is a required and vital process in qualitative research. Furthermore, the process of triangulation was employed in order to ensure the researcher's personal biases did not override the findings (Stake, 1995, p. 45).

Conclusion

Upon the collection and analysis of data for the purpose of this study it became evident that this centre was in fact providing socially meaningful opportunities for C01. Not only did the observations that were collected demonstrate that C01 was being socially included in the toddler program but each of the staff felt that social inclusion was a primary focus of their toddler program. Additionally, during the interview and observation process a multitude of successful strategies that the toddler staff utilized to support C01 in her social interactions with her peers were noted. All of the parents described positive qualities that centre X had to offer their

children, focusing in on the toddler room as an inclusive environment. Furthermore, five out of the six parents noted that socialization was a primary goal for their child and that is why they chose to not only put them in child care but specifically chose centre X. Specifically, P01 and P02 felt that centre X worked towards making sure that C01 was included in all aspects of the toddler program and supported her in her interactions with her peers. These results reflect Edwards (2004) theoretical view of relationships and the role that ECEs have in supporting children's relationship formation. Based on the positive results yielded from this study further research in the area of social inclusion would be a natural progression. Specifically, moving from this case study approach that examines a toddler program in one centre to conducting a study that involves toddler programs in multiple centres would be ideal. It is hoped that other centres may be able to review the practical strategies utilized in the child care centre as a basis to reflect and analyze their own programming to determine if they are in fact providing socially meaningful opportunities for toddler with DS.

<div align="center">Recommendations</div>

After conducting this study, it is hoped that centres will begin to engage in self reflective practice in order to ensure socially inclusive programming is being provided for the children they care for, whether it be toddler aged children or other age groups. It seems as though this process of self reflection not only ensures that ECEs are engaging in social interactions with all children but more importantly it ensures that that the type of learning environment ECEs set up and the type of learning opportunities they provide for children with and without disabilities such as DS are those that are socially *meaningful* and thus inclusive. Furthermore, self evaluation works to ensure that ECEs are providing child directed curriculum and experiences that are child specific rather than those experiences that are teacher directed and based on their own ideals or

assumptions. The one area that needs specific attention paid to is the attitude of the ECEs in this study possessed, especially the attitude the staff held towards working with children with disabilities and the role they needed to take on as a facilitators of learning. It was this positive attitude towards learning about a child and their disability and how to best support children like C01 that allowed them to employ successful child specific strategies when supporting C01 in her social interactions. Overall, this openness is needed for ECEs to not only learn about disabilities in general but to openly accept children with disabilities into their child care program and provide effective learning opportunities for all children in their care. As discussed by Allen et al. (2006) it is the fundamental right of children with disabilities to be included in child care centres that provide programming that demonstrates both acceptance and that supports human diversity (p. 3).

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    and special education in K-12 schools. *Journal of Educational Administration, 45*(4),

    496-513.

Appendix A

Observation Protocol for Written Recording

Title of Project:
Socially Inclusive Child Care: Are ECEs Providing Meaningful Social Opportunities of Toddlers
with Down Syndrome?

Research Purpose:
The purpose of this study is to obtain a comprehensive understanding of the type of inclusive
child care that one particular centre provides for toddlers with Down syndrome. More
specifically, this study will examine the extent to which ECEs provide meaningful social
opportunities for toddlers with Down syndrome.

Instructions to Observer:
The focus of each observation is to document how the two children with Down syndrome (DS)
engage in play during either the morning or afternoon period of play. Information about who the
children interacts with and how they are supported by the ECE must be recorded. During the
morning, the recordings begin when the children arrive in the toddler room to the beginning of
naptime. In the afternoon, the recordings would begin when the children wake up to when they
are picked up.

Before the Observation:
Spend at least 15 - 20 minutes in the classroom to become familiar with the current activity that
is happening in the setting. During this time complete Part A of the Observation Form.

