

Examining California's Title 22 Community Care Licensing Regulations

The Impact on Inclusive Preschool Settings

Aja McKee

California State University, Fullerton

Audri Sandoval Gomez

Chapman University

Sardis Susana Rodriguez

California State University, Fullerton

Janice Myck-Wayne

California State University, Fullerton

Scott Turner

East San Gabriel Valley SELPA

Markus Trujillo

Independent Researcher

Abstract

Access to general education preschool in California has varied for children with disabilities. One reason for the disparity of educational

Aja McKee is an associate professor in the Department of Special Education at California State University, Fullerton. Audri Sandoval Gomez is co-director of the Thompson Policy Institute on Disability in the Attallah College of Educational Studies at Chapman University, Orange, California. Sardis Susana Rodriguez is an educational consultant. Janice Myck-Wayne is a professor in the Department of Special Education at California State University, Fullerton. Scott Turner is executive director of the East San Gabriel Valley SELPA. Markus Trujillo is an early intervention manager. Email addresses: amckee@fullerton.edu, agomez@chapman.edu, drsardisius@gmail.com, jmyck-wayne@fullerton.edu, sturner@esguselpa.org, & mtrujillo@corticacare.com

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placement is the preschool regulations outlined in California Department of Education's Title 22: Community Care Licensing guidelines. These regulations, particularly in preschool, support or hinder preschool inclusion. Examining the preschool section of Title 22 through document analysis resulted in identifying three major themes that embrace or deter inclusive practices: (a) language (i.e., supportive language, antiquated language, and ambiguous language); (b) training, experience, and education; and (c) staff-student ratio. California's educational leaders should consider these results to provide opportunities for preschool children with disabilities to be in general education environments.

Keywords: California, community care licensing, early childhood, inclusion, special education

Introduction

Early childhood programs, such as preschools, start many children's education. Inclusion in early childhood education takes many forms, and despite several ways to define inclusion, there is no agreed-upon definition. Varying definitions include blended programming, integrated classrooms, and mainstreaming (Odom, 2000). Brown et al. (1999) defined inclusion as physical membership and critical mass. According to Lipsky and Gartner (2001), the first educational placement of a young child with a disability should be where the child would go if they did not have a disability. This principle allows flexibility for support services to be delivered according to individual requirements and meets the threshold for what is considered meaningful inclusion by most professionals.

According to Richardson-Gibbs and Klein (2014), for inclusion to be successful, support must encompass a collaboration process that delivers individualized services, accommodations, modifications, and flexible instructional strategies to meet each child's unique needs. Additionally, though the Individuals with Disabilities Education Act (IDEA) does not guarantee inclusion for students with disabilities (SWD), most preschoolers can be included with general education peers when provided with high-quality, needed support (Richardson-Gibbs & Klein, 2014).

Organizations Working Together to Make Inclusion Happen

The National Association for the Education of Young Children (NAEYC) and the Division for Early Childhood (DEC) are the two most widely recognized organizations working for young children and their families. NAEYC (n.d.) is a nationally recognized organization

that supports public policy and advocacy for young children ages birth to 8 and their families. Similarly, DEC is a subset group of the Council for Exceptional Children. Council for Exceptional Children (n.d.) is an international organization dedicated to promoting policy, professional standards, conditions, and resources for the success of youth with disabilities. DEC focuses on young children ages birth to 8 with disabilities and their families. This organization is the international leader in promoting policy and evidence-based practices in early childhood with young children at risk for developmental disabilities or who have disabilities (DEC, n.d.). NAEYC and DEC/Council for Exceptional Children are professional organizations that set professional standards in early childhood.

Due to the lack of a federal definition of inclusion, NAEYC and DEC (2009) co-developed a joint position statement in *Early Childhood Inclusion* focused on key components of inclusion such as access, participation, and support, stating:

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports. (p. 2)

This definition provides clarity around high-quality programming and specific recommendations for inclusive education for preschool SWD, and was the basis for how language in Title 22 was examined.

