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ABSTRACT

This paper presents a summary of early care and education policies for young children (ages 3-5) and then offers recommendations on how these efforts might be coordinated at the state and local levels. The policy summary is organized around the components of early care--child care, early childhood education, and early intervention for children at risk of developing a disability. Under child care, specific policies that either reduce the cost of child care, promote quality and expansion, or support parents' education and employment are identified. Under early childhood education, the increasing emphasis on providing services for "at-risk" children is noted. Under early intervention, policy and attitudinal challenges are seen in efforts to provide early intervention services in mainstream settings. Six specific recommendations address: (1) coordination of structures through establishment of coordinating bodies at both state and local levels; (2) creation of administrative structures which administer programs in all three service areas; (3) establishment of personnel standards; (4) development of quality assurance structures; (5) allowance for blended funding so that children need not be served by categorical funding streams; and (6) provision of family friendly service options. An appendix lists seven organizational resources for information on early childhood policies and programs. (Contains 27 references.) (DB)

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POLICY AND PRACTICE IN EARLY CHILDHOOD  
SPECIAL EDUCATION SERIES

THE INCREASING ARRAY OF EARLY CARE AND EDUCATION  
POLICIES: AN ARGUMENT FOR STATE AND LOCAL COORDINATION

Barbara J. Smith, Ph.D.

1992

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EC 301817

## THE INCREASING ARRAY OF EARLY CARE AND EDUCATION POLICIES: AN ARGUMENT FOR STATE AND LOCAL COORDINATION

Barbara J. Smith, Ph.D.

The past 10 years has seen a groundswell of interest in early childhood programs. The school reform movement and the Bush administration's America 2000 initiative encourage schools to offer programs to children at the preschool level. Indeed, the first goal of the America 2000 educational reform initiative states, "All children will start school ready to learn." National associations such as the National Governors Association (NGA), the National Association of State Boards of Education (NASBE), The Council of Chief State School Officers (CCSSO), and the National Association of Elementary School Principals (NAESP) have developed early childhood initiatives, task forces and generated reports on early education. Several major federal legislative agendas have been focused on the needs of young children including child care and early intervention.

While a great deal of attention has been paid to the short and long term implications of quality early childhood experiences for children, families and society, there still exists a severe shortage of programs of all types. States report serving less than 75% of the estimated total population of preschool children with disabilities; less than 33% of children living in poverty are in programs and Head Start is only able to serve less than 30% of it's eligible population (McCall, 1989; Children's Defense Fund, 1991(a)). Indeed, the Children's Defense Fund's 1991 report on The State of America's Children projects that if the Head Start funding levels increase at the historical rate, Head Start will be fully funded in 179 years (Children's Defense Fund, 1991(b)). With shortages like these,

policy makers need to explore ways to stretch every resource. There is seldom a coordinated effort to address the needs of all children and families. Currently, the focus is on small, targeted subgroups of children such as children living in poverty or those who have disabilities. What is needed is a coordinated and comprehensive system of services that is responsive to the individual needs of all children and families.

This paper presents a summary of early care and education policies for young children and then offers recommendations on how these efforts might be coordinated. The focus of the paper is primarily publicly supported early childhood systems for children 3-5 years of age. For the purposes of this paper "early childhood" systems are defined as: child care; early childhood education (primarily in the public school arena, e.g. pre-kindergarten through second grade); and early intervention (programs designed primarily to facilitate the development of children with disabilities or who are at risk of developing a disability - these services are also typically provided through public schools). The state policies that are addressed in this paper have generally been developed to address one of these three systems.

### **Summary of State Policies**

Quality early childhood education and child care experiences can positively affect later school success through an increase in academic performance, a decrease in grade retention, and an increase in school attendance (Berrueta-Clement, et. al, 1984; Edelman, 1989; Lazar & Darlington, 1982). Recognizing these wide-spread effects, state legislatures are beginning to assume a leadership role in assuring that children and families have access to high quality and affordable early education, early intervention and

child care services. At least 29 states fund preschool or early childhood initiatives for non-disabled children and every state provides some form of state support for young children with disabilities. In 1987, 32 states passed 125 pieces of legislation related to child care and early education and by 1991 every state had adopted early intervention policies-usually in the form of legislation (Gnezda & Smith, 1989; Smith, in press; Kahn & Heekin, 1991).

