ABSTRACT

This report was compiled by the Appalachian Educational Laboratory (AEL) to provide information on child care services in the AEL Region. An initial overview addresses the topics of: (1) what child care is; (2) child care and early education; (3) state involvement in child care and early education; (4) the purpose of this report; (5) sources of data; (6) children receiving care in AEL's region; (7) state and federal funding for child care and early education; (8) differences in programmatic responses from state to state; and (9) questions and unresolved policy issues. The second section focuses on state reports for Kentucky, Tennessee, Virginia, and West Virginia. Each report contains an overview, and discusses the framework for child care and early education, the organization of services, state regulation, and the children who are served by state regulated or funded, and federally funded, programs. The report concludes with references and a bibliography, and 10 appendices that list publications, and state legislation and reports, for each state. (SH)
Occasional Paper 31

CHILD CARE AND EARLY EDUCATION IN KENTUCKY, TENNESSEE, VIRGINIA, AND WEST VIRGINIA

by

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November 1990

Appalachia Educational Laboratory
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The Appalachia Educational Laboratory (AEL), Inc., works with educators in ongoing R & D-based efforts to improve education and educational opportunity. AEL serves as the Regional Educational Laboratory for Kentucky, Tennessee, Virginia, and West Virginia. It also operates the ERIC Clearinghouse on Rural Education and Small Schools. AEL works to improve:

- professional quality,
- curriculum and instruction,
- community support, and
- opportunity for access to quality education by all children.

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THE NATIONAL GOVERNORS' ASSOCIATION, in 1990, proposed as a national goal that "By the year 2000, all children in America will start school ready to learn." Later that same year, the United States Congress passed the Child Care and Development Block Grant Act, significantly expanding the federal role in child care assistance. This was the first time since World War II that the federal government had adopted a formal policy supporting child care outside welfare and employment programs.

During that same time, the four states in the Appalachia Educational Laboratory's (AEL) Region (Kentucky, Tennessee, Virginia, and West Virginia) also adopted similar concerns toward child care issues. Each state had either completed, authorized, or was considering studies of child care and early education. AEL staff, anticipating continued interest in child care issues, compiled resources from their member states to provide this status report on existing child care services in the AEL Region.

What is Child Care?

Child care in the United States is a complex array of services provided primarily by parents and guardians of children, but also provided by extended family members, friends and neighbors, babysitters, nannies, family day care homes, foster care homes, schools, privately owned and operated child care centers, community organizations, religious institutions, centers for children with special needs, employers, and others.

These services were developed in response to the needs of children, families, and society and are by no means parts of an integrated "system of child care." They are, in fact, parts of a "nonsystem," that operate almost independently of one another. Each part has its own traditions, funding mechanisms, modes of operation, eligibility requirements, criteria for families and children served, and program emphases.

Child Care and Early Education

"Child care" refers to any parttime, nonresidential care provided for children too young to take care of themselves, usually children not yet in the public school system. "Education" refers to attempts to help children develop through teaching and training. The words often occur together, as in "child care and early education" or "early childhood education and care."

A number of related terms appear in government reports, professional literature, and common usage; these terms are frequently used interchangeably. For example, "day care" is often referred to as "child day care," and "nursery schools" are more commonly called "preschools." Traditionally, "early education" referred primarily to services for three- and four-year-olds. Today, it refers to any educational activity from birth through the early elementary years and is often shortened to "early education." Most of these terms present no difficulty in context, but readers should be aware that they can complicate efforts to compile accurate statistics or to make meaningful comparisons across state lines.

State Involvement in Child Care and Early Education

Like child care itself, the role of the individual states and their agencies in relationship to child care has evolved over time, in many cases with no particular overall plan or goal. Most states have oversight functions: licensing, regulating, setting standards, and developing guidelines for child care providers; particulars, however, vary from state to state. Most
states also provide some type of training for child care personnel.

In addition to managerial functions, states also purchase or provide child care services. For example, many states purchase services for children deemed at risk or for children of parents involved in a job training program. States also provide services in the form of child care programs that enable teen parents to stay in school.

States are frequently conduits for federal funds. Federal, state, county, and local funding complement and coexist with subsidization by religious institutions, employers, foundations, community groups, and, of course, payments by parents. Some states have funded or encouraged resource and referral systems to link child care users with providers and other resources. In most states, responsibility is spread among a number of state agencies, including Labor and the Work Force, Health, Education, Human Services, and others. Some states are attempting to achieve better services through centralizing or coordinating services in a single agency, office, or council.

**Purpose of Report**

The purpose of this occasional paper is to provide a status report on the existing child care services in the AEL Region. AEL staff focused on two major types of child care and early education: (1) care and education provided to children below the age of entry into the regular public school system, including preschools, child development centers, Head Start, and other early education programs; and (2) school age child care (SACC) provided to children too young to care for themselves before and after school and during school breaks. Depending on state laws in AEL's Region, SACC is provided for children under the ages of 12, 14, or 17.

Information in this report is focused also on services that are linked directly to public funding, primarily federal or state funds, or federal funds channeled through state agencies, such as Title XX Social Services Block Grant or Title IV-B of the Social Security Act. This focus in no way underestimates the importance of the private sector and community-based organizations in providing child care and early education. A comprehensive survey including such services is beyond the scope of this current study.

Indeed, determining what federal and state child care services are provided to whom is almost impossible because of overlapping or divided jurisdiction; varying reporting systems; different eligibility criteria, funding mechanisms, and oversight systems; various programs in existence; the flux in programs and funding levels; and lack of communication and coordination among the many entities involved.

**Sources Of Data**

State agency personnel provided information for available child care services in AEL's four states—Kentucky, Tennessee, Virginia, and West Virginia. Although AEL staff attempted to obtain a representative description of "the state of child care and early education" in each state, we realize that some programs may have been missed and that facts and figures change rapidly. Even as this report was being completed, the United States Congress passed a Child Care and Development Block Grant, increasing the resources available for child care and altering the child care picture in each of the states profiled.

As might be expected, for a subject area that largely lies outside of state regulatory jurisdiction, there are major gaps in available information. Little is known about the extent to which infants and toddlers (birth through age two) receive care outside the home, or about the quality of care they receive. Other uncertainties exist. For example, how many children in kindergarten also receive child care? Some parents work fulltime and arrange for custodial care after kindergarten hours. Others work only while their children are in school. Other parents use the schooltime hours for child care, and leave their children in self-care for the after-school hours. The child in self-care is commonly referred to as a latchkey child. Neither the records of the school nor the private care provider (if regulated) indicate the existence of the other service.

**Children Receiving Care in AEL's Region**

Just under 1,150,000 children age five or younger, and 2,376,000 children age six to 14 reside in AEL's Region, according to the United States Department of Commerce, Bureau of the Census, County and City Data Book (1988). An estimated 1.3 million children...
Overview

are receiving care outside the home, and just over 300,000 regulated child care spaces exist in the Region. (No information is available for West Virginia.)

Even though the numbers of children in care and state regulated spaces are not strictly comparable between the states because different age groups are used in data collection, it becomes evident that slightly more than one-fifth (approximately 22-24 percent) of children in care outside the home are being cared for by state regulated care givers. Many of the remaining children receive care provided by relatives or friends, but the point remains that approximately 80 percent of children receiving child care are served by arrangements of unknown quality. The most reliable data on children in care comes from state agencies that monitor or regulate the care. These regulated facilities, however, may or may not be representative of all child care services.

AEL's member states use three different terms to define the kind and quality of care being provided: licensed, approved, and registered. These words indicate important differences, either with respect to the type of facility involved (e.g., a center or a family day care home) or the stringency of regulation imposed by the state.

Subject to all the uncertainties mentioned in the preceding paragraphs, Table 1 summarizes the status of child care in the Region.

State and Federal Funding for Child Care and Early Education

Most federal or state funds available for child care assistance are earmarked for an at-risk population widely identified by economic status. Even though financial need is likely to be the basis for eligibility for most services, the term "at risk" may also refer to a range of factors. For example, at risk can refer to any factor beyond the control of children that places them in jeopardy of failure in either school or their personal lives. These factors may include physical or mental disabilities, or family circumstances ranging from divorce to substance abuse. Although all states in the AEL Region target available funds to at-risk children, not all have defined the term by law or regulation. The Kentucky Education Reform Act (KERA) of 1990 defines "at risk of education failure" to mean the child has been approved on an economic level to be eligible for the free lunch program under state and federal guidelines (KERA 157.360).

As noted earlier, the passage in November 1990 of

<table>
<thead>
<tr>
<th>State</th>
<th>Children in State Birth - 14*</th>
<th>Estimate of Children in Child Care</th>
<th>Number in State Regulated Care</th>
<th>Percent Children in Regulated Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>850,000</td>
<td>323,000</td>
<td>70,000</td>
<td>22%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>1,042,000</td>
<td>593,340</td>
<td>138,000</td>
<td>23%</td>
</tr>
<tr>
<td>Virginia</td>
<td>1,204,000</td>
<td>409,000</td>
<td>98,000</td>
<td>24%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>430,000</td>
<td>-- **</td>
<td>16,000</td>
<td>--</td>
</tr>
</tbody>
</table>


** No information is available for West Virginia.

Source: Data provided by state agency personnel.

Carol B. Perroncel
the Child Care and Development Block Grant Act expanded the federal role in child care assistance. This act authorized expansion of the earned income tax credit for low-income families and provisions for federal subsidies for child care expenses. It also required states to establish health, safety, registration, and quality requirements for child care. Table 2 lists the sources of federal funds used for child care services in AEL’s Region.

Programmatic Responses Differ From State to State

Even while policy issues are researched and debated, decisions must be made on such operational matters as licensing requirements, training for care givers, and financing. Table 3 shows how the states in AEL’s Region have developed programmatic and administrative responses to child care needs.

Readers should note that this kind of summary does not purport to show qualitative differences. For example, the table merely shows that all states provide some training for personnel at child care centers. It does not indicate anything about the frequency, duration, or scope of the training. Moreover, there may often be more than one way to achieve a particular goal, so a “No” answer should not be construed as suggesting that a program is necessarily inadequate in some respect.

Questions and Unresolved Policy Issues Abound

The field of child care and early education is thick with questions and unresolved policy issues. Following are some with which social workers, educators, child care advocates, state and local planners, and legislators are forced to wrestle.

- What interest or responsibility does a nation and state have in the quality of early childhood services to prepare children for school success, adult fulfillment, and family responsibilities?
- How much responsibility does a state have to ensure child care for members of its work force?
- What income eligibility standards are appropriate for publicly supported programs and facilities?
- Are other standards (such as being an at-risk child) also appropriate?
- What factors would a state consider in deciding which child care services to include in a system of state oversight and regulation? Size of facility? Number of Children? Age? Others?
- What, exactly, should be regulated? Health and safety factors? Staff qualifications? Availability of play space? Numbers of children per group or facility? Staff/child ratios?
- How realistic is the ratio of state to local financial contributions for child care in light of recent court decisions on equal levels of funding across jurisdictions?
- Unsupervised after-school hours (and school closings for holidays or inclement weather) present

| Table 2  |
| Use of Federal Funds in AEL’s Region |
| Sources | States |
| Social Services Block Grant (Title XX) | KY TN VA WV |
| Family Support Act (FSA) | Y Y Y Y |
| Aid to Families with Dependent Children (AFDC) | Y Y Y Y |
| Child Welfare Services (IV-B) | Y N N N |
| Community Development Block Grant | N N Y Y |
| Dependent Care Planning and Development | Y Y Y Y |
| Chapter 1 | Y Y Y Y |
| Education for the Handicapped Act (PL 99-457) | Y Y Y Y |
| Child Development Associate Scholarship Fund | Y Y Y Y |

*Y* indicates the state uses the source of funding for child care assistance.