During the Observation:
Use running record and describe as vivid as possible all behaviours, activities and dialogue that
are occurring during the interactive episode.
Use the following abbreviations to identify the participants in each episode:
C01 = Focus Child – Use to identify the child who has DS
T01, T02, T03, T04, T05, T06 = Teacher – Use to identify each of the ECEs engaged with the
child or supporting them in social interactions with peers
C02, C03 . . . C13 = Other children - Use to identify the children engaged in play with (and/or
communicating with) the child(ren) with DS

After the Observation:
In the right column entitled "Observer's Notes," record information that you think will provide
some background and context to the interactive episode.
Complete Part C of the Observation Form

Observation Form

Part A: Pre Observation Data
Name of Observer: __Kristin Tiberio__ Date: _____ Observation: _____
Number of Children Present: _____ Number of Adults Present: _____
Context/Setting: _____
_____

Part B: The Observation

Start Time:_____ End Time: _____

Observation Record	Observer's Notes

Part C: Post Observation

Duration of the episode:_____   Setting: _____

Was child with DS included in routines occurring during observation?

Who initiated play? How was it initiated?

Who reciprocated the play? How was this done?

Type of support given by ECE (if any) to engage in social play with peer(s)

Additional Comments:

Semi-Structured Interview Protocol for Audio Recording

Title of Project:
Socially Inclusive Child Care: Are ECEs Providing Meaningful Social Opportunities for
Toddlers with Down Syndrome?

Research Purpose:
The purpose of the study is to obtain a comprehensive understanding of the type of inclusive
child care that one particular centre provides for toddlers with Down syndrome. More
specifically, this study will examine the extent to which ECEs provide meaningful social
opportunities for toddlers with Down syndrome.

Pre-Interview Procedures:
1. Begin by introducing yourself and explaining the purpose of the study and what will be
done with the information gathered.
2. Inform the participant that they will be audio-recorded and brief notes will be taken
throughout the interview session.
3. Reassure the participant of the confidentiality of their responses and information
recorded.
4. Remind the participant that he or she can stop the interview and/or skip any questions
asked at any point during the interview session.
5. Give the participant the consent form to read through carefully and sign before beginning.
6. Invite the participant to ask any questions before beginning.
7. Record the start and end time of the interview and record a pseudonym for the
participant's name.

Pre-Interview Information:

Date: _____
Time: _____
Interviewer: _____
Interviewee: _____

Interview Questions:
The following questions will be used as a guide to help begin the discussion about the child care
programming being provided for the children with DS. Additional questions and discussions may
arise from these questions. Please note that there are a different set of questions to be posed to
each interviewee type.

Parent Interview
1. What factors contributed to deciding to enroll your child in this child care centre?
2. Were you searching for specific qualities in a child care centre?
3. How do you feel about the quality of programming being provided for your child?
4. What are the goals you set for your child? Do you feel these goals are being supported?

How can/should these goals be supported?
5. What does the term inclusion mean to you? (Could read my definition of inclusion and
discuss this in comparison to the toddler room).

ECE Interview
1. Tell me about the type of programming being provided. Is it inclusive?
2. Tell me about the children currently enrolled in the room. Tell me about any
difficulties/strengths associated with supporting the two children with DS.
3. What does the term inclusion mean to you? (Could read my definition of inclusion and
discuss this in comparison to the toddler room).

Supervisor Interview
1. What is your centre's philosophy?
2. Do you consider your centre to be inclusive?
3. What makes your centre inclusive?
4. What type of programming do you wish to provide for parents?
5. What is it like having child with DS in your centre? Are there added
advantages/disadvantages of including children with DS in your centre?

Probing Questions:
Ask probing questions such as; 'What do you mean?' 'Give me an example.' 'Take me through
the experience.' This will keep the interview moving smoothly and ensure you get the data
required.

Post-Interview Procedures:
1. Ask participants if they have any questions.
2. Thank the participant for their time and willingness to participate in the study.
3. Stop the audio-recording.

