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Better Beginnings:

The State of Early Learning and Kindergarten Readiness in East Yakima and White Center







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FINDINGS IN BRIEF

- Children’s performance on standardized measures of kindergarten readiness was substantially below national norms, putting them at educational risk.
- Parents of entering kindergartners reported a range of strengths and needs and a high prevalence of risk factors, such as poverty and low maternal education levels.
- The availability of early care and education, parent education, and family support services in the demonstration communities was insufficient to meet families’ needs.
- The quality of early care and education services for children varied, with most care in the minimal-to-good quality range.

As the nation focuses more than ever on educational accountability and performance of public schools, policymakers, educators, and concerned parents are taking stock of developmental milestones children must reach to enter kindergarten prepared to succeed. A sound beginning in school is critical to later achievement, yet many children lack key building blocks.

Research suggests that many of Washington state’s children need enhanced early learning support to improve their readiness for school. In its strategy document, “Investing in Children: An Early Learning Strategy for Washington,” the Bill & Melinda Gates Foundation identified six key demographic risk factors that put significant numbers of Washington state children at a disadvantage when they enter kindergarten, such as living in poverty and living with a single parent or no parent.

Almost a quarter of Washington state’s children under age 5 experience two or more risk factors. Furthermore, in a 2005 survey, teachers judged that 75 percent of their kindergartners from lowest-income families were not ready when they began school.



THE EARLY LEARNING INITIATIVE

In 2006, the Gates Foundation launched the Early Learning Initiative, a 10-year effort to improve school readiness of Washington state’s children through three main strategies: (1) development of high-quality, community-wide early learning initiatives in two communities; (2) enhancement of statewide systems that support early learning; and (3) support for implementation of promising practices. The foundation joined with other private funders and state officials to form Thrive by Five Washington to energize development and support of high-quality early learning opportunities for all children in the state.

The Local Level

In tandem with the formation of Thrive by Five Washington, the Gates Foundation sought two communities with a high level of need for early learning services and the capacity to develop and implement high-quality, community-wide early learning initiatives. After researching possibilities and consulting with community stakeholders, the Gates Foundation selected White Center, an unincorporated area just outside Seattle, and East Yakima, a neighborhood in the central Washington community of Yakima.



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Both communities have a strong dedication to the family unit . . . most families eat dinner together more than five times a week.

Mathematica's Evaluation

Mathematica Policy Research, Inc., a nonpartisan research firm, was enlisted to evaluate the Early Learning Initiative. The study is providing information to East Yakima and White Center for continuous improvement, informing state policy and the development of best practices, and assessing effects of long-term investments in early learning systems.

Road Map to this Brief

This brief summarizes the status of the communities at baseline, before Early Learning Initiative implementation. It describes a representative sample of entering kindergartners and their families, children's performance on school readiness indicators, early learning service delivery systems, and quality of regulated early care and education services.

DETAILS ON THE RESEARCH DATA

Data for this brief were collected from multiple sources in summer and fall 2007:

- 38 on-site interviews with intermediary and partner agency staff
- 10 focus groups with parents and community residents, service provider staff, and child care center directors
- Observations in a representative sample of child care settings (45 family child care homes, 32 infant-toddler classrooms, and 38 preschool classrooms) and surveys of center directors, lead teachers, and family child care providers in these settings
- Direct child assessments, teacher ratings of children's abilities, and in-home parent interviews with a representative sample of about 300 entering kindergartners (150 in each community)

The Study Communities: An Overview

Both communities in the study have a strong dedication to the family unit. On average, families reported eating dinner together more than five times a week. Overall, they are described as hardworking, family-oriented, and dedicated to the health and well-being of their children. Although they have limited access to quality child care and other resources, they are working hard to provide the best environment for their children.

East Yakima. In the early stages of the Early Learning Initiative, Educational Service District 105 led planning in collaboration with local service providers, stakeholders, and parents. Planners identified a neighborhood on the east side of Yakima, a city of about 84,000 in central Washington, for the demonstration. According to the U.S. Census, the neighborhood has approximately 28,000 residents, including about 3,000 children age 5 or younger. Nearly two-thirds of residents are Hispanic, and more than half speak Spanish at home. The population has a high rate of poverty and low educational attainment. A nonprofit organization, Ready by Five, was created to implement the initiative with Educational Service District 105 serving as fiscal intermediary.



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Substantial proportions of children face significant challenges—such as poverty, living with a single parent, and limited English-language skills—as they enter kindergarten.



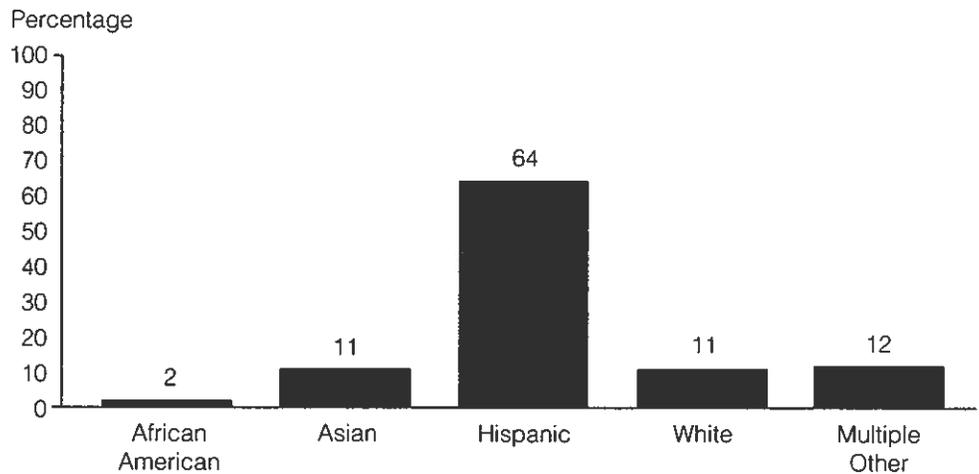
White Center. Puget Sound Educational Service District led planning for the Early Learning Initiative in collaboration with a team of 5 area service providers and 14 work groups of community service providers, residents, and parents. Planners identified an unincorporated community in King County, southwest of Seattle and just north of the city of Burien, comprised of two similar adjacent neighborhoods—White Center and Boulevard Park. According to the U.S. Census, the areas contain approximately 32,000 residents, including 2,500 children age 5 or younger. These neighborhoods, rich in cultural and ethnic diversity, have many residents who report a strong sense of community. At the same time, substantial proportions of children face significant challenges—such as poverty, living with a single parent, and limited English-language skills—as they enter kindergarten. Puget Sound Educational Service District coordinates implementation of the White Center Early Learning Initiative.