*N* indicates the state does not use the source of funding for child care assistance.

difficulties for the working parent. What responsibility, if any, does the state have to assist parents in dealing with this issue?

- In what ways can states promote and enhance collaboration and coordination among the many child care providers in the profit, nonprofit, voluntary, and publicly funded sectors?
- Are child care services provided on an equitable basis to all the states’ population?
- Do states have a responsibility to assist child care providers in attaining liability insurance coverage?
- Are there ways of providing child care providers with incentives and assistance to improve the quality of child care?
- How can states promote informed consumer choices in selection of either private or public child care?

All of the above are potential topics for further research. Research might be done either within individual states or on a regional basis. In either case, it would be desirable to develop standardized definitions, display tables, or other research protocols. One lesson of the present effort has been that information is often fragmented or maintained in different forms in different states. In short, some attention needs to be given to methodological, as well as substantive, issues.

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### Table 3

<table>
<thead>
<tr>
<th>Issues</th>
<th>KY</th>
<th>TN</th>
<th>VA</th>
<th>WV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Training for Care Givers</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Licensing Requirements</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>D -special care</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Financing</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

*Information unavailable.

Source: Data provided by state agency personnel.
Overview

THE KENTUCKY SUPREME COURT, ON JUNE 8, 1989, held that Kentucky laws governing public education had created a system that violated the State Constitution, primarily because of major disparities in per-pupil expenditures from school district to school district. This ruling led to the passage of the Kentucky Education Reform Act (KERA) of 1990 by the General Assembly. This act created a new framework for child care and early education within the state (Legislative Research Commission, 1990).

As early as 1985, four years before the court ruling, the General Assembly had mandated the creation of a task force to assess the needs of Kentucky children from birth to age five and to make recommendations on child care and early education in the form of a final report, Investing in Kentucky's Young Children (Governor's Interagency Council on Early Childhood Education and Development, 1986).

The report included a five-year plan, recommending a comprehensive program for at-risk children through age five. In this plan, at risk was defined to include children with physical or emotional handicaps, children from low-income families, children from immigrant and non-English speaking families, children from single-parent familes, and children of parents with low educational attainment (Governor's Interagency Council on Early Childhood Education and Development, 1986).

KERA refined these previous efforts by directing the State Board for Elementary and Secondary Education to develop and implement a statewide early education program. This program would include basic principles of child development, early childhood education, and all other related concepts that deal with generally accepted early childhood programs, including the delivery of health and social services to children as needed (KERA 157.317). KERA also required that all local school districts make preschool services available to three- and four-year-old children with disabilities and to four-year-old children at risk of educational failure. At the time of this writing, state agency personnel reported that 39 percent of the state's kindergarten-enrolled children were at risk on the basis of their income alone and qualified for free lunch through the National School Lunch program.

For FY 90-91, the General Assembly appropriated $18 million to initiate the two mandated preschool programs and appropriated $36 million for full implementation of these in 1991-1992.

Framework for Child Care and Early Education

KERA requires collaboration between the Kentucky Department of Education (KDE) and the Cabinet for Human Resources (CHR), as well as the Governor's Office and child advocacy groups. As the foundation for the collaborative framework, KERA established an Interagency Task Force on Family Resource Centers, headed by the CHR. The primary objective of this task force is to develop a five-year plan for implementing Family Resource Centers to serve children up to age 12 and Youth Services Centers to serve children age 12 and above. KERA officials anticipate that the plan will result in a "genuine partnership among parents, educators, human service providers, and other local citizens to find better ways of supporting families and children" (Interagency Task Force on Family Resource Centers, 1990).

During the 1991-1992 school year, 125-150 family and youth centers will be established from more...
than 1,000 eligible schools. A school is determined eligible if 20 percent of the student body qualifies for the free lunch program. Approximately one quarter of eligible schools will be added in each year, and statewide implementation is expected by 1994-1995. The General Assembly has appropriated $9,500,000 for Family Resource and Youth Services Centers for 1992-1993.

In order for KERA to be implemented effectively, Debbie Schumacher, an early childhood specialist with KDE, Office of Education for Exceptional Children, says the need for "cooperation among service providers, school districts, Head Start, day care, and private preschool programs" must be addressed. She adds that there is also a need for "developmentally appropriate practices in early childhood programs, adequate funding for preschool and day care, a quality credentialing system for teachers of children below age five, and equitable salaries for early childhood providers based on expertise."

Organization of Services

Before KERA was adopted, CHR was responsible for all aspects of child care programs, including the licensure of all programs for children under five. Now CHR, under KERA's direction, works collaboratively with KDE for child care and early education programs. KERA mandates preschool education programs be available for target groups, i.e., all at-risk four-year-olds, and three- and four-year-olds with disabilities. As part of the collaborative, KDE is the lead agency responsible for KERA's preschool education programs and is responsible for educational programs during school hours. CHR is responsible for all other programs, including before- and after-school care for preschool children.

Specifically, KDE and local school districts are responsible for having services made available to all at-risk four-year-olds and three- and four-year-old children with disabilities. KERA mandates that these services be available statewide by September 1991. KERA has enough funds designated for unserved children to almost double the number of children currently served by Head Start in Kentucky.

KERA has two branches that cooperatively address preschool programs: (1) a branch for programs for at-risk four-year-olds and (2) a branch with two subdivisions for federal and state early education programs for children with disabilities. KDE also has been awarded a new federally funded project for state collaboration with Head Start in Kentucky.

CHR regulates and monitors before- and after-school care for school-age children, as well as care for all other children including preschoolers. CHR's day care requirements apply to programs categorized as licensed care and to programs not affiliated with local school districts.

Within CHR, a new Child Care Service Branch was established in April 1990 to allow for the expansion of child care services in the state. This branch also enables CHR to plan and develop initiatives that promote and support quality child care services. Other services provided by the Child Care Service Branch include school-age and intergenerational child care, administration of a scholarship program for providers, and development of corporate child care, as well as the provision of early/middle childhood development, consultation, and specialized training.

State Regulations

Following is a description of the state regulations for all child day care facilities and for the KDE's preschool education program based on KERA. Child care regulations apply to children under age 13 and to groups of four or more children. Certification is now offered to homes caring for fewer than four children.

Groups of four or more children. 905 Kentucky Administrative Regulation (KAR) 2:010 Standards for All Child Day Care Facilities: The regulations for child day care in Kentucky set minimum standards for all facilities used for providing care to four or more young children unrelated to the provider. These facilities are required to be licensed by the Licensing Authority of CHR. Two classes of licenses are provided: a regular license and a provisional license. The latter is only issued when a facility does not meet the requirements for a regular license but there is sufficient reason for believing the applicant will comply within six months of receiving the provisional license.

Two types of facilities are specified for licensing: Type I and Type II. Type I is any facility other than a dwelling unit that regularly cares for four or more children; or any facility, including a dwelling unit, that
regularly provides day care for 13 or more children. Type II refers to any home or dwelling unit that regularly provides care for between four and 12 children.

Licensing is required for a facility caring for children more than one day a week or more than 10 hours per week. Regulations set child/staff ratios, staff requirements, responsibilities of the director, and types of records to be maintained and reported to the state. They also cover health and nutrition.

The following are exempt from licensing: religious organizations providing care during religious services, kindergarten programs that are part of a public or private educational school system, or providers caring for fewer than four children. Preschool programs that are part of KDE are also exempt since they are under KDE preschool regulations.

**Groups of fewer than four children. Family Day Care Home State Certification:** The Department for Social Services is in the process of certifying child care providers who provide services for fewer than four children. This is an attempt to provide more state approved facilities for families receiving certain federal subsidies. Through participation in the Family Support Act, Kentucky is required to guarantee child care to all Aid to Families with Dependent Children recipients who need it in order to work or to participate in an education or employment training program including all participants in the Job Opportunities and Basic Skills program. Kentucky guarantees child care for recipients' children who are under age 13 and are physically or mentally incapable of caring for themselves.

**Preschool education program: Groups of 20 children per classroom.** 704 KAR 3.410 Preschool Education Program for Four-Year-Old Children: This regulation covers programs operated by the public education system, either in schools or by contact in nonpublic school agencies (such as Head Start and private programs). This program is to serve first those children who qualify for free lunch, according to criteria set by the National School Lunch Program and income guidelines published by the United States Department of Agriculture. The purpose of the program is to serve children at risk of educational failure, and as space is available, the rest of the four-year-old population.

This regulation specifies how to formulate, fund, and operate programs for four-year-olds. Its coverage includes group size, parental involvement, comprehensive needs and developmentally appropriate experiences, child development and health screening, social support services, physical environment, and nonretention. Instructional staff requirements are outlined, as are those for facilities and transportation. Requirements for conducting program evaluation are also stated.

**Proposed regulation: Preschool programs for children with disabilities.** This regulation will be presented to the State Board of Education in May 1991. It addresses preschool services for children with disabilities, either in schools or by contract in nonpublic school agencies. Coverage is similar to and parallel to 704 KAR 3.410 (above), only specific to special needs.

**Children Served by State Regulated and/or Funded and Federally Funded Programs**

As a result of KERA, services for children are increasing so rapidly that any published data on numbers of children served are quickly outdated. As of November 1990, there were approximately 70,000 state regulated child care spaces in Kentucky. It is difficult to determine how many of the following programs (or parts thereof) have spaces that account for part of the 70,000 regulated slots. For example, Head Start programs operating within CHR child day care guidelines would be part of that count; Head Start programs that operate with a school district cooperatively under KERA are exempt from licensing by CHR. However, since they fall under KDE preschool regulations, most continue to be licensed by CHR.

**Head Start**

- **Funded by:** United States Department of Health and Human Services, Administration for Children, Youth and Families.
- **Targeted population:** Three- and four-year-old children from low-income families.
- **Population served:** KERA doubled the num-
Child Care and Early Education in Kentucky, Tennessee, Virginia, and West Virginia

ber of four-year-old children served by Head Start from the 1989-1990 figure. The two programs together (KERA and Head Start) are serving almost 13,000 four-year-olds in the 1990-1991 school year. State officials estimate that by fall of 1991 the number will reach 16,000. (Current data indicates a total of 54,000 four-year-olds in Kentucky, of which 39 percent (21,000) are eligible for the free-lunch program. The balance of the four-year-old population will be served as space is available.) Seventeen percent of Head Start children in Kentucky have disabilities.

- Program goals: To provide educational, social, medical, dental, nutritional, and mental health services to three- and four-year-old children and their families.
- Program design: Home-based and center-based programs, parental participation required.
- Comments: Kentucky was one of 12 states awarded a grant by the United States Department of Health and Human Resources in October 1990 to support a state Head Start coordinator. This person is housed in the KDE.

Parent and Child Education Programs (PACE)

- Funded by: Commonwealth of Kentucky.
- Targeted population: Parents without high school diplomas who have three- and four-year-old children.
- Population served: Nine hundred family groups have been enrolled in PACE since 1986. In 1988, PACE included 18 classrooms; in 1990, there were 33 classrooms in 30 school districts.
- Program goals: To end the generational cycle of under-education by providing adult education for parents without high school diplomas, helping in the development of parental skills, and providing educational services for their preschool children.
- Program design: Provide a combination of adult literacy and preschool services; parents spend time in the child's classroom to help their children develop learning skills, and to develop parenting skills for themselves.
- Comments: PACE won a 1989 Five-Star Award from the Kentucky Community Education Association. Also, the Council of State Governments selected PACE to be highlighted in its 1990 Innovations publication series. The program was one of two recommended for national dissemination by the Southern Legislative Conference.