Ryerson University
Supervisor Consent Agreement
Major Research Paper
School of Early Childhood Education
MECS Masters of Early Childhood Studies

Title of Research Project:
Socially Inclusive Child Care: Are ECEs Providing Meaningful Social Opportunities for
Toddlers with Down Syndrome?

As the centre supervisor you are being asked to participate in a research study. Before you give
your consent to be a volunteer, it is important that you read the following information and ask as
many questions as necessary to be sure you understand what you will be asked to do.

Investigators:
My name is Kristin Tiberio and this research paper is part of the graduate program in the School
of Early Childhood Education at Ryerson University. Dr. Angela Valeo is supervisor of this
research project.

Purpose of the Study:
The purpose of this study is to obtain a comprehensive understanding of the type of inclusive
child care that one particular centre provides for toddlers with Down syndrome. More
specifically, this study will examine the extent to which Early Childhood Educators (ECEs)
provide meaningful social opportunities for toddlers with Down syndrome.

Description of the Study:
The participants will include the centre supervisor, five ECE's who currently work in the toddler
room, the children currently enrolled in the toddler room with a primary focus on one toddler
with Down syndrome and his/her parents and/or grandparents. Additionally, two parents and/or
grandparents whose child does not have Down syndrome will be asked to participate in the
interview process. All parents will be asked to consent to having their child observed. Those
parents who do not wish to have their child observed will be left out of the researcher's
observation notes. The parents, ECEs and centre supervisor will be involved in the interview
process while the toddler children and ECEs will be involved in the observation process.

The purpose of the interview process is for the centre supervisor, ECEs and parents to share their
opinions, viewpoints and experiences in regards to various issues that surround inclusive child
care programs. Interviews are approximately 30 minutes in duration and will be audio taped at
participants consent. The interviews will be held at a location that suits the participant's
convenience.

The purpose of the observation process is to collect data that will give insight into whether or not
children with DS are included in all aspects of daily routines and the extent to which ECEs play a
role in the inclusion process, as well as, whether or not social interaction between children with

DS and their peers is occurring throughout the day. Observations will occur during a period in
the morning from approximately 8am to 12pm and again in the afternoon from approximately
2:30pm until 5:00pm. Observations of the children and the ECEs will occur over a three week
period at the child care centre.

What is Experimental in this Study:
None of the procedures used in this study are experimental in nature.

Risks or Discomforts:
The only risks or discomforts associated with the research studies are that the participants,
during the interviews, may wish, at any time, to not answer a particular question or discontinue
participation all together, for any reason, which is their right. In this event, all procedures will be
terminated. In the event that a participant exhibits discomfort following the presentation of a
specific question during the interview, they will be reminded that the question can remain
unanswered. If necessary, during the observation process the one-way mirror that looks into the
toddler room will be utilized in order to avoid any disruptions to the children's daily routines that
the researcher's presence may cause.

Benefits of the Study:
Potential benefits of this study include the contribution of rich data to the field of disability
studies and inclusive education. In turn, this study's results may affect policy or care strategies
related to child care.

Confidentiality:
Data collected during the research process will be securely stored in my supervisor's (Angela
Valeo's) office. The data (recordings of the interviews and field notes made during the
observations) will be used to prepare written reports. In the written reports, confidentiality will
be maintained. For example codes will be used and no participants will be identifiable in any
publications or presentation of the findings. Places of residence and/or places of employment
(child care centre) will not be included in any written reports. In December 2010, all tapes will
be erased and all field notes will be destroyed (shredded). If participants decide to withdraw at
any point during the study any documents or audio recordings linked to the participant will be
shredded and/or erased immediately.

Incentives to Participate:
The participants will not be paid to participate in the studies.

Costs and/or Compensation for Participation:
There are no costs associated with participation.