Public Law 94-142 and Least Restrictive Environment for Preschool-Age Children

The Education for All Handicapped Children Act, Public Law (PL) 94-142, was enacted by Congress in 1975 to ensure children with disabilities receive a free, appropriate public education (FAPE) across the United States. This law was revised in 1990, containing several amendments, including the naming of PL 94-142 to IDEA, focusing on equitable access and opportunities for SWD, and establishing a distinction of four parts (i.e., Parts A–D) to this document. Part C of these revisions guaranteed special education for infants and toddlers

with disabilities, and Part B provided FAPE in the least restrictive environment (LRE) for children with disabilities ages 3–21.

Revisions of IDEA in 1997 and 2004 focused on six primary areas: (a) individualized education program; (b) FAPE; (c) LRE; (d) appropriate evaluation; (e) parent participation; and (f) procedural safeguards with the intention for all SWD, including SWD of preschool age, to have meaningful access and opportunities as their nondisabled peers. Although the term inclusion was not defined in IDEA, LRE provided guidance for special education programming and services, which stated:

Students with disabilities receive their education, to the maximum extent appropriate, with nondisabled peers and that special education students are not removed from regular classes unless, even with supplemental aids and services, education in regular classes cannot be achieved satisfactorily. (§ 300.114)

Numerous challenges contribute to the difficulty of inclusion during early childhood. First, LRE poses a challenge due to limited placements for preschool SWD because of the lack of a universal preschool system. Few states in the United States currently offer universal preschool, limiting options for preschool-aged children to be educated alongside nondisabled peers. The Build Back Better proposal under the Biden Administration alters this structure with the release of funding in winter of 2022 for universal prekindergarten (UPK), which will address care for only 4-year-olds (CDE, 2022). The second barrier is working in different systems (i.e., general education and special education) governed by differing titles (i.e., Title 5 and Title 22).

Early Childhood Education and California Licensing

In California, for young children with disabilities, access to general education preschool placements has been impacted for various reasons, including state licensing requirements. This impact is due, in part, to two governing regulations direct early childhood education—Title 5 and Title 22. Each legislative document has distinct regulations focused on the licensing for early childhood education (California Child Care Resource & Referral Network, 2021). Special education preschool is regulated by Title 5 and general education is regulated by Title 22, which includes private preschools, federally funded preschool programs, and state-funded preschool programs. However, state-funded general education preschool programs are regulated by Title 5 and Title 22.

Title 22 is community care licensing, based on the health and safety code, overseen by the Department of Social Services. This California

code of regulations instructs human beings' health, safety, and care from birth through death, including community care facilities such as infant and toddler agencies, preschool programs, and assisted living facilities.

This study focused on regulations that mandate preschool-age children (i.e., 3–5 years old). Though preschool-age children are a small portion of these regulations, Title 22 has a significant impact on how preschool programs in the state of California provide inclusion. This study focused primarily on the language in Title 22 in terms of how it relates to promoting or hindering early childhood inclusion. Outdated regulatory structures that provide guidance for preschool programs can inhibit a child with a disability from being educated alongside nondisabled peers. In fact, less than one third of children with disabilities in California are educated in general early childhood programs (California Department of Education, 2021).

This study was developed as an inquiry to understand the language of Title 22 regulations and how the regulations impact inclusive practices. For example, in working with districts to support inclusive practices, the issue of districts having to file for waivers from the state of California for students with disabilities and students in state preschool programs to participate in activities together appeared problematic. This problem was evident in the Title 22 regulations for teacher-student ratio and shared outdoor space. Students in special education classrooms could not play outdoors with their peers in state preschools due to an increase in the teacher-student ratio. This instance led to the researchers wanting to examine the language in Title 22 that precluded inclusive practices. What language is in Title 22 that contravenes or supports inclusion? Once the language in Title 22 is analyzed, how can California revise Title 22 to support inclusive education practices? As California prepares to move into UPK, the existing child care programs under Title 22 will impact how UPK commences (CDE, 2022).

Methodology

To examine Title 22: Community Care Licensing regulations—a formal, public record derived from the California Department of Education—the research team used document analysis as a primary method. Document analysis is a qualitative method that allows for a systemic approach to reviewing and evaluating documents (Bowen, 2009), including private official documents (Johnson & Christensen, 2000). The research team used document analysis to identify content

that would inhibit or support inclusion efforts for preschool facilities. The following research questions (RQs) guided this study:

RQ 1: How are preschool-age children with disabilities addressed in Title 22?