Even Start

- Funded by: United States Department of Education through local school districts.
- Targeted population: Parents of disadvantaged children, ages one through seven, who have less than a 12th grade education.
- Population served: Three of Kentucky's counties received Even Start grants in 1990-1991, and additional sites have been chosen for 1991-1992.
- Program goals: To increase adult literacy and improve parents' basic skills, to improve children's learning skills, and to unite parents and children in a positive educational experience.
- Program design: Services are provided in a home-based and center-based setting and provide opportunities for parents and children to attend school together.
- Comments: Even Start is modeled after the Kentucky PACE program and other adult literacy programs. It focuses on the recognized needs of parents first, then brings the child in to benefit from the parents' learning.

School Age Child Care

- Funded by: Federal Block Grant for Dependent Care Planning and Development.
- Targeted population: Public school children, from the age of four through 13, whose parent(s) work.
- Population served: One hundred seventy-six programs are administered by local school districts.
- Program goals: To provide before- and after-school care for children with working parents.
- Program design: Service is provided in the Appalachia Educational Laboratory
public school building.
- Comments: Administered by the KDE in collaboration with the CHR and the Governor's Office.

Kentucky Services for Preschool Children With Disabilities (P.L.99-457)
Part B provides services, administered by the State Department of Education, for children three or older with disabilities.
- Population served: During the 1990-1991 school year, approximately 3,200 three- and four-year-old children with disabilities were served. Every county in Kentucky provides services to this targeted population through federal supplemental funds. With KERA funds in 1991-1992, an estimated 6,500 children will receive services.
- Program goals: To provide preschool education and related services to preschool children with disabilities and to provide parent training and service coordination as needed to assist the child to benefit from preschool.
- Program design: Service delivery options include mainstream classrooms and settings, special classes, itinerant programs, and parent-child models (home- and center-based).

Part H provides services for infants and toddlers with disabilities; administered by the Cabinet for Human Resources.
- Funded by: Various Federal and state resources.
- Targeted population: Infants to three-year-olds with disabilities.
- Population served: During the 1989-1990 school year, approximately 1,050 children birth to three-years-old were served.
- Program goals: To enhance the development of infants and toddlers with disabilities, and to minimize their potential for developmental delay; and to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities.
- Program design: Services are available through referral and home visits. Services include health services, social work services, specific instruction, and other early intervention services, when appropriate.
- Comments: P.L. 99-457 is the Education of the Handicapped Act Amendments of 1986, targeted to address the problem of providing services to children with handicapped conditions and retaining service delivery systems for such children.
Overview

IN 1986, A REPORT BY THE GOVERNOR'S TASK Force on Day Care found that "more than 65,000 latchkey children" care for themselves before and after school while their parents work. The task force also found that low-income families cannot afford the cost of quality care and that licensed day care is largely unavailable to many children in rural areas and to most handicapped children. The report, entitled Special Report of the Governor's Task Force on Day Care, included the following key recommendations:

- Provide more subsidized quality day care for low-income families.
- Encourage all schools, both public and private, to provide or make facilities available for on-site, year-round day care programs for school-age children.
- Recruit employers to support day care in their companies or in their communities.
- Educate policymakers as to how the liability insurance crisis affects day care.

(Appendix TN-2 includes more findings and recommendations.)

By the end of 1990, many of the task force's recommendations had been accomplished or were in the process of being implemented. For example:

- A School Age Child Care (SACC) program for children in grades kindergarten through eight was initiated in public school buildings before and after school.
- In response to employer-supported day care, a pilot child care center was opened in Nashville in 1988 for more than 70 children of state government employees. Three other state agencies have since begun to provide care at state or regional institutions (Correction, Vocational Rehabilitation, and Mental Health).

The present foundation for restructuring early education in Tennessee can be found in 21st Century Challenge: Statewide Goals and Objectives for Educational Excellence, released in the fall of 1989 by Tennessee's Department of Education (DOE). This report called for a complete overhaul of the state's education system and outlined 12 goals. One of these goals, first grade readiness, is aimed at preparing all children, "rich and poor, black and white, urban and rural, gifted and disabled," to achieve successfully at an expected first grade level by the beginning of the 21st century.

Framework for Child Care and Early Education

The most recent legislation on child care and early education is House Joint Resolution 736. This resolution established a joint task force, Preschool/Parent Involvement Task Force, between the DOE and the State Board of Education members. Task force members developed a state plan for a comprehensive system of early childhood and parent education programs for at-risk children and their parents. The plan will be submitted to the legislature in January 1991.

Jan Bushing, director of SACC and chairperson of the task force, states "In Tennessee the developmental needs of preschool children, especially those considered at risk (children of disconnected families, children in economic poverty, and children in disrupted families) have been recognized. The positive effects of preschool and parent involvement programs, such
as Head Start, have been observed in those children that have been able to enroll. However, as is mirrored by national statistics, the Head Start program in Tennessee serves less than 20 percent of those eligible. With the passage of the task force's plan, and proper funding levels to implement it, Tennessee will be able to serve the approximately 52,500 children who would be eligible and in need of the program.

The Preschool/Parent Involvement Task Force is comprised of state and local educators, state and local human service providers, business leaders, and concerned citizens. The task force is working on a second plan that will include recommendations for intervention in the early years of childhood relating to "environmentally at-risk" children and their families.

This plan begins with the premise that "50 percent or more of the children who reside in economic poverty will have difficulty in school unless some form of intervention is provided." This plan includes early intervention for children and their parents. It outlines provisions for parental involvement as their children's first teacher, and in their children's educational process; community involvement; delivery of comprehensive services between various agencies and programs; interagency collaboration; developmentally appropriate services in terms of expectations of children; and more. The plan asks for an annual evaluation and accountability of the programs and staff.

It is anticipated that, if the plan is approved, funded, and fully implemented by 1995, all children and families at risk of education failure (as defined by income criteria) will be served. Also, other children and their families would have the advantage of the services if local communities utilize additional sources of funding or through fees paid by participating families. This plan will be presented to the General Assembly in fall 1991.

Organization of Services

The Department of Human Services (DHS) and the DOE have worked closely together since 1988. Staff members share administrative decisions regarding the Dependent Care Block Grant on jointly awarding start-up and expansion grants each year, and planning an annual conference on school-age care and providing technical assistance. DHS distributes the grant money.

In 1988, the General Assembly transferred the regulation of public school operated SACC to the DOE. In 1989, the responsibility for approving child care programs operated by religious organizations was also given to the DOE. DOE staff use standards for approving programs identical to those DHS staff use for licensing child care.

Services to children from birth through age five with disabilities are supported by both the DHS and the DOE. In 1988, DHS staff began a two-year project to help licensed providers to serve children with disabilities, and to bring all recipients of federal funds into compliance with federal regulations. That same year, the DOE initiated an interdepartmental plan with DHS for implementation of Part B of Public Law 99-457 that requires services to three- and four-year-olds.

DHS operates a statewide Child Care Resource and Referral Service. Coordinated in 1988, this service became statewide in 1990 with a toll-free telephone number for parents who need help and services for children with disabilities. Counselors provide added assistance to parents of children with disabilities by connecting these parents to agencies in compliance with the 1973 Rehabilitation Act. Counselors also inform parents of the DOE toll-free phone number if their children need evaluation and/or special services. Both services are coordinated to refer to each other.

As a result of a grant from the Family Services Act, the DHS has initiated a pilot project—Child Care Registration Project—in 22 rural counties. This project is in collaboration with several Head Start grantees. The focus is to register, on a voluntary basis, family day care homes that provide care for one to four children. This registration will provide more choices of regulated care for recipients of federal funds. This also gives the state the opportunity to monitor the quality of care provided, offer technical assistance to the care giver, and allow the care giver to receive assistance from the United States Department of Agriculture Child Care Food program. DHS feels that contracting with Head Start grantees provides some potential for continued support to these homes should funds for registration run out.

State officials in Tennessee agree that their most urgent needs are for more adequate services to the at-risk, low-income population. According to Janet Camp,
director of Day Care Services, "Without a doubt the biggest need in Tennessee is for quality, subsidized care for low-income children statewide. It is particularly an issue for counties with a lower per capita income." Cathi Whitherspoon, Day Care Planning and Development specialist, adds "Through the Resource and Referral Service, 50 percent of our calls request fee assistance."

State Regulations

DHS and DOE staff collaborate in overseeing child care and early education in Tennessee. The lines of responsibility are clear: DHS staff are responsible for developing, implementing, and monitoring state licensing regulations for child care; and DOE staff are responsible for regulating school operated SACC and programs supported by Chapter 1 funds. When appropriate, there is cooperation between department staff members to avoid duplication of services and to maintain consistency in implementation of child care standards.

Tennessee has three types of licensing for child day care, determined by the number of children served: five to seven children, eight to 12 children, or more than 12 children. Caregivers providing care for fewer than five children are not required to seek licensing and, therefore, do not fall under any state regulations. The pilot Child Care Registration Project, at present a voluntary regulation system, applies to the caregiver providing services to fewer than five children, not related to the caregiver.

Groups of five to seven children. Chapter 1240-4-4. Standards for Family Day Care Homes (FDCH): A FDCH provides care for between five and seven children under the age of 17 who are not related to the caregiver and "whose parent(s) or guardian(s) do not reside in the same house as the care giver." Care is for less than 24 hours per day, and there is no "transfer of legal custody."

Groups of eight to 12 children. Chapter 1240-4-1. Standards for Group Day Care Homes (GDCH): GDCH are defined as "facilities operated by a person, social agency, corporation or institution, or any other group" caring for eight to 12 children for less than 24 hours per day and "without transfer of legal custody."

GDCH are allowed to care for three additional school-age children who will only be present before and after school, on school holidays, on school snow days, and/or during school summer vacations, if three of the initial 12 children in care qualify for subsidies under the Family Support Act.

Groups of 13 or more children. Chapter 1240-4-3. Standards for Child Care Centers, Requirements, and Recommendations: A center is an agency operated by a "person, society, agency, corporation, institution, religious organization, or any other group" that cares for 13 or more children under the age of 17 for less than 24 hours a day, "without transfer of custody."

The standards for licensing centers state that minimum requirements seek to maintain "adequate health, safety, and supervision of children while in day care...and provide educational experiences and guidance, health services, and social services to children and their families" (Tennessee Department of Human Services, 1987). The sample brochures for parents about the caregiver are included in the standards, as well as forms for the caregiver to use for records and suggestions of developmentally appropriate materials and activities. Information is also provided on health and physical needs of each age group, appropriate discipline, and nutritional needs for the different age groups, including suggested meals and snack foods.

DHS staff license privately administered child care agencies and approve publicly administered agencies using the same standards. DOE staff approve public school administered school-age programs, and preschool and school-age programs operated by private church-related schools.

Children Served by State Regulated and/or Funded and Federally Funded Programs

One out of every five Tennessee children receiving out-of-home care was in licensed facilities during 1989. Two of five were cared for by relatives, and the remaining children were served by unknown, unregulated caregivers. These DHS estimates come from the 1989 State of the Child Report by the Tennessee Commission on Children and Youth. Efforts are under way to reduce the number of children in unregulated care.

Appalachia Educational Laboratory
As of November 1990, approximately 130,000 licensed child care spaces existed in Tennessee. The pilot Child Care Registration Project is expected to increase this by 1,000 more spaces. In addition, there are more than 15,000 Tennessee children served in the school operated SACC programs. Every county in Tennessee has some licensed child care.

**Head Start**
- Funded by: United States Department of Health and Human Services, Administration for Children, Youth and Families.
- Targeted population: Four-year-old children from low-income families.
- Population served: Approximately 10,000 three- and four-year-old children were served in the 1989-1990 school year; this represents only 20 percent of the eligible children. Three percent of the children are age two or younger, 23 percent are age three, 65 percent are age four, and nine percent are age five. Approximately 1,500 children served have diagnosed handicaps.
- Program goals: To provide educational, social, medical, dental, nutritional, and mental health services to four-year-old children and their families.
- Program design: Home-based and center-based programs; full-day or part-day sessions. Parental participation required. In three mountainous Eastern counties, where transportation is very difficult and expensive, children are being served by a Head Start Satellite Home program.
- Comments: DHS has contracted with Head Start to collaborate on a pilot project—Child Care Registration Project—to register family day care homes with the state.