Voluntary Nature of Participation:
Participation in this study is voluntary. Your choice of whether or not to participate will not
influence your future relations with Ryerson University or Seneca College. If you decide to
participate, you are free to withdraw your consent and to stop your participation at any time
without penalty or loss of benefits to which you are allowed. As the centre supervisor, the choice
to participate or not, will have no effect upon your employment now or in the future. At any

particular point in the study, you may refuse to answer any particular question or stop participation altogether. Participants can decline audio tape recording for all or part of interview session.

Questions About the Study:

If you have any questions about the research now, please ask. If you have any questions later about the research please contact:

Dr. Angela Valeo
Associate Professor
School of Early Childhood Education
Ryerson University
Tel: 416-979-5000 Ext. 7696 **or** avaleo@ryerson.ca

OR

Kristin Tiberio
Graduate Student
Masters of Early Childhood Studies
Ryerson University
Tel: 905-833-3333 Ext. 5063 **or** kristin.tiberio@ryerson.ca

If you have questions regarding your rights as a human participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board
C/o Office of the Vice President, Research and Innovation
Ryerson University
350 Victoria Street
Toronto, ON M5B 2K3
Tel: 416-979-5042 Ext. 6300 **or** nwalton@ryerson.ca

OR

Dr. Katharine Janzen
Associate Vice President Research & Innovation
Seneca College
416 491-5050 Ext. 7901 **or** katharine.janzen@senecac.on.ca

Agreement:
Your signature below indicates that you understand the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights. As the centre supervisor, the choice to participate or not will have no effect upon your employment now or in the future.

_____
Name of Participant (please print)

_____   _____
Signature of Participant   Date

_____   _____
Signature of Investigator   Date

Audio Tape Agreement:
Your signature below indicates that you agree to be audio taped during the interview portion of this study. Additionally, if requested, audio taping can be stopped at any point during the interview process. The interview process is not limited to but should not take more than approximately a half an hour. The types of questions you may be asked to answer include the following; What is your centre's philosophy? Do you consider your centre to be inclusive? What makes your centre inclusive?

_____   _____
Signature of Participant   Date

_____   _____
Signature of Investigator   Date

Ryerson University
ECE Consent Agreement
Major Research Paper
School of Early Childhood Education
MECS Masters of Early Childhood Studies

Title of Research Project:
Socially Inclusive Child Care: Are ECEs Providing Meaningful Social Opportunities for Toddlers with Down Syndrome?

As an ECE staff member who currently works in the toddler room you are being asked to participate in a research study. Before you give your consent to be a volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators:
My name is Kristin Tiberio and this research paper is part of the graduate program in the School of Early Childhood Education at Ryerson University. Dr. Angela Valeo is supervisor of this research project.

Purpose of the Study:
The purpose of this study is to obtain a comprehensive understanding of the type of inclusive child care that one particular centre provides for toddlers with Down syndrome. More specifically, this study will examine the extent to which Early Childhood Educators (ECEs) provide meaningful social opportunities for toddlers with Down syndrome.

Description of the Study:
The participants will include the centre supervisor, five ECE's who currently work in the toddler room, the children currently enrolled in the toddler room with a primary focus on one toddler with Down syndrome and his/her parents and/or grandparents. Additionally, two parents and/or grandparents whose child does not have Down syndrome will be asked to participate in the interview process. All parents will be asked to consent to having their child observed. Those parents who do not wish to have their child observed will be left out of the researcher's observation notes. The parents, ECEs and centre supervisor will be involved in the interview process while the toddler children and ECEs will be involved in the observation process.

The purpose of the interview process is for the centre supervisor, ECEs and parents to share their opinions, viewpoints and experiences in regards to various issues that surround inclusive child care programs. Interviews are approximately 30 minutes in duration and will be audio taped at participants consent. The interviews will be held at a location that suits the participant's convenience.

The purpose of the observation process is to collect data that will give insight into whether or not children with DS are included in all aspects of daily routines and the extent to which ECEs play a

role in the inclusion process, as well as, whether or not social interaction between children with DS and their peers is occurring throughout the day. Observations will occur during a period in the morning from approximately 8am to 12pm and again in the afternoon from approximately 2:30pm until 5:00pm. Observations of the children and the ECEs will occur over a three week period at the child care centre.