### Child Care

In the 1970's, one in five women who had children under the age of six were working outside of the home. In 1988, greater than one half of all mothers with children under the age of 6 worked. The increase in the number of mothers of young children entering the work force over the last ten years (and expected to continue to increase in the 1990s) has created a child care crisis in the U.S. (Children's Defense Fund, 1990). Most families needing child care face similar problems of locating programs that are affordable and of consistently high quality (McCall, 1989). Staff turnover can account for a reduction in consistent quality child care services. The U.S. Department of Education has reported that the turnover rate for child care teachers is 25% annually. One likely contributing factor to the high turnover rate is the dismally low salaries of child care teachers (\$10,000 - \$11,500 per year) (A Profile of Child Care Settings, 1991). Child care opportunities are often uncoordinated, unstable and unresponsive to family needs. The lack of quality child care can prohibit parents from seeking work or enrolling in job training programs. For employed parents whose children are enrolled in inadequate, low quality child care programs, loss of productive work time in the form of absenteeism has been

found to be a significant problem of employment. For many families, quality child care is a critical link to potential self sufficiency and productivity (McCall, 1989).

According to a 1989 report from the National Conference of State Legislatures (Gnezda & Smith, 1989), state child care policies reflect a variety of strategies aimed at: 1) making child care affordable and accessible, 2) facilitating high quality programs, 3) and providing support to parents. These policies have been constructed in the following ways:

\* Policies that reduce the cost of child care:

- direct subsidies to low-income families for child care
- tax credits or deductions for families for child care
- tax incentives for employers who provide child care support
- direct child care assistance for state employees

\* Policies that promote quality and expansion:

- regulation and program monitoring of child care facilities
- salary increases for personnel in state operated child care programs to enhance recruitment and retention of qualified personnel
- financial support for and implementation of training programs for personnel
- financial support for resource and referral services to help families find licensed child care options and for employers who want to initiate child care support for their employees
- direct assistance to providers to help defray operating costs including liability insurance
- loan or grant programs for start-up, construction, or renovation of child care facilities
- tax incentives for facility expansion or renovation

\* Policies that support parents' education and employment:

- child care subsidies for parents while they participate in job training programs

- subsidies for "transitional child care" during the early months of employment for parents who have completed job training programs
- child care assistance for parents in adult literacy programs
- subsidies for low-income parents enrolled in high school equivalency, vocational education, and undergraduate and graduate level programs in colleges and universities

### Early Childhood Education

Early childhood education occurs in all settings for all children as part of the normal developmental process. The primary goal of early childhood education programs should be to promote the child's optimal development through planned activities that encourage developmental growth (Gnezda & Smith, 1989). In response to data that suggests that many of our nation's children are not enjoying positive developmental experiences as well as the obvious concerns embedded in our soaring child poverty count, states have enacted policies that encourage the provision of developmentally enriching services to young children. Many of these policies establish public school programs targeted at particular groups of children. By 1985, 40% of all three and four-year olds in this country were enrolled in early education or preschool programs. Most of these were half-day programs in group settings. The majority of those children were from upper and middle income families. Indeed, in 1983, only 29% of at-risk three and four year olds were enrolled in preschool (Bridgman, 1988).

With the growing child poverty count comes growing numbers of children who are "at-risk" for school failure. Inadequate pre and post-natal health services, and an overall lack of resources in the very early years has contributed to an increased need for state funded "at-risk" early childhood educational programs. Cost-benefit analysis studies have

shown that the state can, over the long-term, realize a savings of \$4.75 for every one dollar spent on high quality early childhood education programs (Barnett, 1985).

Both state and federal policies have increasingly focused on providing such programs for "at-risk" children. Head Start is the oldest and largest federal program which provides comprehensive preschool services to children at risk of school failure. Head Start is committed to a comprehensive service delivery model that focuses on the social, educational, health and nutritional needs of low-income children and their families. However, Head Start's current funding level provides for services to approximately 30% of the eligible population nationwide (Children's Defense Fund, 1991(a)).

State early childhood education initiatives have grown recently with over one half of the states supporting such programs (Gnezda & Smith, 1989). In 1980, eight states legislated "pre-kindergarten" programs compared with 26 states in 1987 (Mitchell, 1988). However, these programs are usually limited in scope - offering only half-day programs which do not meet the need for working/training parents needing full-day opportunities for their children (Goodman & Brady, 1988; Marx & Seligson, 1988). Most states administer their program through the state department of education and local public schools - with some of them allowing for contracting with the private sector. Many of these programs are implemented through public school "pre-kindergarten" programs for three and four year olds. Also, most state-mandated programs set minimum quality standards for class size and adult-child ratios (Marx & Seligson, 1988). In some cases the state provides funding to Head Start while in other states the efforts are targeted toward parent education programs. States have supported their Head Start programs by providing funds



to meet the 20% match requirement, funds to expand the program, or funds to increase staff salaries (Gnezda, 1987; Marx & Seligson, 1988).