**Ruth Bowdoin Classroom on Wheels**
- Funded by: Murfreesboro City Schools.
- Targeted population: Children from low socioeconomic families.
- Population served: Two hundred twenty-five children in the Murfreesboro district.
- Program goals: To help children from low socioeconomic families develop skills, attitudes, and understandings needed for success in schools, and to help their parents become aware of ways in which they can assist in their children's development.
- Program design: Two buses (classrooms on wheels) travel to 12 centers twice a week for two-hour visits at each location.
- Comments: In 1971, this program received national recognition with an award from the President's National Advisory Council on Supplemental Centers and Services expressing gratitude for "contributions to experimentation, creativity, and innovation in education."

**Tennessee Cares**
- Funded by: Various Federal sources.
- Targeted population: Parent (or guardian) with a child under the age of one year, or a mother-to-be in the last trimester of pregnancy, who meets the Federal Family Income Guidelines of poverty.
- Population served: Families in Western Tennessee.
- Program goals: To provide family services and learning programs for parents and young children.
- Program design: Services are provided in a center- or home-based setting.
- Comments: This program is a cooperative effort involving the Tennessee State Department of Human Services, the Department of Health and Environment, and the Board of Education.

**Project STAR (Student Teacher Achievement Ratio)**
- Funded by: Tennessee Department of Education.
- Targeted population: Students in kindergarten through grade three.
- Population served: Seventeen inner city, 16 suburban, eight urban, and 39 rural schools.
- Program goals: To analyze the effect of small class size with a student to teacher ratio of 13-17 students to one teacher.
- Program design: The project followed stu-
Comments: The results of the study showed dramatic improvements in test scores with the small class size (13-17 children) over the regular class size of 25 children (with or without an aide), with the most pronounced gains in the socioeconomically deprived areas. Tennessee has received national recognition for this study.

Telephone Hotline
- Target population: Parents and child care providers throughout the state of Tennessee.
- Population served: All parents and child care providers in Tennessee.
- Program goals: To provide toll-free telephone service to parents and child care providers who suspect a child has a problem.
- Program design: Pilot project using a toll-free telephone service.
- Comments: There are two hotlines: one sponsored by the DOE and one by the DHS. The DHS hotline is directly tied into their Resource and Referral program; the DOE line is supported by P.L. 99-457 funds and tied to the education system. Both services provide information and help to parents and/or child care providers throughout the state who need help with a child-related problem.
Virginia

Overview

In 1990, at the request of the General Assembly of the Commonwealth of Virginia, the Joint Legislative Audit and Review Commission (JLARC) presented a report entitled Regulation and Provision of Child Day Care in Virginia. House Document No. 3, referred to as the JLARC report. The report reviews child care regulations, and addresses the issue of the number of exemptions allowed in the regulations, as well as methods for improving the availability and quality of child care.

JLARC's study resulted in 28 recommendations to the Secretary of Health and Human Resources for changes in the state's child care system. Among the more notable are the following:

...consider the appropriateness of deleting the current exception for nursery schools from the definition of a child care center.

...consider the appropriateness of requiring that all programs and individuals providing child day care be regulated.

...continue to monitor the availability of liability insurance for child care centers and family day care homes. (A complete list of recommendations can be found in Appendix VA-2.)

The JLARC report found that only three percent of child care providers in Virginia were licensed. The remaining 97 percent of the facilities, homes, and centers were not regulated by any state agency. JLARC reported that, as of December 1988, an estimated 409,000 children were being cared for in either child care centers, family day care homes, their own homes, or other programs for children. Licensed facilities in Virginia could then provide care for fewer than 84,000 children (20 percent).

As a result of the JLARC report, a number of bills relating to child care and early education were passed in the General Assembly during the 1990 legislative session. Among those attracting most attention from child care providers and advocacy groups was House Bill 1035. This bill amended the Code of Virginia related to regulation of child care and other early education programs. Effectively responding to recommendations of the JLARC study, this legislation brought several formally unregulated forms of child care and early education programs under the regulatory umbrella.

Beginning July 1, 1992, the following programs will become subject to state regulation: preschools and nursery programs, child day care camps, hospital-based and sponsored child care centers, and child care operated by local or state governmental entities. In addition, children related to the care giver in family day care homes will no longer be excluded in determining subjectivity to licensure. Separate categories of licensure are mandated, and licensure is extended to two-year periods. Criminal record checks for staff in religiously exempted child care centers are mandated, and a parental hot line is formally established. This is anticipated to bring approximately 10,000 additional day care sites under some form of regulation (House Bill 1035).

Other significant legislation approved in 1990 include the following:

- House Bill (HB) 195, HB 264, HB 461, and Senate Bill 208, which grant permission to local school boards to operate child care within the schools. In Virginia, school boards may not operate child care without specific code authorization from the
General Assembly. These bills have the most impact on before- and after-school programs for school-age children.

- House Joint Resolution 124, which extended the joint legislative subcommittee studying child care and early education issues. (This is a subcommittee of JLARC.)

Framework for Child Care and Early Education

Virginia is the only state in AEL's Region whose legislature has directed state agencies not merely to promote the delivery of comprehensive services to children, but also to serve as active advocates for children and to encourage and monitor multiagency cooperation on child care issues. The Department for Children was established in 1978 to advocate for children and to promote the planning and coordination of services to children and youth. At the request of the General Assembly, the Department for Children has released State Plans for Child Day Care from 1986 through 1989. The plans address problems and issues affecting children and youth and have focused on such issues as rural child care, school age child care, and affordability and quality of care. Due to reorganization of agencies in Virginia, the Department for Children will disband on June 30, 1991. Certain functions of the department will be assumed by the Department of Mental Health, Mental Retardation, and Substance Abuse.

The 1986 report by the Governor's Commission on Excellence in Education, entitled Excellence in Education: A Plan for Virginia's Future, laid the foundation for child care and early education reform in Virginia. The report recommended providing voluntary developmental preschool programs for four-year-old children by school division. (See Appendix VA-1.)

A joint report by the Secretary of Health and Human Resources and the Secretary of Education, Toward the Year 2000: A Proposal to Coordinate Child Care and Early Childhood Programs (1988), resulted in the creation of the Virginia Council on Child Day Care and Early Childhood programs in 1989. The mission of the council is to provide an integrated, multiagency approach to plan, coordinate, and evaluate all child day care and early education programs within the Commonwealth, emphasizing developmental programs for at-risk four-year-olds.

The council released a Biennial State Plan for Child Day Care and Early Childhood Programs, 1990-1992 (1990). The plan includes broad goals and objectives to establish a general direction the council will take. Among the more comprehensive goals are those promoting quality developmental programs for all at-risk children, promoting and coordinating the creation of affordable and accessible day care programs, and promoting public and private sector collaboration.

In order to accomplish these goals, the council actively seeks funding from federal, state, and private sources. The 1990 General Assembly authorized $1 million to provide grants to fund demonstration projects for at-risk four-year-olds and planning projects for rural localities. The council received a Head Start Collaboration grant from the Administration for Children, Youth and Families to coordinate resources and to expand Head Start services in Virginia. Also, the council has been named the administering agency for the new federal Child Care Block Grant in Virginia. The grant is approximately $13.3 million.

Credentials for child care providers and assurance for quality of care are major concerns in providing ongoing care for children in Virginia. Martha Gilbert, director of the Department for Children, expressed concern that "Child care is one of the few fields in which credentials or specialized knowledge are not prerequisites for employment." Teresa Harris, professor of Early Childhood Education at James Madison University, expresses concern for quality service: "Quality early childhood education and care are of critical importance to families of young children. All too often the high cost of quality exceeds the family's ability to pay. The result is that families must choose less expensive, lower quality care for their young children."

Organization of Services

The Department of Social Services, under the Office of Health and Human Resources, is responsible for implementing and monitoring the state licensing regulations for all child care. The department also administers the Social Services Block Grant, the Immigrant Child Care Grant, the Dependent Care Grant, and Virginia's Child Care Fee System program. This department is also responsible for securing child
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care for participants in the Job Opportunities and Basic Skills and Transitional Child Care programs under the Family Support Act.

The Department of Education is responsible for services funded by Chapter 1 for preschool education programs to children identified as educationally deprived within one year of entering school. This agency also administers a three-year pilot program, Voluntary Preschool Programs for Four-Year-Olds in Public School Buildings, which began in the fall of 1987.

Several other state agencies provide support services for young children:

- The Department of Transportation provides an on-site child day care and early education development center for any state employees.
- The Virginia Cooperative Extension Service teaches survival skills for latchkey children, provides training to family child day care providers, and operates the Caroline County Resource and Referral Service.
- The Department of Health administers child development clinics and provides services through the Early Periodic Screening, Diagnosis, and Treatment program.

State Regulations

Two categories of child care licensure exist in Virginia: family day care homes and child care centers. Both are subject to state regulations when they care for two or more children. A family day care home becomes a child care center when 10 or more children are cared for at any one time.

There are many exemptions in the current licensing standards. As mentioned earlier, HB 1035 includes the provision of revising the existing regulatory structure of child care programs. This will become effective July 1, 1992. The following gives details on current regulations.

**Family day care home (5-10 children).** VR-615-25-01 Minimum Standards for Licensed Family Day Care Homes: The Family Day Care Home (FDCH) is subject to regulations when staff care for up to 10 children, unrelated to the care giver, at any one time (Virginia Department of Social Services, 1987). This child care provider may care for 10 children and not be subject to regulation if at least five of those 10 are school age and not present for more than three hours before and/or three hours after school. An FDCH becomes a child care center—even though it's still a private home—when it cares for 10 or more children at any one time.

Requirements for licensure as an FDCH include such things as a minimum age of 18 for the care giver; no more than nine children at any one time under the age of six (unrelated to the care giver), an adult/child ratio, depending on the age of the children; space indoors and outdoors for children to play; and a "home-like atmosphere." Fire inspection and approval are required if there is indication of need for it, although care givers are notified that this type of inspection may occur.

Also excluded in this regulation are the following:

- homes that accept children exclusively from local departments of welfare or social services,
- homes that have been approved by a licensed day care system, and
- homes that are caring for five additional school-age children who are not in the home for more than three hours immediately before and three hours immediately after school.

**Child care centers (more than two children)**

VR-175-01-01 Minimum Standards for Licensed Child Care Centers: Child care centers with two or more children are subject to state regulations unless they are exempt under the many exemptions currently in the code. The Code of Virginia defines a child care center subject to licensure as "any facility operated for the purpose of providing care, protection, and guidance to children separated from their parents or guardian during a part of the day only" (Virginia Department of Social Services, 1989). The regulations establish minimum standards for health, building, and fire safety. Prior to operating as a center, written documentation of approval must be attained from the local building inspector for the safety of the building; the Health Department for approving the water supply, sewage system, and the food service; and the fire department for compliance with local or state fire codes. The Minimum Standards for Licensed Child Care

Carol B. Perroncel
Centers sets requirements for staffing, facility, programs, and services. It also includes suggestions for activities, nutrition, daily schedules, emergency procedures, indoor and outdoor equipment needs, and developmental needs.

These regulations provide for numerous exemptions, such as: facilities that operate fewer than four hours a day; those operated by a hospital on hospital grounds for hospital employees; those operated by agents of the commonwealth, county, town, or city, acting within the scope of their authority as such; those providing care under the auspices of a religious institution; and summer camps.

Children Served By State Regulated and/or Funded And Federally Funded Programs

As of December 1990, 10 counties and two cities within Virginia had no licensed child care facilities. State licensed child care facilities and family day care homes could then provide for approximately 98,000 children (Virginia Council on Child Day Care and Early Childhood Programs, 1990). Just how many of the following programs are counted in the 98,000 spaces is difficult to determine. Some of the programs will fall outside of the regulations by their design or location of operation.