RQ 2: How does Title 22 promote inclusion for children with disabilities?

RQ 3: What are the potential barriers to inclusion of children with disabilities in Title 22?

Data Collection and Procedural Analysis

Sections pertaining to “Child Care Center General Licensing Requirements: Preschool-Aged Children” in Title 22: Community Care Licensing regulations were analyzed and coded to identify categories of wording that resulted in text conducive to inclusive education practices or presented potential barriers to inclusion. Preschool-aged children were the primary focus of this analysis; therefore, only portions of Title 22 pertaining to preschool-aged children were analyzed. These sections included Articles 6 and 7: Article 6 (section 101212-101231; pp. 77–139) through Article 7 (section 101237–101239.2; pp. 140–150), resulting in a total of 73 pages analyzed and coded. Topic areas covered under these sections included (a) personnel and training of staff, (b) staff and child ratio, (c) transportation, (d) health (e.g., health/safety, health-related services, medical), (e) daily living (e.g., napping, food service), and (f) administration.

In analyzing these sections, three researchers independently identified patterns in the articles based on the research questions. Researchers used words and phrases to label the found patterns, which were then turned into codes (Bogdan & Biklen, 2016). Themes were then developed accordingly. Language focused on disability, primarily centered on children with physical disabilities. Reliability was enhanced by using a team of researchers to increase the comprehensiveness and accuracy of the research process (McMillan, 2000) by comparing codes to understand if the researchers came to similar conclusions (Guion, 2002).

Findings

In this study, the research questions were as follows:

RQ1: How are preschool-age children with disabilities addressed in Title 22?

RQ2: How does Title 22 promote inclusion for children with disabilities?

RQ3: What are the potential barriers to inclusion of children with disabilities in Title 22?

In the six topic areas explored in analyzing Title 22 regulations, three themes and three subthemes emerged. Three major themes were (a) language; (b) training, education, and experience; and (c) ratio. Three subthemes fell under language: affirming inclusion, antiquated language, and ambiguous language. These major themes and subthemes encompassed the six sections: (a) personnel and training of staff, (b) staff and child ratio, (c) transportation, (d) health (e.g., health/safety, health-related services, medical), (e) daily living (e.g., napping, food service), and (f) administration. Notably, when the Title 22 document addressed disability, it focused on physical disabilities and did not address other disabilities.

Language

The language used in Title 22 was an evident theme. In this theme, the researchers examined ways in which the language of this document could support or hinder inclusive opportunities for SWD. Language was divided into three subthemes, which were defined by the research team: (a) affirming inclusion, (b) antiquated language, and (c) ambiguous language. The researchers defined affirming inclusion as language that promoted inclusive practices or made inclusion in Title 22 possible. Antiquated language was defined as outdated information. Ambiguous language was defined as unclear language due to contradictory statements made in Title 22. Language played a significant role in the findings of this study through the following three subthemes.

Affirming Inclusion. The theme affirming inclusion encompassed language used in Title 22 that supports the inclusion of children with disabilities in a licensed program. Some themes identified clear barriers to inclusion; however, sections of Title 22 promote inclusion. For example, Title 22 discussed postural supports and protective devices in the health section of the document (101223.1). The language indicates how programs can include students who use postural supports and protective devices as prescribed, with California Department of Education approval. The section that described use of restraints to prevent a child from falling from a bed, chair, or wheelchair (101223.1[a1]) has specified that children with disabilities can be served under Title 22 and has outlined what can and cannot be used. Many devices are used to keep children with disabilities safe and can be used with guidance and prior approval from staff in child care settings.

The health and safety of preschool children were addressed in Title 22. Several medical requirements facilitate admitting children with disabilities into preschool programs because they permit the program to administer treatment or explain how to admit children with disabilities. The regulations aiding preschool programs are (a) health-related services, (b) immunization, (c) medical assessments, and (d) postural supports/protective devices.