What is Experimental in this Study:
None of the procedures used in this study are experimental in nature.

Risks or Discomforts:
The only risks or discomforts associated with the research studies are that the participants, during the interviews, may wish, at any time, to not answer a particular question or discontinue participation all together, for any reason, which is their right. In this event, all procedures will be terminated. In the event that a participant exhibits discomfort following the presentation of a specific question during the interview, they will be reminded that the question can remain unanswered. If necessary, during the observation process the one-way mirror that looks into the toddler room will be utilized in order to avoid any disruptions to the children's daily routines that the researcher's presence may cause.

Benefits of the Study:
Potential benefits of this study include the contribution of rich data to the field of disability studies and inclusive education. In turn, this study's results may affect policy or care strategies related to child care.

Confidentiality:
Data collected during the research process will be securely stored in my supervisor's (Angela Valeo's) office. The data (recordings of the interviews and field notes made during the observations) will be used to prepare written reports. In the written reports, confidentiality will be maintained. For example codes will be used and no participants will be identifiable in any publications or presentation of the findings. Places of residence and/or places of employment (child care centre) will not be included in any written reports. In December 2010, all tapes will be erased and all field notes will be destroyed (shredded). If participants decide to withdraw at any point during the study any documents or audio recordings linked to the participant will be shredded and/or erased immediately.

Incentives to Participate:
The participants will not be paid to participate in the studies.

Costs and/or Compensation for Participation:
There are no costs associated with participation.

Voluntary Nature of Participation:
Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University or Seneca College. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty or loss of benefits to which you are allowed. As an ECE staff member, the

choice to participate or not will have no effect upon your employment now or in the future. At any particular point in the study, you may refuse to answer any particular question or stop participation altogether. Participants can decline audio tape recording for all or part of interview session.

Questions About the Study:

If you have any questions about the research now, please ask. If you have any questions later about the research please contact:

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Agreement:
Your signature below indicates that you understand the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights. As an ECE staff member, the choice to participate or not will have no effect upon your employment now or in the future.

_____
Name of Participant (please print)

_____   _____
Signature of Participant   Date

_____   _____
Signature of Investigator   Date

Audio Tape Agreement:
Your signature below indicates that you agree to be audio taped during the interview portion of this study. Additionally, if requested, audio taping can be stopped at any point during the interview process. The interview process is not limited to but should not take more than approximately a half an hour. The types of questions you may be asked to answer include the following; Discuss the type of programming being provided. Is it inclusive? Discuss children currently enrolled in the room. Discuss difficulties/strengths associated with supporting the two children with DS.

_____   _____
Signature of Participant   Date

_____   _____
Signature of Investigator   Date

Ryerson University
Child Consent Agreement
Major Research Paper
School of Early Childhood Education
MECS Masters of Early Childhood Studies

Title of Research Project:
Socially Inclusive Child Care: Are ECEs Providing Meaningful Social Opportunities for Toddlers with Down Syndrome?

As a parent whose child is currently enrolled in the toddler room you are being asked to give permission to have your child participate in a research study. Before you give your consent for your child to be a participant, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you are being asked to do.

Investigators:
My name is Kristin Tiberio and this research paper is part of the graduate program in the School of Early Childhood Education at Ryerson University. Dr. Angela Valeo is supervisor of this research project.

Purpose of the Study:
The purpose of this study is to obtain a comprehensive understanding of the type of inclusive child care that one particular centre provides for toddlers with Down syndrome. More specifically, this study will examine the extent to which Early Childhood Educators (ECEs) provide meaningful social opportunities for toddlers with Down syndrome.