Head Start
- Funded by: United States Department of Health and Human Services, Administration for Children, Youth and Families.
- Targeted population: Four-year-old children from low-income families.
- Population served: Three independent cities and 37 counties provide Head Start programs. Seven additional localities will be added before the end of the 1990-1991 school year. During the 1989-1990 school year, just under 5,500 children were served by Head Start. Virginia Department of Education officials estimate that more than 20 percent of the Commonwealth’s almost 80,500 (16,100) four-year-olds to be at risk, based on first-grade readiness test scores.
- Program goals: To provide educational, social, medical, dental, nutritional, and mental health services to four-year-old children and their families.
- Program design: Home-based and center-based, half-day or full-day programs; parental participation is required.
- Comments: The Virginia Council on Child Day Care and Early Childhood Programs has an interagency agreement with Region III of the National Department of Health and Human Services, the Virginia Secretary of Education, the Virginia Secretary of Health and Human Resources, and the Virginia Head Start Directors’ Association to assist in implementation of Head Start programs, and to provide statewide technical assistance.

Pilot Preschool Project
- Funded by: Chapter 1, State Department of Education, and local education associations.
- Targeted population: At-risk four-year-olds.
- Population served: By the end of the second year, 11 school divisions served more than 500 at-risk children.
- Program goals: To decrease the long-term disadvantages for at-risk children by providing quality, developmentally appropriate programs.
- Program design: This is a five-day per week program, using High/Scope curriculum.
- Comments: The DOE anticipates eventually providing statewide programs for all four-year-old Virginia children. This project is provided technical support from the Department of Education. The department will provide ongoing assessment and evaluation for a longitudinal research perspective.

Even Start
- Funded by: United States Department of Education through local school divisions.
- Targeted population: Preschool children and their parents who would be eligible for adult education programs under the Adult Basic Education Act.
- Population served: There are two Even Start programs: one in Richmond and one in Hopewell.
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- Program goals: To increase adult literacy and improve parents' basic skills, to improve children's learning skills, and to unite parents in a positive educational experience.
- Program design: Services are provided in a home-based and center-based setting and provide opportunities for parents and children to attend school together.
- Comments: Even Start is modeled after the Kentucky PACE program and other adult literacy programs. It focuses on the recognized needs of parents first, then brings the child in to benefit from the parents' learning.

Virginia Services For Preschool Children With Disabilities (P.L. 99-457)
Part H: Provides services for infants and toddlers with disabilities; administered by the Department of Mental Health, Mental Retardation, and Substance Abuse.

- Funded by: Various Federal resources.
- Targeted population: Infants to three-year-olds with disabilities functioning within 25 percent below their chronological or adjusted age (e.g., adjustment due to premature delivery) in such developmental areas as:
  - cognitive, physical, language or speech, psychosocial, and/or self-help;
  - a child with atypical development or behavior (e.g., atypical quality of performance in one of the above developmental areas), significant gaps within or between those areas above, and behavior patterns that interfere with the acquisition of those developmental skills; and/or
  - children who have the diagnosed physical or mental condition that has a high probability of resulting in developmental delays (e.g., Down's Syndrome, congenital or acquired hearing loss, etc.).
- Population served: An estimated 4,700 children meeting the description of the targeted population were served in Virginia in 1990.
- Program goals: To enhance the development of infants and toddlers with disabilities, and to minimize their potential for developmental delay; and to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities.
- Program design: Planning and implementation occurs through a system of 40 local councils. These councils, which include parental input, enhance the interagency collaborative nature of P.L. 99-457.
- Comments: It is hoped by Virginia officials who implement P.L. 99-457 that additional resources will be committed to the program by the federal government so that the full implementation of the program can be attained.
West Virginia

Overview

In August 1990, the third extraordinary session of the West Virginia Legislature passed Senate Bill No. 1, designed to improve the quality of education in West Virginia. Included in Senate Bill No. 1 was the creation of the Governor's Cabinet on Children and Families, which was designed specifically to coordinate programs and services to children and families. These programs are to include a coordination of services in areas such as child care, child protection, early intervention, assessment and diagnosis, home-based family development, health, housing, education, food, and nutrition. Furthermore, the Cabinet is to coordinate programs and services for comprehensive developmental screening and well-baby visits for all preschool children and for parental involvement in all areas of a child's education and development (Senate Bill No. 1).

Two reports led to the passage of Senate Bill No. 1. Both reports called for a review of services and education provided by state agencies to children and their families in West Virginia. The first report, Children in Crisis: State at Risk, was published in 1988 by the West Virginia Human Resources Association (WVHRA). It explained children's issues to the public and established a data baseline against which to measure change.

The second report, A Report from the Governor's Task Force on Children, Youth and Families (Governor's Task Force on Children, Youth and Families, 1989), was a result of Children in Crisis: State at Risk. After reviewing WVHRA's report, the governor formed a task force to develop strategies to overcome the problems identified by WVHRA. The report from the governor's task force offered the following recommendations:

- Pursue innovative methods of financing child care.
- Develop and expand existing early childhood and parent education programs. (In counties that do not provide such programs, implement the Home-Oriented Preschool Education program [AEL, 1968-1971].) (See Appendix WV-3.)
- Encourage local education authorities to pursue alternative education programs.

During the summer before the passage of Senate Bill No. 1, the governor called a Children's Summit and an Education Summit to further examine West Virginia's delivery of services to children and their families. One of the goals presented at the Education Summit was that "All children will be ready for first grade." Strategies to address this goal include the issues of prenatal care, nutrition, parental support, infant health and child development, and the problems facing teenage parents.

In October 1990, two months after the passage of Senate Bill No. 1, WVHRA released an update on its original report, entitled Children in Crisis: State at Risk 1990 Progress Report. This second report was requested by the WVHRA Board of Directors to update the original baseline data and "utilize the information as an educational tool to achieve public awareness and support for children." WVHRA concluded that little has changed over the past two years. Among other findings, the report estimated that:

- Costs for licensed child care in West Virginia can consume up to 48 percent of a low-income family's wages. (It was estimated that families can afford no more than 10 percent of income for child care.)
The rate of West Virginia babies born into poverty continues at 59 percent.

Framework for Child Care and Early Education

At the request of the state legislature, the Governor's Cabinet on Children and Families is to provide coordination of service delivery to children and their families. This Cabinet is collecting data on the status of children in West Virginia. The Cabinet plans to develop a baseline of data (1985-1990) that will present a complete outline of services, including gaps and redundancies. Staff anticipate using this information to assess and improve services.

Child advocates and state officials say that they are already aware of some of the needs of West Virginia families. Kay Tilton, director of Day Care Licensing and Enrichment for the Office of Social Services, West Virginia Department of Health and Human Resources, states "Major needs in child care in West Virginia are an increase in the rates we currently pay for day care subsidized by social services, increased eligibility for the programs, and increase in the quality of care through training. We intend to address these needs with money from the Child Care and Development Block Grant."

Florette Angel, director of the West Virginia Youth Coalition, says "We have an opportunity with our public investment to accomplish two goals: First, to support families by the provision of child care in a way that enables them to successfully participate in the job market and provide for their families; and second, to make the investment in children by providing quality early childhood experiences."

Organization of Services

Child care and early education in West Virginia is monitored by the Department of Health and Human Resources (HHR) and the Department of Education (DOE). Under HHR, the Office of Social Services is responsible for implementing and monitoring the state child care regulations. In addition, the agency is responsible for the disbursement of funds from the state and federal government for at-risk families and children. This includes money to support child care for participants in the Job Opportunities and Basic Skills program under the Family Support Act. This agency also manages Information and Referral services in each of its regional offices throughout the state, and provides technical support to sponsors working with the Office of Child Care Nutrition.

The Office of Community Health Services, also part of HHR, oversees early intervention programs that provide support for children who are developmentally delayed or at risk of developmental delay. Services provided include screening and assessment of developmental delays; speech, physical, and occupational therapy; training and support for families; respite care; and audiology.

The DOE provides technical support and some financial backing for education-related services. This agency uses a Child Development Fund to coordinate services through the management of four child development centers in West Virginia.

State Regulations

Regulated care givers in West Virginia may be either licensed, approved, or alternate approved, depending on the number of children served and the agency granting the regulation.

Groups of seven or more children. Licensing Requirements for Day Care Centers: Two types of licenses are issued—one for the care of infants and toddlers (age 3-24 months) and one for children two years of age and older. Centers caring for children in both age categories must have two licenses. Licensing applies only to facilities that operate more than four hours each day, provide a program of more than a 30-day length, and serve seven or more children on a nonresidential basis. An unknown number of half-day programs operated by religious and/or private organizations are exempt because of operating sessions lasting four or less hours per day.

Groups of six or fewer children. Regulations for Approved Status: Approved status is granted to day care providers taking care of one to six children whose families receive state or federal financial subsidies, such as Aid to Families with Dependent Children, which requires the children be in a state approved child care facility. These providers' homes must meet certain minimal health and safety standards and regulations, but these standards are less
stringent than those required for a licensed center. The approval process is handled by the Department of Social Services in cooperation with the Fire Marshal and the Bureau of Public Health.

**Groups of six or fewer children. Regulations for Alternate Approved Status:** Requirements for this status are basically the same as for the approved status. The difference is that alternate approved status is provided and monitored by the Office of Child Care Nutrition under the Department of Education, in cooperation with the Office of Social Services. This status is provided to care givers seeking food assistance from the United States Department of Agriculture (USDA), whose Child Care Food program requires that recipients use a state approved or licensed facility. The Office of Child Care Nutrition contracts with sponsors, who are accorded considerable discretion on granting alternate approved status. These sponsors also are asked to provide technical assistance and distribute food reimbursement monies funded by the USDA.

**Children Served by State Regulated and/or Funded and Federally Funded Programs**

As of June 1990, West Virginia had approximately 1,200 approved and/or alternate approved family day care homes and 203 licensed centers with the capacity to serve almost 16,000 children in West Virginia. As of May 1989, 12 of the 55 counties in West Virginia (22 percent) had no child care centers licensed by the Office of Social Services. All but one county had alternate approved homes. As elsewhere, little is known about children outside these regulated programs.

As in the rest of AEL’s Region, it is difficult to determine how many of the programs below have children counted in the 16,000 state regulated spaces.

**Head Start**

- Funded by: Region III (Philadelphia), United States Department of Health and Human Services, Administration for Children, Youth and Families.
- Targeted population: Four-year-old children from low-income families.
- Population served: During the 1989-1990 school year, under 4,100 of approximately 15,400 eligible children in West Virginia were served.
- Program goals: To provide educational, social, medical, dental, nutritional, and mental health services to four-year-old children and their families.
- Program design: Home-based and center-based, half-day or full-day programs. Parental participation is required for all programs.
- Comments: In 1969, Head Start opened one of the first demonstration parent child centers in the United States.

**Even Start**

- Funded by: United States Department of Education through local school districts.
- Targeted population: Parents of disadvantaged children, ages one through seven, who have less than a 12th grade education.
- Population served: Two of West Virginia’s counties received Even Start grants for the 1990-1991 school year: Webster and Nicholas counties.
- Programs goals: To increase adult literacy and parents’ basic skills, to improve children’s learning skills, and to unite parents and children in a positive educational experience.
- Program design: Services are provided in a home-based and center-based setting and provide opportunities for parents and children to attend school together.
- Comments: Even Start is modeled after the Kentucky PACE program and other adult literacy programs. It focuses on recognized needs of parents first, then brings the child into benefit from the parents’ learning.

**West Virginia Services for Preschool Children With Disabilities (P.L. 99-457)**

**Part B:** Provides services for children over age three with disabilities; administered by the West Virginia Office of Special Education.
- Funded by: Various Federal and state resources.
- Targeted population: Children over age three
with disabilities.