Some states have recently taken a broader view toward meeting the needs of the child and family. These recent state policies emphasize coordination of various early education and child care services as well as require that the early education programs provide comprehensive services like those offered through Head Start. Washington state has enacted the Early Childhood Education and Assistance Program (ECEAP) for four year old children of low-income families who are not served by Head Start. ECEAP requires parental involvement and a range of services including education, social, health, and nutrition. The program is administered by the Department of Community Development through a process of local community coordination and involvement. The legislation provides for the coordination of the ECEAP programs, Head Start, public schools and other preschool programs. There is a 10% "set aside" of enrollment opportunities to ensure that children with disabilities and their families receive services. A longitudinal study of ECEAP shows participant gains in emotional, social and cognitive skills far beyond expectation. Parents also report their children are entering kindergarten better prepared and eager to learn (Washington's Future: Early Childhood Education and Assistance Program, 1990). The National Association of Elementary School Principals, The National Association of State Boards of Education and the Council of Chief State School Officers have all issued recommendations for schools to offer early education programs for at least the "at-risk" population of children and to do so in concert with other community programs and providers.

## Early Intervention

Early intervention services are intensive, therapeutic services that are provided to children with disabilities or children who, for a variety of medical or social reasons, are "at-risk" of developing disabilities or delays. The purpose of early intervention services is to either lessen the effects of the condition, or to remediate/ameliorate the at-risk factors thus preventing the delay or disability from ever occurring (Salisbury, 1990; Smith & Strain, 1988). Research over the past twenty years has shown that when high quality and appropriate early intervention services are provided for the child and coupled with education and support to the parents as early as possible, the disabling and at-risk effects can be dramatically lessened. In fact, in many cases the effects can be reversed (Smith & Strain, 1988).

The states and federal governments have responded to these findings. The federal government has a variety of social, health and educational programs targeted at early intervention efforts. The largest of these is the Individuals with Disabilities Education Act (IDEA)<sup>\*</sup>, particularly Part B (the Preschool Grant Program) and Part H (the Infants and Toddlers' with Disabilities Program). These programs, authorized by Public Law 99-457, provide financial incentives to states to provide early intervention services to both the birth through two year population (Part H) and the three through five year population (Part B). States receiving financial assistance under these programs are expected to meet a variety of program requirements.

States have also enacted their own legislation providing for early intervention

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\* IDEA was formerly titled: The Education of the Handicapped Act (EHA).

services. All states have entitlements for the 3-5 year old population and about 10 states have similar policies beginning at the child's birth (Heekin, 1991). State early intervention policies vary in the determination of eligible populations to be served, the services to be provided, and the administration of such services. The eligible populations within states ranges from all children with disabilities and some children who are at-risk for school failure, birth through five years of age and their parents; to only a small age group (e.g. three and four year olds) with a disability (not at risk). Services range in comprehensiveness from programs that offer only traditional special education services to those that provide whatever is needed to meet the child's developmental needs and to assist the parents. Early intervention initiatives are administered through departments of education, health and/or welfare agencies at the state level, public schools, counties, or through contractual arrangements with the private sector at the local level (Smith, in press).

Research on the most effective modes of service delivery has revealed that when early intervention services are provided in a setting where children with disabilities are integrated socially and educationally with their typically developing age-mates, the developmental affects for all children are more positive than in "segregated" settings. Indeed, particularly for the development of social and language skills, integrated or "mainstream" settings are more beneficial than segregated settings (Strain, 1990; Guralnick, 1990; Salisbury and Smith, 1991). States and localities are currently struggling with many policy and attitudinal challenges that hinder their efforts to provide early intervention services in mainstream settings such as child care, Head Start, preschool,

etc. (Smith & Rose, 1991).

### Coordination

Seldom do state initiatives speak to the need to coordinate early intervention services with other early childhood education and/or child care services. These three types of early childhood programs often are administered by different agencies having differing personnel and licensing standards which create regulatory barriers to coordination and resource sharing (Goodman & Brady, 1988; Smith & Rose, 1991). Where such arrangements have been initiated, they have usually been targeted to the single dimension of integrating or "mainstreaming" particular children with disabilities into an early childhood education or child care program and even these initiatives are quite recent and not widespread. There is virtually no widespread trend at either the state or local level to administer or coordinate early intervention, early childhood education and child care services.

There are several reasons why state and local policies should be coordinated:

- \* There is currently a shortage of all three types of early childhood programs -- coordination may be a more efficient use of current resources and would identify service delivery gaps.
- \* Families are complex systems with varying needs. Families frequently find that they need the services of more than one of these three options. Coordination would facilitate a more "user friendly system" for families with multiple needs.
- \* Children benefit from being in heterogeneous groups -- children who are at risk, typically developing, culturally diverse and who have disabilities benefit from being together rather than being served separately. Coordinated planning on the part of these three systems would help to ensure that all children are served together.
- \* Personnel often work with children who have a wide range of needs yet

the personnel standards and training that they receive stress only a small range of abilities and certain philosophies associated with that group. Personnel training programs and standards need to be coordinated to ensure that early childhood personnel are equipped to work with all young children.