Description of the Study:
The participants will include the centre supervisor, five ECE's who currently work in the toddler room, the children currently enrolled in the toddler room with a primary focus on one toddler with Down syndrome and his/her parents and/or grandparents. Additionally, two parents and/or grandparents whose child does not have Down syndrome will be asked to participate in the interview process. All parents will be asked to consent to having their child observed. Those parents who do not wish to have their child observed will be left out of the researcher's observation notes. The parents, ECEs and centre supervisor will be involved in the interview process while the toddler children and ECEs will be involved in the observation process.

The purpose of observing your child is to collect data that will give insight into whether or not children with DS are included in all aspects of daily routines and the extent to which ECEs play a role in the inclusion process, as well as, whether or not social interaction between children with DS and their peers is occurring throughout the day. Observations will occur during a period in the morning from approximately 8am to 12pm and again in the afternoon from approximately 2:30pm until 5:00pm. Observations of the children and the ECEs will occur over a three week period at the child care centre. The investigator will record written anecdotal observations of the children with a primary focus on the child with DS and their interactions, or not, with other

children and/or the ECEs. Notes will be made about the degree of social interactions.

What is Experimental in this Study:
None of the procedures used in this study are experimental in nature.

Risks or Discomforts:
If necessary, during the observation process the observation room with audio and a one-way mirror that looks into the toddler room will be utilized. This will be used to avoid any disruptions to the children's daily routines that the researcher's presence may cause.

Benefits of the Study:
Potential benefits of this study include the contribution of rich data to the field of disability studies and inclusive education. In turn, this study's results may affect policy or care strategies related to child care.

Confidentiality:
Data collected during the research process will be securely stored in my supervisor's (Angela Valeo's) office. The data (recordings of the interviews and field notes made during the observations) will be used to prepare written reports. In the written reports, confidentiality will be maintained. For example codes will be used and no participants will be identifiable in any publications or presentation of the findings. Places of residence and/or places of employment (child care centre) will not be included in any written reports. In December 2010, all tapes will be erased and all field notes will be destroyed (shredded). If participants decide to withdraw at any point during the study any documents or audio recordings linked to the participant will be shredded and/or erased immediately.

Incentives to Participate:
The participants will not be paid to participate in the studies.

Costs and/or Compensation for Participation:
There are no costs associated with participation.

Voluntary Nature of Participation:
Participation in this study is voluntary. Your choice of whether or not your child participates in this study will not influence your future relations with Ryerson University or Seneca College. If you decide to participate, you are free to withdraw your consent and to stop your child's participation at any time without penalty or loss of benefits to which you are allowed. As a parent, the choice to have your child participate, or not participate, will not have an effect on the care your child receives. At any particular point in the study, you may refuse to answer any particular question or stop participation altogether.

Questions About the Study:

If you have any questions about the research now, please ask. If you have any questions later about the research please contact:

Dr. Angela Valeo
Associate Professor
School of Early Childhood Education
Ryerson University
Tel: 416-979-5000 Ext. 7696 **or** avaleo@ryerson.ca

OR

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Graduate Student
Masters of Early Childhood Studies
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Dr. Katharine Janzen
Associate Vice President Research & Innovation
Seneca College
416 491-5050 Ext. 7901 **or** katharine.janzen@senecac.on.ca

Agreement:
Your signature below indicates that you understand the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to allow your child to be observed for the purpose of this study and have been told that you can change your mind and withdraw your consent for your child to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights. As a parent, the choice to allow your child to participate or not participate will not have an effect on the care your child receives now or in the future.

_____
Child's Name (please print)

_____
Parent's Name (please print)

_____   _____
Signature of Parent   Date

_____   _____
Signature of Investigator   Date

Appendix F

Ryerson University
Parent Consent Agreement
Major Research Paper
School of Early Childhood Education
MECS Masters of Early Childhood Studies

Title of Research Project:
Socially Inclusive Child Care: Are ECEs Providing Meaningful Social Opportunities for Toddlers with Down Syndrome?

As a parent who currently has a child enrolled in the toddler program you are being asked to participate in a research study. Before you give your consent to be a volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators:
My name is Kristin Tiberio and this research paper is part of the graduate program in the School of Early Childhood Education at Ryerson University. Dr. Angela Valeo is supervisor of this research project.