- **Population served:** During 1990, approximately 2,300 children age three and four with disabilities were served. Every county in West Virginia provides services to this targeted population.
- **Program goals:** To provide preschool education and related services to preschool children with disabilities and to provide parent training and service coordination as needed to assist the child to benefit from preschool.
- **Program design:** Provides services for special education and placement. Services are available through referral and home- or center-based services. Services include special education, audiology, family training, health services, nursing services, occupational therapy, physical therapy, transportation, and speech language pathology.
- **Comments:** P.L. 99-457 is the Education of the Handicapped Act Amendments of 1986, targeted to address the problem of providing services to children with handicapped conditions and retaining service delivery systems for such children.

**Child Development Program**

- **Part H:** Provides services for infants and toddlers with disabilities; administered by the Department of Health and Human Resources.
  - Funded by: Various Federal and state resources.
  - Targeted population: Infants to three-year-olds with disabilities.
  - Population served: During 1990, approximately 1,050 children birth to three-years-old were served.
  - Program goals: To enhance the development of infants and toddlers with disabilities, and to minimize their potential for developmental delay; and to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities.
  - Program design: Services available through referral and home visits. Services include audiology, family training and counseling, health services, nursing services, nutrition services, occupational therapy, physical therapy, psychological services, respite care, transportation, social work services, speech language pathology, and other early intervention services when appropriate.
  - Comments: P.L. 99-457 is the Education of the Handicapped Act Amendments of 1986, targeted to address the problem of providing services to children with handicapped conditions and retaining service delivery systems for such children.

**West Virginia School for the Deaf and Blind**

- Funded by: West Virginia DOE and various Federal funds.
- Targeted population: Deaf, blind, and deaf/blind children, ages birth to 10.
- Population served: Eighty-four children.
- Program goals: To provide special education and related services to better prepare this segment of the child and family population for future educational experiences.
- Program design: Offers school-, center-, and home-based services, along with a residential campus.
- Comments: Services are offered on the campus in Romney and through statewide outreach programs.
REFERENCES


References and Bibliography

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APPENDICES

Appendices: Kentucky

Appendix KY-1: Kentucky Benchmark Publications


This is a five-year comprehensive plan for the five-year-old and under population in the Commonwealth of Kentucky. The primary focus of the Interagency Council was the at-risk population. Recommendations were made on public and parent education and awareness; comprehensive programs for at-risk children; prevention programs to include increased health screening and evaluation services for at-risk children; teacher certification and credentialing; inservice and continuing education for day care directors and child care staff; and child care regulations.


Prepared by the Kentucky Department of Education and the Kindergarten Advisory Committee, these guidelines, recommendations, and regulations were prepared as a result of the 1984 mandate that all Kentucky children attend kindergarten prior to entering a public school first grade. This document provides guidance to all persons involved in the education of young children.


This document provides information needed for contractual or cooperative arrangements between local school districts and other agencies for serving four-year-old children who are at risk of educational failure; and/or children with identified handicapping conditions, ages three to four. The guide is designed to be used by local school districts, Head Start, private and nonprofit preschools, and/or other agencies wishing to contract with school districts in Kentucky. A step-by-step process for developing contracts and cooperative agreements is outlined, along with the components involved, the roles and responsibilities of participating agencies, and a sample application.

Status of Child Care in Kentucky, December 1988.

Published by the Center for Business and Economic Research, this report outlines and compares child care programs and policies in Kentucky with those in several other states in the United States. The study covers an analysis of the issues, including regulation, licensing, tax and fiscal policies, subsidy programs, expenditures, availability, and quality. It highlights two major issues: the shortage of child care subsidies for poor women and the enhancement of child day care availability for middle- and low-income working families.


Published by the Center for Business and Economic Research, this report analyzes the effects of subsidized day care on labor supply and day care decisions of families in Kentucky. The study focuses on two day care subsidy programs: the Community Coordinated Child Care program in Louisville and the Title XX Purchase of Care program across the state. Some of the major findings are that:

- day care subsidies increase employment,
positive employment effects of day care subsidies are dampened by the powerful disincentives for work contained in the income-maintenance and tax systems;

- day care subsidies increase hours worked per week, positive employment and hours of work responses to day care subsidies get larger as the subsidy becomes more generous;

- parents receiving day care subsidies are more likely to be satisfied with their current day care; and

- day care subsidies change the characteristics of the care chosen.
Appendix KY-2:
Kentucky Education Reform Act of 1990:
Statutes That Relate to Preschool Children

Section 15 (KERA 157.317).
Development of a statewide early childhood education program;
Kentucky Early Childhood Advisory Council.

The State Board of Elementary and Secondary Education through administrative regulations shall develop and implement a statewide early education program that shall include basic principles of child development, early childhood education, and all other related concepts that deal with generally accepted early childhood programs, including the delivery of health and social services to children as needed.

The Kentucky Early Childhood Advisory Council is created to advise the Chief State School Officer on the implementation of early education programs. The Department of Education shall provide staff and administrative support for the Council.

Membership in the Council includes one member of the State Board for Elementary and Secondary Education appointed by the chairman and 16 members appointed by the governor. The 16 members shall represent both public and private agencies, including Head Start.

Section 16 (KERA 157.3175).
Preschool education program; grant allocations; program components; exemption.

Beginning with the 1990-1991 school year, it shall be the responsibility of each local school district to assure that a developmentally appropriate half-day preschool education program is provided for each child who is four years of age by October 1 of each year and at risk of educational failure.

*Developmentally appropriate preschool program* means a program that focuses on the physical, intellectual, social, and emotional development of young children. The preschool program shall help children with their interpersonal and socialization skills.

Funds appropriated by the General Assembly for the preschool education programs shall be granted to local school districts. Children who are at risk shall be identified based on the federal school lunch program eligibility criteria for free lunch.

School districts may submit proposals for grants to implement new services, enhancing existing preschool education services, or contracting for services.

Programs shall reflect an equitable geographic distribution representative of all areas of the Commonwealth.


Effective with the 1991-1992 school year, any child who has been identified as handicapped in accordance with Public Law 99-457, or as exceptional by KRS 157.220 and corresponding administrative regulations, and who is three or four years of age, or who may become five years of age after October 1 of the current year, shall be eligible for a free and appropriate preschool education and related services.

The State Board for Elementary and Secondary Education shall adopt administrative regulations related to the administration and supervision of programs, eligibility criteria, personnel requirements, and the use of funds.
KERAs. Network of regional training centers for preschool and early childhood education established.

There is hereby established a network of regional training centers for preschool and early education as specified in the 1987 state preschool grant application for Public Law 99-457. This is to provide peer to peer training, consultation, technical assistance, and materials to personnel from local school districts and other agencies operating programs for handicapped and at-risk preschool children.

KERAs. Development of model programs of instruction for preschool children and their parents (Parent and Child Education).

The State Board for Adult and Technical Education shall authorize grants to selected local school districts in areas of greatest educational and economic need for developing and providing model programs of instruction for preschool children and their parents.

Parents participating shall be instructed in basic academic skills, while their preschoolers work with an early childhood specialist on developmental skills. Parenting skills and other planned, structured activities involving parents and children shall be a part of the curriculum.

Only those parents who have a three- or four-year-old child and do not possess a high school diploma or high school equivalency certificate shall be eligible.

Section 18. Family Resource/Youth Services Centers.

Centers will be located at or near every school building where 20 percent or more of the population is low income (free-lunch eligible).

The task force will develop a state plan by January 1, 1991; local districts will develop local plans by July 1, 1991; and the task force will provide oversight during phase-in.

Family Resource Centers will make available: day care for two- or three-year-olds; wraparound day care for children ages four through 12; and parent education and literacy programs.

One quarter of Kentucky schools are to be initiated each year until the program is operational statewide.

(See Appendix KY-3 for a detailed description of Family Resource Centers/Youth Services Centers.)
Appendix KY-3:
Kentucky Education Reform Act of 1990:
Family Resource Centers/Youth Services Centers:
House Bill #940 Part I - Curriculum, Section 18

Interagency Task Force
- Provides for creation of a 16-member interagency task force.
- The task force shall be appointed and begin work immediately upon the effective date of the KERA.
- The task force must formulate a five-year plan for the establishment and implementation of Family Resource and Youth Services Centers to meet the needs of economically disadvantaged children and their families.
- The task force shall include one representative from each of the following agencies or groups:
  - Department of Education,
  - Department of Employment Services of the Cabinet for Human Resources (CHR),
  - Department for Health Services of the CHR,
  - Department for Mental Health and Mental Retardation Services of the CHR,
  - Department for Social Services of the CHR,
  - Department for Social Insurance of the CHR,
  - Justice Cabinet,
  - Governor's Office,
  - Work Force Development Cabinet,
  - Parents,
  - Teachers,
  - Local School Administrations,
  - Local School Boards,
  - Local Community Mental Health-Mental Retardation Programs,
  - Local Health Departments, and
  - Local Community Action Agencies.
- The Secretary of the CHR shall call the first meeting where a chair will be elected by majority vote (chairs to be elected annually and serve one-year terms—may be re-elected).

- CHR shall provide adequate staff to assist the task force in developing the five-year implementation plan.

Family Resource Centers
- Family Resource Centers shall be located in or near each elementary school in which 20 percent or more of the student body is eligible for free school meals.
- The plan developed for Family Resource Centers by the task force shall promote the identification and coordination of existing resources and shall include, but not be limited to:
  - fulltime preschool child care for two- and three-year-olds;
  - after-school child care for children four through 12 years old;
  - fulltime child care for children four through 12 years old during the summer and on other days when school is not in session;
  - Families in Training (an integrated approach to home visits, group meetings, and monitoring of child development for new and expectant parents);
  - PACE (Parent and Child Education as described in Kentucky Revised Statutes (KRS) 158.360);
  - support and training for child day care providers; and
  - health services, referral to health services, or both.

Youth Services Centers
- Youth Services Centers shall be located in or near each school serving children and youth ages 12
and older in which 20 percent or more of the student body is eligible for free school meals.

- The plan developed for Youth Services Centers by the task force shall promote the identification and coordination of existing resources and shall include, but not be limited to:
  - referrals to health and social services;
  - employment counseling, training, and placement;
  - summer and part-time job development;
  - drug and alcohol abuse counseling; and
  - family crisis and mental health counseling.

Timelines

- The task force shall complete the implementation plan by January 1, 1990.
- Local school districts shall develop initial plans by June 30, 1991 (for both the Family Resource and Youth Services Centers).
- By June 30, 1992, one-fourth of the Family Resource and Youth Services Centers will be located in or adjacent to eligible schools.
- The number of centers shall increase by one-fourth each year thereafter (by June 30) until centers have been established in or adjacent to all eligible schools.

Funding

- Eligible school districts may apply for grant assistance in establishing centers.
- The CHR will develop regulations establishing criteria for the awarding of grants.
- Grant applications will be reviewed by the task force.
- The task force will make recommendations to the Secretary of the Cabinet for Human Resources related to the allocation of awards.

Monitoring

- The task force will continue to monitor centers, review applications, and oversee implementation of the five-year plan until December 31, 1995. As of December 31, 1995, the task force will cease to exist.
- During its existence, the task force will report at least annually to:
  - the Secretary of the Cabinet for Human Resources,
  - the governor, and
  - the Legislative Research Commission.
Appendix TN-1:
Tennessee Benchmark Publications


This report outlines the needs for day care providers in 1986. It presents this picture: "Licensed programs are available for only one out of five infants and toddlers who need care. More than 65,000 'latchkey children' care for themselves before and after school while their parents work....Licensed day care is largely unavailable to many children in rural areas and to most handicapped children....Over 50 percent of mothers with children under six...work outside the home."