The health-related services section of Title 22 provides medication and treatment guidance for all students, including children with unique needs. Prescribed and nonprescribed medications can be given to the child by the facility (101226[e4]). In the case of nonprescription medication, there is no requirement for doctor approval or direction. If emergency treatment for a child is required and the child's authorized representative cannot immediately be reached, the program does not need specific instructions from the authorized representative. Title 22 also stated that a licensed program must obtain a child's medical record when requiring treatment given by the program (101221[10]). The medical records must include any prescribed medications for the child and instructions on administering treatment. By including a way to treat a child with an illness or injury, Title 22 is inclusive of children with disabilities in its programs. It is unclear if "illness" includes a disability, and it would be helpful to add "disability" for clarification.

Lastly, Title 22 discussed personal rights for children (101223). The document was strongly worded and explicit that no child will be punished or penalized in any way. The examples provided are general but significant to providing a nurturing and safe environment for all children. This wording can be viewed as supporting inclusion, as it stated, the child is:

To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse or other actions or a punitive nature including but not limited to: interference with functions of daily living including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning. (101223[a7])

However, though, this text regarding personal rights for children is supportive of inclusion, this passage may also be considered ambiguous as "aids to physical functioning" may be unclear. For example, this phrase could mean that a communication device or sound field system was withheld for a child with a hearing loss, which would be a barrier to inclusion.

Antiquated Language. For immunizations (101220.1), licensed

preschool programs are required to follow the California Code of Regulations' immunization schedule table and keep documentation of immunizations for each child. Each child enrolled in a licensed preschool program must follow the immunization schedule unless they meet certain exemptions. Allowance of exemptions may be necessary for children with disabilities, and properly documenting exemptions is a requirement. The current document has stated that a licensed program may exempt a child if they (a) have a written statement from the child's physical that includes which immunizations are exempt and for how long; (b) have a written statement from the child's authorized representative stipulating that their personal or religious beliefs prohibit immunizations; or (c) are enrolled in a public or private school. The stated exemptions have been updated, including the immunizations content, but these updates are not reflected in the original document. This lack of transparency in updates creates a barrier. The research team inquired about the updated information regarding immunizations and exemptions not being part of the main Title 22 document and were told that individuals accessing information would know these details; it is assumed if the updated information was public, center directors or those in charge of overseeing licensing at their sites would already know the public information and it need not be addressed here. Currently, updates are provided to this title through addendums. One issue with this process is the assumption the director or the individual in charge of ensuring their program licensing has that knowledge or knows how to seek out that knowledge. This outdated language proves challenging as programs plan and implement their practices.

Ambiguous Language. Ambiguous language was identified as a subtheme under language because there were several examples of contradictory language in Title 22. In the document, there are places where language both promoted and hindered inclusion depending on one's interpretation. In health and safety, the regulations require a medical assessment for all children in 30 business days or before enrollment in a program (101220). This regulation can benefit children with disabilities because the program can prepare and plan for their needs before they attend their 1st day of school. The medical assessment provides (a) identification of the child's specific needs, (b) prescribed medications, and (c) ambulatory status. Title 22 used the language "identification of child's special problems and needs" (101220, p. 106). Although the language in this section is positive about children with disabilities attending general preschool programs, this language is not conducive to an inclusive environment because the wording of

“child’s special problems” is negative in connotation. Placing special problems and needs together in the same sentence implies disability is a problem, which also could be viewed as antiquated language. Furthermore, obtaining a medical assessment for the child in 30 days or before enrollment may cause an unnecessary delay for a school district in making an offer of FAPE under IDEA.

Another example of ambiguous language that promotes—yet potentially contributes to barriers to inclusion—is centered around how early childhood programs can serve children using aids and equipment as needed. Language in this title discussed using pea gravel for outdoor spaces, inhibiting accessibility for children with disabilities using wheelchairs or walkers. Though the safety of children in the program is an objective of Title 22, this language may be confusing to providers because they want to ensure safety for children but may not understand how that translates to accessibility or how alternatives may make the environment accessible for all.