Coordinating policies and services among these three now-splintered systems would be a more cost-effective method of providing services and would reflect state-of-the-art knowledge about what is effective and needed for children and families. Indeed, many of the recent national reports on early childhood stress the importance of coordination -- particularly at the local community level (CCSSO, 1988; NASBE, 1988; NAESP, 1990). However, even in those reports, most of the recommended coordination refers to child care and early education efforts, and has not included early intervention.

### **Recommendations**

In order to facilitate the effective and efficient delivery of services to families with very young children, local, state and federal policies should require that child care, early childhood education, and early intervention services be coordinated. Flexible coordination efforts should establish a system of services that is responsive to the needs of the family, easily accessible, affordable, and provides high quality early childhood experiences for all children. This system should meet the individual needs of families and children. This coordinated system should bring together the wide array of administrative and financial resources available to meet the goals of each of the three service areas, thus providing a more efficient use of available resources.

#### **Recommendation #1: Coordinating Structures**

Policies should establish both state level and local level coordinating bodies for child care, early education, and early intervention for children birth to age eight.

Representation on the coordinating body should be comprised of administrative agencies for each of the three services, parents, Head Start, kindergarten programs, child care programs, early intervention programs, health and social services and others.

### **Recommendation #2: Administrative Structures**

State policies should create administrative structures within appropriate state and local agencies including public schools to administer the child care, early education and early intervention programs within that agency. The administrative structure should employ early childhood personnel with expertise in each of the three service areas, and who should be responsible for administering the programs, assuring quality and coordinating with related programs, e.g., Head Start, Maternal and Child Health, etc.

### **Recommendation #3: Personnel Standards**

State and local policies should provide for the adequate training and compensation for child care, early education, and early intervention personnel. Training should include pre-service as well as in-service and should ensure that personnel are competent to meet the individual needs of children with differing abilities, language and cultural backgrounds.

### **Recommendation #4: Quality Assurance Structures**

State policies should provide for consistent interagency regulatory, program evaluation and compliance mechanisms that foster developmentally appropriate and high quality services. This quality assurance system should be streamlined across services and agencies, provide for technical assistance for program compliance and a system of sanctions for non-compliance. All early childhood programs, regardless of their purpose or their administrative affiliation, should meet uniform quality standards such as adult:child ratios, space, and group size.

### **Recommendation #5: Blended Funding**

State policies should facilitate the blending of funding sources at the state and local level and the grouping of all children together rather than segregating children by categorical funding streams (e.g. early intervention, child care, Head Start, bi-lingual, Chapter 1). The state and local coordinating bodies recommended above, should facilitate the coordinated use of all existing resources within a community and identify unmet needs. Coordination efforts should examine the feasibility of abolishing categorical funding streams and make recommendations to the appropriate state and federal agencies.

### **Recommendation #6: Family Friendly Service Options**

State and federal policies should provide for a family-friendly service system.

Family preferences should dictate the type and amount of services needed and providers should be sensitive to those needs. For instance, programs should be constructed to provide full-day services even if part of the day is funded as one type of service (e.g. Head Start or early intervention) and the remainder of the day is another (e.g. child care).

### Conclusion

Indeed with the two-pronged early childhood dilemma facing us -- recognizing the increasing need for high quality programs but not having the resources currently available to provide them -- coordinated state and local policies is one way to begin addressing the need. The coordination of personnel, program and licensing/regulatory policies would provide two major benefits. First, it would help to stretch existing resources while identifying real gaps in services. Secondly, it would facilitate the development of a coordinated system that would reflect the real needs of children and families rather than bureaucracies.

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## APPENDIX A

### Resources for Information on Early Childhood Policies and Programs

Council for Administrators in Special Education (CASE)  
of the Council for Exceptional Children  
615 16th Street, NW  
Albuquerque, NM 87104  
(505) 243-7622

The Division for Early Childhood (DEC)  
of the Council for Exceptional Children  
1920 Association Drive  
Reston, VA 22091  
(703) 620-3660

National Head Start Resource Access Program  
Administration for Children, Youth and Families  
Office of Human Development Services  
U.S. Department of Health and Human Services  
P.O. Box 1182  
Washington, DC 20013  
(202) 245-0562

National Association for the Education of Young Children (NAEYC)  
1834 Connecticut Avenue, NW  
Washington, DC 20009-5786  
(800) 424-2460

National Association of State Directors of Special Education (NASDSE)  
1800 Diagonal Road, Suite 320  
King Street Station 1  
Alexandria, VA 22314  
(703) 519-3800

National Early Childhood Technical Assistance System (NEC-TAS)  
Suite 500  
NCNB Plaza  
Chapel Hill, NC 27514  
(919) 962-2001

U.S. Office of Special Education Programs  
Early Childhood Branch  
400 Maryland Avenue, S.W.  
Washington, DC 20202  
(202) 732-1084