As a result of this report, a School Age Child Care (SACC) initiative began to implement care for children in kindergarten through eighth grade in the public school buildings before and after school. (See Appendix TN-2 for complete list of needs and/or recommendations.)


As a result of the task force, the Department of Human Services established a Day Care Services Unit. In January 1988, the unit developed a five-year plan to accomplish many of the goals recommended. As of May 1990, many of the original recommendations have been accomplished completely, partially, or progress toward achievement [is] apparent. Following are some the actions completed or underway:

- Schools are being used for before- and after-school care for school-age children; new initiatives and grants have resulted in more than 7,000 new school-age spaces.
- Day care services to handicapped children have been expanded. All child care providers receiving federal financial assistance are now in compliance with Section 504 of the Rehabilitation Act of 1973. Each provider agency completed a self-evaluation process and determined which handicapping conditions each felt able to serve. The Child Care Resource and Referral system connects parents of children with disabilities to these providers (50 percent of all licensed providers).
- In planning for the Family Support Act (FSA), there has been dialogue between the Department of Human Services and Head Start directors regarding extended care for fulltime working parents.
- Tennessee's licensing staff for day care regulations were reorganized in 1987 "to be supervised from state office and uniform application of standards emphasized."
- A pilot child care center was opened in Nashville in 1988 for state employees; other state government institutions with child care agencies are Correction, Vocational Rehabilitation, and Mental Health.

Another critical area for day care providers is insurance. "In 1988, the governor set a priority to solve this problem. Through efforts of the Department of Commerce and Insurance, insurance coverage for center and home providers was negotiated with carriers in Tennessee and coverage information distributed to all providers in 1989, updated in 1990. Coverage..."
age options are more numerous and more complete and rates more reasonable and competitive.

The Status of Tennessee Child Care, August 1989.

In preparation for the implementation of the FSA 1988, the Tennessee Department of Human Services, Day Care Services Unit, completed this report. The report describes the growing need for care, using national and Tennessee data. It points out that available space for children has increased 13 percent between 1987 and 1989, and that many rural counties have either started or expanded the SACC programs. In spite of this increase in available spaces, Tennessee officials estimated there is only one available space in a licensed care program compared to five that are needed. The other four children are being cared for by relatives or by unknown, unregulated care givers. The Day Care Services Unit expressed concern that a "two-tier" system for child care exists—quality child care for those who can pay; custodial, unregulated, sometimes unsafe care for poor children. The average cost of child care in Tennessee is approximately $2,000-$3,000 per year. One parent, working fulltime at minimum wage, would be paying 30 percent of his/her income for one child in care; 60 percent for two.

Videotape.

A videotape, Tennessee School Age Child Care, introduces the SACC program and illustrates the advantages for the families, schools, teachers, and communities.


In the fall of 1989, the Department of Education released the "21st Century Plan." The plan calls for a complete overhaul of the Tennessee education system, with the support of educators, parents, business and political leaders, and "citizens at large." It explains that "youngsters in schools today and tomorrow represent [the] state's future"; and that education today will "determine in large measure whether our state improves its per capita income and enlarges its industrial base...whether our communities improve the quality of life of our citizens...[and/or] whether we increase or decrease our public welfare roles and our prison population." The problem is summed up: "We are seeking to prepare today's youth for tomorrow in schools that were designed for yesterday." A total of 12 goals have been designed to meet the challenge. The first directly affects the child age birth to six years old: first grade readiness. It is hoped that "by no later than the first day of the 21st century all incoming first grade students—rich and poor, black and white, urban and rural, gifted and disabled—shall be prepared to achieve at the first grade level."

The 21st Century Challenge outlines five objectives to reach the goal of "first grade readiness":

- require all children, including those with disabilities, complete kindergarten;
- make available to all children, and their parents or guardians, effective early education programs;
- provide state funded incentive grants to encourage the development of parenting skills;
- provide readiness assessments for all children prior to the beginning of first grade; and
- link resources of all state agencies involved in children and youth services to minimize environmental and nutritional differentials as children advance from birth to age five.
Appendix TN-2: Details of the Special Report of the Governor’s Task Force on Day Care, 1986

Access to Day Care

Following is a list of some of the findings and recommendations of the 1986 Special Report of the Governor’s Task Force on Day Care. All of the recommendations have been met or are in the process of being implemented.

Finding: Many low-income families cannot afford the cost of quality day care. Currently, day care public assistance for low-income families is inadequate.

Recommendations
- More subsidized quality day care for low-income families.
- Increase the public assistance to more closely approximate the actual cost of care.
- Encourage organizations and groups to provide day care scholarships.

Finding: More infant and toddler care is needed.

Recommendations
- Recruit and train infant/toddler care givers. Encourage organizations and agencies to sponsor infant and toddler programs.
- Improve access to family day care homes.

Finding: More before- and after-school care is needed for school-age children.

Recommendation
- All schools, both public and private, should be encouraged to provide or make facilities available for on-site, year-round day care programs for school-age children.

Finding: More care for handicapped children of all ages is needed.

Recommendations
- Encourage more day care providers to serve handicapped children with available technical assistance and training.
- Encourage organizations to provide scholarships or assistance for handicapped children.

Finding: Parents need assistance in locating appropriate, quality day care.

Recommendation
- Develop a statewide network of resource and referral services.

Finding: The day care needs of teen parents are of special concern. The children of teen parents are a high-risk group for health/social problems.

Recommendation
- School systems and agencies serving teen parents should be encouraged to provide or expand classes in effective parenting skills, and offer on-site day care programs.

Quality of Day Care

Finding: The general public, parents, and providers need a better understanding of what constitutes quality day care.

Carol B. Perroncel
Recommendations

- Increase community awareness and promote parent education about issues affecting the quality of day care services.
- Encourage day care providers to seek opportunities for productive parental involvement.

Finding: Day care providers need more training in child care and business skills.

Recommendations

- The Tennessee Department of Human Services should hire additional professional staff to expand training for child care providers. Training staff should assist providers in utilizing community training opportunities.
- The business community should be encouraged to offer workshops to day care providers to enhance their business skills.

Finding: Incentives are needed to upgrade the quality of day care.

Recommendations

- A formal incentive system should be developed to encourage day care providers to exceed the required minimal standards. Agencies that meet measurable performance criteria for quality should be formally recognized.
- As an incentive for providers who serve low-income families, the state should set a higher level of reimbursement for those who meet measurable performance criteria for quality.

Employer Support for Day Care

Finding: There is a lack of awareness among employers in Tennessee about the importance of quality day care for today’s work force.

Recommendations

- Increase employer awareness about the importance of quality day care.
- Local decisionmakers should be encouraged to include day care facilities in their plans for future developments.

Finding: More employers need to be encouraged to provide support for quality day care.

Recommendations

- Employers need to be recruited to support day care in their companies or in their communities.
- The Department of Human Services should develop a clearinghouse of information on employer-supported day care activities in Tennessee.

Finding: As the largest employer in Tennessee, state government should be a role model for other employers by providing support for quality day care for state employees.

Recommendations

- State government should sponsor a pilot project to serve state employees.
- The departments of state government should examine available options and develop policies to address the day care needs of state employees.

Finding: Because day care is not the primary business of most employers, they need assistance in identifying their response to the day care needs of their employees.

Recommendations

- The Department of Human Services should develop an employer consultation team to work with employers in establishing employer-supported programs.
- The employer consultation team should develop recommended guidelines for employers to use in requesting and evaluating proposals to establish quality day care programs for their employees.
Appendices: Tennessee

Finding: The rising cost and limited availability of liability insurance are major problems for providers and employers who sponsor day care programs.

Recommendations
- Policymakers should be educated as to how the liability insurance crisis affects day care.
- Policymakers should be encouraged to consider legislative remedies addressing liability insurance problems.
- Policymakers should give special attention to the problem of securing liability insurance for day care programs in Tennessee.
- Liability insurance carriers should be encouraged to offer reduced premiums for quality day care programs. A guide to quality day care should be developed for insurance companies to use in evaluating insurability.
Appendix VA-1: Virginia Benchmark Publications


Report of the Governor's Commission on Excellence in Education. This plan recommends specific actions for Virginia to take to improve the quality of its education. It laid the foundation for recent improvement in education in Virginia. The first recommendation is that 'Virginia's school divisions provide voluntary developmental preschool programs for four-year-old children.' Other recommendations were concerned with improving the level of education of teachers, giving educational technology a central place in public school education, restructuring the middle school grades, and requiring more accountability by the state and by local school divisions.


In cooperation with the Department of Social Services, the Department for Children released four plans. They were mandated by the General Assembly and issued annually from 1986 to 1989 *to provide guidance, direction, and strategies for coordination at the state level; to educate interested citizens, legislators, and state agencies on the needs of child day care; to encourage cooperation and communications at all levels; and to address all major child day care issues* (State Plan for Child Day Care, 1988).

The department's first State Plan for Child Day Care, released in January 1986, focused on "affordability" and organization of state agency resources to prepare a structure for a comprehensive child day care delivery system in Virginia. The recommendation was "to assure that no family, whose income is less than the median, pays more than 10 percent of their total income for child day care services." (Prior to 1982 the Department of Social Services had an "income eligible" category to provide child care subsidies for families whose incomes were 50 percent below the median income. This was suspended when there were large federal reductions of funding in 1982.) As a result of the plan's recommendations, the 1986 General Assembly appropriated funds for subsidies to low-income working families and families on the fringe of the "eligible" group who also need assistance. In 1988-1989, the state legislature appropriated $13 million to subsidize this program for FY 89-90.

The primary goal of the 1987 State Plan for Child Day Care was to "promote the development of quality day care programs that are safe, healthy, accessible, and affordable to Virginia school-age children who need and would benefit from such services." The 1988 State Plan for Child Day Care was to "advocate for and aid in the development of a coordinated child care delivery system as proposed by conference recommendations; and...to develop a legislative agenda to accompany the 1987 Governor's Conference recommendations, additionally integrating previous State Plan recommendations." The 1989 State Plan for Child Day Care, issued in January 1989, focused on the "gaps and barriers in the development of rural child-care services...[made] recommendations to enhance and promote services." (The Virginia Council on Child Day Care and Early Childhood Programs will now be responsible for issuing state biennial plans.)

Rural Child Care Project, Senate Document No. 12, 1988.

The Department for Children was mandated by the General Assembly "to provide special technical
assistance for the development of pilot child care programs for rural communities." The final report was made in January 1990. The mandate came as a result of the Caroline County Task Force on Child Care alerting the General Assembly of the number of children in unregulated care in their county. The result was a collaboration between the Department for Children as the lead agency, with the Department of Social Services and the Virginia Cooperative Extension Service, to develop a pilot rural child care program, designating Caroline County as the target pilot site. This report presents an overview of the project model and evaluation results.


The General Assembly requested the Joint Legislative Audit and Review Commission (JLARC) review the "regulation of child day care as well as methods for improving the availability and quality of child care in Virginia."

JLARC found that "one-third of the children under age 13 were cared for by someone other than their parent or guardian at least once a week....[A comparison of] the estimated number of children in different types of child care (409,000 children), with the capacity of licensed child care centers and family day care homes (83,580), indicates that only 20 percent of children in Virginia attend arrangements that are regulated as child day care. (Approximately three percent of the providers are regulated.)" JLARC expresses concern for the quality of care and of the "adequacy of state regulation to protect the basic health and safety of Virginia's children." As a result of the study, JLARC made 28 recommendations to the General Assembly. (See Appendix VA-2 for the complete list of recommendations.)

Developmental Kindergarten, Definition and Description, 1989.