Another example of interpretation of language arose when outdoor space was examined. This section of Title 22 specifically focused on space and equipment, providing guidance on physical space for outdoor (i.e., 75 square feet per child) and indoor activities (i.e., 35 square feet per child). Article 7 stated:

- (e) As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material that absorbs falls. (1) Sand, woodchips and pea gravel, or rubber mats commercially produced for the purposes of (e) above, are permitted.

The language in Section E provided safety guidelines, but also inhibits children who may use walkers, canes, or wheelchairs and children with low vision or blindness from accessing the outdoor equipment. Child care centers that use sand, woodchips, and pea gravel in their outdoor activity spaces create barriers to accessibility for all children to attend and meaningfully participate. The section intended to keep children safe; however, the outcome created barriers to inclusion.

Further, Article 7 of space and equipment addressed fixtures, furniture, equipment, and supplies. This article included verbiage addressing children with disabilities stating, “additional equipment, aids and/or conveniences shall be provided as needed in centers that serve children with physical disabilities” (101239[e4], p. 146). This verbiage conveys that a center can serve young children with physical disabilities, but the statement also highlights inequities in this setting. This regulation does not address adaptations for children with disabilities such as vision loss, speech impairments, hearing loss, and

autism. To serve young children with disabilities, child care centers often have to retrofit spaces to ensure accessibility. The language in Article 7 may impede centers from designing their environment using universal design from the start to develop more inclusive environments for all children.

The Administration section of Title 22 (101218.1) called for interviews with the child's parents or guardians to ensure the needs of the child can be met by the center and the center takes into consideration health, physical, and emotional development. This policy imposes full disclosure of the child's needs. However, the Administration section also delineated processes for the public, specific to preschool admission policies. The policies must be in writing and available to the public outlining the limitations and abilities to serve children. The admission criteria described "whose needs can be met by the center's program and services," (101218[a1], p. 102) indicating that not all children are welcome as they may not meet criteria to attend. These policies can discriminate as they can reject children with more extensive needs. A program can specifically tailor its programming and licensing to welcome the children they wish to serve.

Staff Training, Education, and Experience

The training, education, and experience of staff can hinder the acceptance of children with disabilities into the program. According to Title 22, director qualifications (101215.1) include options of (a) high school graduation, 15 units at a college with 4 years teaching experience; (b) an associate's degree in child development with 2 years of experience; or (c) a bachelor's in child development with 1 year of experience and a site supervisor or director permit from the state. The challenge with these qualifications is that Title 22 does not state directors must have education or experience pertaining to working with children with disabilities. Title 22 suggests obtaining a child development director permit from the state of California is an option to meet Title 22 director requirements; however, the education requirement through the California Teacher Credentialing office for a child development director permit requires more education than Title 22 requires.

Title 22 accepts years of teaching experience in a daycare center as an exchange for education (e.g., 4 years of teaching experience with a high school diploma and 15 college credits for a director). In 4 years of teaching in a daycare setting; however, the educator may never work with a child with a disability, especially if the center has designed admission criteria to position SWD out of admission. In all the requirements, regardless of whether it be a state director permit

or Title 22 director qualifications, there was no mention of taking a class that focuses on working with children with unique needs. Further, teacher qualifications and duties (101216.1) listed in Title 22 stated one teacher (or director) shall complete 16 hours of health and safety training, if necessary pursuant to Health and Safety Code Section 1596.866—Health and Safety Code 1596.886 stated training may include instruction in sanitary food emergency preparedness, evacuations, and caring for children with special needs. However, this is minimal training for staff to feel comfortable or have the knowledge to work and support the needs of SWDs.

Ratio

Staff to student ratios are addressed throughout child care center regulations as they play a significant role in ensuring appropriate and safe supports for children. In Title 22, daily living includes (a) food services, (b) napping, and (3) personal rights for students. For food services, programs must adhere to prescribed modified diets along with meeting “individual needs” when it comes to meal preparation. Additionally, self-help devices must be provided when needed.