Purpose of the Study:
The purpose of this study is to obtain a comprehensive understanding of the type of inclusive child care that one particular centre provides for toddlers with Down syndrome. More specifically, this study will examine the extent to which Early Childhood Educators (ECEs) provide meaningful social opportunities for toddlers with Down syndrome.

Description of the Study:
The participants will include the centre supervisor, five ECE's who currently work in the toddler room, the children currently enrolled in the toddler room with a primary focus on one toddler with Down syndrome and his/her parents and/or grandparents. Additionally, two parents and/or grandparents whose child does not have Down syndrome will be asked to participate in the interview process. All parents will be asked to consent to having their child observed. Those parents who do not wish to have their child observed will be left out of the researcher's observation notes. The parents, ECEs and centre supervisor will be involved in the interview process while the toddler children and ECEs will be involved in the observation process.

The purpose of the interview process is for the centre supervisor, ECEs and parents to share their opinions, viewpoints and experiences in regards to various issues that surround inclusive child care programs. Interviews are approximately 30 minutes in duration and will be audio taped at participants consent. The interviews will be held at a location that suits the participant's convenience.

The purpose of the observation process is to collect data that will give insight into whether or not children with DS are included in all aspects of daily routines and the extent to which ECEs play a role in the inclusion process, as well as, whether or not social interaction between children with DS and their peers is occurring throughout the day. Observations will occur during a period in the morning from approximately 8am to 12pm and again in the afternoon from approximately 2:30pm until 5:00pm. Observations of the children and the ECEs will occur over a three week period at the child care centre.

What is Experimental in this Study:
None of the procedures used in this study are experimental in nature.

Risks or Discomforts:
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Benefits of the Study:
Potential benefits of this study include the contribution of rich data to the field of disability studies and inclusive education. In turn, this study's results may affect policy or care strategies related to child care.

Confidentiality:
Data collected during the research process will be securely stored in my supervisor's (Angela Valeo's) office. The data (recordings of the interviews and field notes made during the observations) will be used to prepare written reports. In the written reports, confidentiality will be maintained. For example codes will be used and no participants will be identifiable in any publications or presentation of the findings. Places of residence and/or places of employment (child care centre) will not be included in any written reports. In December 2010, all tapes will be erased and all field notes will be destroyed (shredded). If participants decide to withdraw at any point during the study any documents or audio recordings linked to the participant will be shredded and/or erased immediately.

Incentives to Participate:
The participants will not be paid to participate in the studies.

Costs and/or Compensation for Participation:
There are no costs associated with participation.

Voluntary Nature of Participation:
Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University or Seneca College. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty or loss of benefits to which you are allowed. As a parent, the choice to

participate or not participate will not have an effect on the care your child receives. At any particular point in the study, you may refuse to answer any particular question or stop participation altogether. Participants can decline audio tape recording for all or part of interview session.

Questions About the Study:

If you have any questions about the research now, please ask. If you have any questions later about the research please contact:

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Associate Vice President Research & Innovation
Seneca College
416 491-5050 Ext. 7901 **or** katharine.janzen@senecac.on.ca

Agreement:
Your signature below indicates that you understand the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights. As a parent, the choice to participate or not participate will not have an effect on the care your child receives now or in the future.

_____

Name of Participant (please print)

_____   _____

Signature of Participant   Date

_____   _____

Signature of Investigator   Date

Audiotape Agreement:
Your signature below indicates that you agree to be audio taped during the interview portion of this study. Additionally, if requested, audio taping can be stopped at any point during the interview process. The interview process is not limited to but should not take more than approximately a half an hour. The types of questions you may be asked to answer include the following; What factors contributed to deciding to enroll your child in this child care centre? Were you searching for specific qualities in a child care centre? How do you feel about the quality of programming being provided for your child?

_____   _____

Signature of Participant   Date

_____   _____

Signature of Investigator   Date