This report, by the Department of Education, sets forth a definition and an operational description of a developmental kindergarten. It states that such a program is built around the characteristics of the children in the program...[including their] physical, social, intellectual, and emotional qualities." The report outlines the practices, methods, and materials found in a developmental kindergarten; including such curriculum as language arts, mathematics, science, art, social studies, family life, health, mental health, nutrition, safety and first aid, physical fitness, movement exploration, game skills, rhythmic activities and dance, and music. The report discusses a time schedule, parent involvement, teacher training, assessments of the program, and the importance of the child's transition from kindergarten to first grade.

Report of the Governor's Corporate Advisory Commission on Employers' Initiatives for Child Day Care.

This report, by the Secretary of Health and Human Resources and the Secretary of Education, points out the benefits to the employer of assisting working parents with child care. The chairman of the Governor's Corporate Advisory Commission on Employer Initiatives For Child Day Care states that "Half of all Virginia mothers with children under age six, and 63 percent of mothers with children ages 6-13, are working outside the home. In northern Virginia, more than 70 percent of mothers with children under the age of 14 are in the work force." Also, "two-thirds of all preschool children will have mothers in the work force by 1995"; and "19 counties and two cities have no licensed child care [in Virginia]."


This is the first plan issued by the Virginia Council on Child Day Care and Early Childhood Education. It includes broad goals and objectives to establish a general direction the Council will take. These goals will be used to review the plans of other agencies. The plan includes a definition of at-risk children and outlines a grant application program for groups and/or individuals interested in collaborating for child care programs. The plan also includes some broad concerns and future issues identified by the Council. Three goals are outlined: (1) "promote quality early childhood developmental programs for all at-risk children"; (2) "promote and coordinate the creation of affordable, accessible, quality early childhood developmental programs throughout the Commonwealth"; and (3) "promote public/private sector collaboration."
Twenty-eight recommendations made to the General Assembly on restructuring the state’s child day care regulatory system.

The Secretary of Health and Human Resources should prepare a comprehensive proposal for improvements to the state’s regulatory system for child day care. The proposal should:

1. Ensure that the regulatory system provides an adequate level of protection for children in care, is fair and equitable to providers, is based on standards that are reasonable and enforceable, and can be adapted to changes in the child day care industry.

2. Include a definition of child day care. Child day care services should be defined as any care of one or more children that meets the following criteria: care is provided by one or more individuals who are not the parents or guardians of all children in care; care is provided on a part-day basis; there is a contractual agreement with the parents of the children in care; the provider is expected to be responsible for the whereabouts and well-being of the children while in his or her care; and care is available on an ongoing, regular basis.

3. Exclude services such as medical care, academic classes at public and private schools that provide state mandated education, supervised training or instruction, and extracurricular activities that are not custodial in nature from consideration as child day care. In addition...care provided so that parents may attend religious services should be excluded from the definition of child day care.

4. Consider the appropriateness of deleting the current exceptions to the definition of a family day care home.

5. Consider the appropriateness of deleting the current exception for nursery schools from the definition of a child care center.

6. Consider: (a) deleting the exception related to hospital sponsorship from the definition of a child care center; (b) requiring that day care programs and services operated by state and local governments be regulated; and (c) discontinuing the exemption for religiously sponsored child care centers.

7. Consider the appropriateness of requiring that all programs and individuals providing child day care be regulated. However, consideration should be given to an exception for three types of care: family day care provided to relatives only, in-home care, and cooperative arrangements.

8. Consider including additional felonies and other serious crimes in the criminal records check that is performed using the Central Criminal Records Exchange.

9. Consider defining a child care center as any program of any capacity that provides child day care within a nonresidential building, and any program with a capacity of 13 or more that provides care in a residential building.

10. Consider defining a group day care home as a residential building used to provide child day care to no less than six but no more than 12 children (including those related to the provider).

11. Consider defining a small day care home as a residential building used to provide child day care to five or fewer children (including those related to the provider).

12. Consider licensure of all child care centers by the Commissioner of Social Services.

Carol B. Perroncel
13. Consider directing the Child Day Care Council to review and amend as necessary the child care center licensing standards.

14. Consider requirements for annual fire safety inspections of child care centers and the posting of occupancy loads in each room within centers.

15. Consider directing the Child Day Care Council to promulgate separate child care center licensing standards for programs that serve special populations such as school-age children or children in occasional care.

16. Consider lengthening the licensing period for child care centers to two years.

17. Consider that all group day care homes be licensed by the Commissioner of Social Services.

18. Consider directing the State Board of Social Services to review and amend as necessary the family day care home licensing standards.

19. Consider lengthening the licensing period for group day care homes to two years.

20. Consider the options in this report for regulating small day care homes. Voluntary registration should also be available to in-home providers and relatives providing care who wish to receive public funds.

21. Consider establishing a registration period for small day care homes of two years. Investigate all complaints against small day care homes.

22. Consider continued licensure of family day care systems by the Commissioner of Social Services. Consider revising the minimum standards for licensed family day care systems, making them consistent with group day care homes.

23. The General Assembly may wish to grant all school boards permission to sponsor day care programs that operate outside of school hours.

24. The General Assembly may wish to add resource and referral programs to the core services of the four information and referral centers currently without this service.

25. The State Corporation Commission should continue to monitor the availability of liability insurance for child care centers and family day care homes. The Department of Social Services should have information available for day care centers and providers on how to obtain liability insurance coverage and the names of insurance companies that are willing to write new policies.

26. The Department of Social Services should provide registered small day care home providers with voluntary training opportunities through newsletters, media resource center catalogs, and invitations to workshops and classes. The department should develop a voluntary training credential for registered small day care home providers and licensed group day care home providers.

27. The Department of Social Services should develop a pamphlet for parents about the regulation of child day care. The pamphlet should include telephone numbers for parents to call with complaints about regulated care.

28. The resource and referral components of the information and referral system should be used to promote parent education on choosing quality day care.
Appendix WV-1: West Virginia Benchmark Publications


The West Virginia Department of Education published this report that defined early childhood as: "...beginning of the process of formal education. It is the initiation of a process which will provide the foundation for the intellectual, physical/motor, and social/emotional development of the individual."

This report was to serve as a "philosophic base...to generate implementation objectives plus management and evaluation systems...[through which] to provide a program for young learners that is based upon the needs of the individual learner and meet the goals approved by the West Virginia Board of Education."


Released by the West Virginia Human Resources Association (WVHRA), this study pointed out the need for quality early education programs, and served as a catalyst for education reform in the state.


Released by WVHRA as a followup to the first report to update the original baseline data and "utilize the information as an educational tool to achieve public awareness and support for children." The major conclusion of this report was that little has changed over the past two years.


After review of Children in Crisis: State at Risk, the following recommendations were submitted to the governor in this report:

- Incorporate child care information into a statewide, countywide, or regionwide information and referral network.
- Pursue innovative methods of financing child care.
- Develop and expand existing early childhood and parent education programs. In counties that do not provide such programs, implement the Home-Oriented Preschool Education program (AEL, 1968-1971).
- Encourage local education authorities to pursue alternative education programs.


The West Virginia Board of Education released this report that expresses the board's commitment to "a decade where children's needs are cooperatively met through the education team— the governor, legislature, human services, school personnel, parents, business, industry, and citizens...[and] a decade that ensures West Virginians—young or old—education opportunities that will prepare them for the new century."


The West Virginia Department of Education "examines the current status of early childhood education in West Virginia and presents a comprehensive proposal for future state sponsored initiatives that will focus on helping young children succeed." The report, released as a working paper, concludes with a list of recommendations, including a Blue Ribbon Commission on Early Childhood Education.

Published by the Governor's Committee on Education for the Governor's Education Summit, this report outlines the six education goals and suggests strategies to improve education within the state.

- All children will be ready for first grade.
- All students will have equal educational opportunity.
- Student performance will equal or exceed national averages; performance measures for students falling in the lowest quartile will improve by 50 percent.
- Ninety percent of ninth graders will graduate from high school.
- High school graduates will be fully prepared for college, other postsecondary education, or gainful employment. The number of high school graduates entering postsecondary education will increase by 50 percent.
- All working-age adults will be functionally literate.
Appendix WV-2:
Senate Bill No. 1: Third Extraordinary Session of the West Virginia Legislature

West Virginia, in continuing its efforts to improve public education, will be implementing a comprehensive educational program intended to nurture its children through a focus on early childhood programs and student proficiencies so that each West Virginian has the opportunity for a productive life. Most of the provisions were the result of cooperation among hundreds of people participating in the Governor's Committee on Education, the Governor's Education Summit, and the regional town meetings held throughout the state prior to the special session.

Senate Bill No. 1 includes the formation of a Governor's Cabinet on Children and Families. Of all of the initiatives, this will have the greatest impact on the young child. Other major program initiatives are in the following areas: technology and learning, local school involvement, improving the quality of teaching, personnel salary increases, administrative changes, school funding, and literacy.

The Governor's Cabinet on Children and Families will focus on prevention and early intervention, including early childhood development. "The Cabinet is instructed to evaluate, coordinate and efficiently and effectively deliver programs and services for children and families. The system is to be driven by the needs and preferences of the child and family (whose participation is intended to be voluntary), reflect local community characteristics and resources, and allow for local input."

Members of the Cabinet are to include the Secretary of Health and Human Resources; the Secretary of Commerce, Labor, and Environmental Resources or a designee; the Secretary of Administration or a designee; the State Superintendent of Schools; the Attorney General; and one member of the Senate, to be appointed by the governor, and one member of the House of Delegates, to be appointed by the governor, both of whom shall serve in an advisory capacity only. The Cabinet will be chaired by the governor and convene at least monthly during the first year.

The Cabinet members are required to work together in the budgeting process, and they must reinvest any cost savings in other areas directly helping children and families. They are given broad authority to fulfill their mission, including the ability to transfer funds among the various departments of state government and to waive rules and regulations that impede coordinated service delivery.

Some specific programs and services include: prenatal care; assistance to parents of young children; incorporating aspects of positive early childhood programs; independent case management systems; a statewide, toll-free phone number for information and referral and providing other information to the public; coordinated information systems; family resource networks; and a "Children's Fund" to be used solely for grants, loans, and loan guarantees to programs benefiting children and families.

The Cabinet is authorized through June 30, 1993, and may be extended by future legislative action. The initial year's appropriation is $1 million.
Appendix WV-3:
Home-Oriented Preschool Education Program Abstract

The Home-Oriented Preschool Education (HOPE) program was designed to prepare three- through five-year-olds for public school. Before kindergarten was available statewide, HOPE served approximately 700 children in four rural West Virginia counties from 1968 to 1971.

HOPE consisted of three parts: (1) daily television programs, (2) home visits by a trained paraprofessional, and (3) a weekly group socialization experience. Through random assignment, families fell into three groups that received: (a) daily television programs only (TV only group); (b) television programs plus weekly home visits from a trained local paraprofessional (TV-HV); and (c) television, home visits, and a weekly group socialization experience (package group).

An outside-of-community control group was also selected; these children were tested, but had no access to any of the treatments. Objective test data confirmed that the HOPE children in all three treatment groups outperformed control children in all of the following performance areas: early conceptual development, psycholinguistic functions, receptive verbal ability, and perceptual-motor problem solving.

The 1970-1971 results were analyzed again in 1975. This time the sample was separated by ability levels and by social class levels. Children at all ability levels benefited equally from HOPE.

The HOPE followup study was based on a sample of 342 children and was carried out in five stages. Highlights of the findings are as follows:

- Prevention of school failure: Approximately 22 percent of untreated children in the four county systems failed at least one grade during those years in contrast to 9.8 percent of the HOPE children.

- Prevention of school dropout: The untreated students averaged a dropout rate of 26 percent, more than double that for the HOPE group (12 percent).

- School-family relations: The HOPE treatment increased parents' attendance at extracurricular activities, which was associated with a more favorable school performance pattern for both sexes.

- Children's adjustment and school performance: Boys who were in HOPE were more personally organized, with personal organization being positively related to school success.
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