In Article 6, Section 101216.3 Teacher/Child Ratios, there was specific guidance on community care licensing standards pertaining to ratio and servicing children with disabilities stating, “the program may exceed teacher-child and adult child ratios prescribed by Section 18290 by fifteen percent (15%) for a period of time not to exceed one hundred twenty (120) minutes in any one day.” This wording is important because the text highlights that SWD can be included, above the teacher-child licensing ratio, for a specific amount of time throughout the school day. Although this guidance allows for flexibility in a center, it does not account for the children’s needs or how those needs will be addressed. This text is needed to let centers know the ratio can be exceeded for a portion of the day to include children with disabilities. However, the wording does not consider the accommodations needed and how staff will support those accommodations, which may be vague for staff who need more guidance.

Class ratios are incorporated in the napping requirements of Title 22. This ratio affects programs where napping or quiet time may be implemented (e.g., full-day programs). Per Title 22, one teacher or aide older than 18 years who meets defined criteria can oversee 24 children during nap time. This guidance raises several questions: (1) If there are children who do not nap and are not able to play quietly due to a disability, can centers accommodate this child?; (2) Is this

staff-to-student ratio sufficient when a child with disabilities is in the classroom?; and (3) Should there be mention of exceptions when there is a need for another teacher or specialized staff in the classroom? These are questions not addressed in Title 22, which may cause centers to avoid accepting children with disabilities.

If guidance of Title 22 is not given, centers are left to address these questions as they see fit, which may include not accepting SWD, or adhering to a disability hierarchy. Disability hierarchy is a social construct making certain disabilities more acceptable than others (Deal, 2003). In this case, center directors may choose disabilities they feel need less support because they are limited in providing staff at certain times of day.

Discussion

Results of this document analysis demonstrate a need to examine how practices from the field and current licensing regulations should continually be scrutinized by experts in the field, because outdated information can inhibit best practices from being implemented, specifically regarding inclusive education. Every preschool facility (sans special education preschool) in California must abide by the Community Care Licensing Division of the State Department of Social Services, and its licensure document known as Title 22. The research team provided an analysis of Title 22 with a focus on preschool-age children (i.e., these sections include Articles 6 & 7: Article 6 [section 101212-101231; pp. 77–139] through Article 7 [section 101237-101239.2; pp. 140–150], resulting in a total of 73 pages). When addressing RQ1 (How are preschool-age children with disabilities addressed in Title 22?), the researchers found children with disabilities were addressed through three themes: (a) language used in the document; (b) training, education, and experience of the staff mentioned in the title; and (c) ratio requirements stated in the title. These themes mentioned disability directly or referred to information that has affected children with disabilities. Examining Title 22 confirmed the need for updated language; an understanding of how training, education, and experience affect inclusion; and the exploration of the ratio surrounding early childhood regulations to meet the needs of all children in the most inclusive educational environments.

When addressing RQ2 (How does Title 22 promote inclusion for children with disabilities?), under the theme of language, the subtheme of affirming language highlighted text used in the title that supported the inclusion of children with disabilities. This language included using postural supports (101223), the ability to give prescribed and

nonprescribed medications (101226[e4]), and the personal rights of children.

In the subtheme ambiguous language, some language supported children with disabilities. This ambiguous language included verbiage asking for a medical assessment before enrollment (101220) and mentioned serving children with “special needs and problems.” Although the researchers examined a deeper understanding of this language later in the document, at first glance, this language told centers they can serve children with disabilities. Additionally, this subtheme discussed providing students with aids and equipment as needed, which implied servicing children with disabilities.

Further, when addressing RQ2, Article 6, Section 101216.3 Teacher/Child Ratios indicated the program may exceed teacher-child and adult-child ratios by 15% for up to 2 hours per day, allowing early educators to include children with disabilities who are not enrolled in the program. These regulations provide ways to promote inclusion for young children in Title 22.

When addressing RQ3 (What are the potential barriers to inclusion of children with disabilities in Title 22?), researchers found language that prohibited inclusion. This finding is titled as the subtheme antiquated language, which examined outdated language in the title, such as immunization information. The immunizations updates are unavailable in the original title, causing potential barriers to inclusion when center directors cannot find the information or are unaware of the update.

The subtheme of ambiguous language also encompasses challenges in inclusion, including language used for environmental safety. Though some of Title 22’s language is meant for safety, this language may also impact accessibility for children with disabilities. Further, the mention of aids and services are limited to physical disability and lacks discussion of adaptations for other disabilities. Additionally, admission policies designed by the center may exclude children with disabilities.

When addressing RQ3, the theme of staff training, education, and experience arose. Title 22 requires staff to have a minimal amount (i.e., 16 hours) of health and safety training (1596.886), which encompasses food emergency preparedness, evacuations, and working with children with “special needs.” Staff may not feel comfortable or well-equipped to provide the support needed by children with disabilities in the 16 required hours.

Lastly, addressing RQ3, the ratio theme surfaced. Though the title states the ratio can be exceeded by 15% for up to 2 hours per day, this statement is vague and does not address how staff will implement it.

Additionally, ratios for napping may also be a barrier because of limited staff availability. These issues highlight barriers to including children with disabilities in preschool programs. This title should be examined in a variety of ways, as listed next, to address these challenges and expand inclusive opportunities for young children.

Public records that mandate processes for teachers, students, and care or educational facilities should be analyzed, as some may have innate biases influencing specific practices. It is critical to examine how these biases influence practices and programming for preschool facilities. As the shift to inclusive practices increases, Title 22 should reflect the best practices in serving all students' needs. Future revisions of Title 22 should include the expertise of professionals to develop regulations focused on inclusion, where barriers to learning, playing, socializing, and being part of an educational setting are identified, analyzed, and altered to develop universally designed approaches and spaces, where all students can participate, thrive, and learn. Specifically focusing on some disabilities without considering the broad needs of a diverse population can unintentionally exclude groups of children based on their disability and needs.

How child care center directors interpret this document can also provide opportunities for inclusive programming or hinder inclusive practices. Individuals employed at child care centers may examine these regulations from a different lens or perspective. Though some needs mentioned are developmentally appropriate (e.g., woodchips, gravel), they are not accessible to students with specific needs. Educational leaders should consider whether the title conveys it is more important to be developmentally appropriate than accessible. Further, disability-related language in Title 22 is primarily centered on children with physical disabilities. This focus may leave child care directors to believe that only children with physical disabilities can be included in their child care programs or the guidance only applies to children with physical disabilities.

In the area of staff, Title 22 needs revisions, including updating terminology between the title and the California Commission of Teacher Credentialing director permits to ensure consistency. As written, Title 22 allows for 4 years of experience in a preschool setting with minimal education (i.e., a high school diploma and 15 college credits). As written, one may trade education for experience to qualify for a directorship at a private preschool facility, allowing an individual with no-to-minimal interactions with SWD to oversee a facility that could include SWD. However, the document allows directors to write their own admissions criteria. Based on our review, the research team

wondered what training had been provided to directors and others working in Title 22. Training focused on Title 22 should be provided for early childhood and early childhood special education professionals, as they work in collaboration to provide high-quality inclusion for SWD. Both disciplines will need to understand and access this document, especially in consideration of the upcoming UPK.

Lastly, originally developed in 1998 (dates are listed in each section), Title 22 has been through several revisions and amendments. The revisions to Title 22 have not been reflected in the main document and have been added as amendments instead. Updates should be included in the main document with an updated date, not in addendums. For historical purposes, each revision can be archived to clearly document all changes and so the revision can be accessed when needed. This recommendation would prevent directors of preschool programs from having to search for addendums; they would have the entire document as they oversee their programs. This recommendation can eliminate confusion and support new directors as they begin work in their programs. The entire document should be evaluated and updated promptly instead of constant amendments to the primary regulations.

Conclusion

The purpose of this interpretive research was to analyze how preschool regulations inhibit or support inclusive programming for SWDs. Examining Title 22 provided insight into how these regulations impact preschool programming and practices. If regulations are written in a way that addresses a range of disabilities, clearly outlining what is needed for inclusion, then the document has the potential to support inclusion. When official documents that provide guidance have outdated or ambiguous language, this inhibits the understanding of these regulations and can hinder inclusive preschool programming. To make any significant change in preschool programming for SWDs “requires the kind of substantive support that can come only from policy changes” (Tye, 1987, p. 284). Thus, Title 22 will require updated and clear language, additional staff training and experience, and revised ratios for all students to have equal access and opportunities.

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