A Look at Kindergartners and Their Families

Especially for our nation’s youngest citizens, the family is the primary learning environment. Early experiences lay the foundation for later development and act as a lens through which a child interprets the world. Information about family characteristics, risks, resources, and practices sheds light on critical influences on children’s early development.

Kindergartners in the study communities represent a diversity of racial/ethnic backgrounds, with more than 60 percent Hispanic, followed by white and Asian (Figure 1). Parents in White Center also reported children of multiple or other races, including African American-Asian, African American-white, Asian-white, Ethiopian, Eritrean, Iraqi, Native American-white, Somali, and Turkish. About 37 percent of parents were born in the U.S. (Figure 2); of those not born in the U.S., about half had been here for fewer than 10 years.

Figure 1:
Race/Ethnicity of Entering Kindergartners



Source: Parent interview.

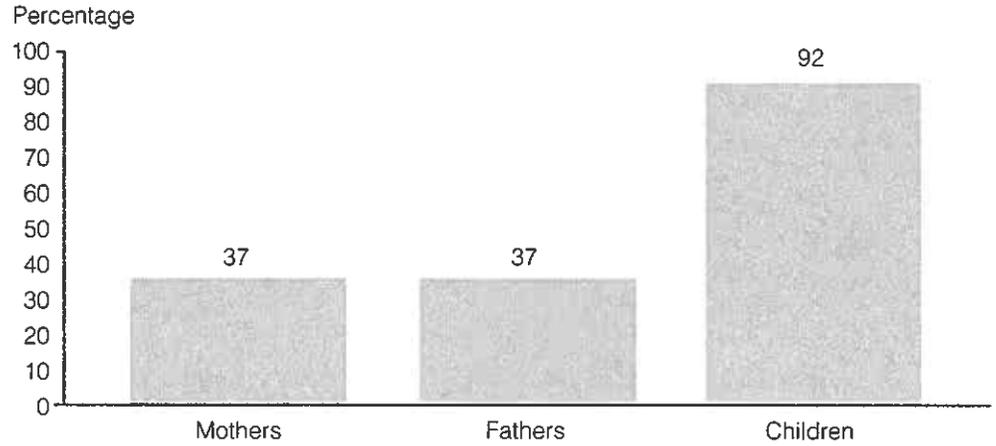


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Most mothers had less than a high school diploma or GED.

Figure 2:
Percentage of Parents and Children Born in the U.S.

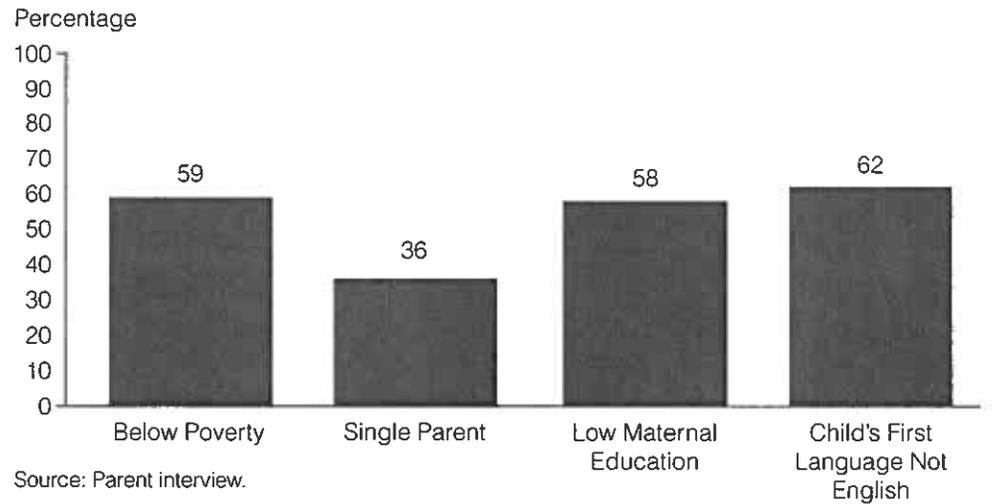


Source: Parent interview.

Parent interviews revealed a high level of family risk factors (Figure 3):

- Nearly 60 percent of families lived below the poverty line.
- More than a third of the children lived with a single parent.
- About 58 percent of mothers had less than a high school diploma or GED.
- More than 60 percent reported their child's first language was not English.

Figure 3:
Percentage of Children with Specific Family Risk Factors



Source: Parent interview.

Approximately 85 percent of fathers and 57 percent of mothers worked at least part-time (Figure 4). At the same time, exposure to English at home was limited—55 percent of mothers understood English well or very well, and 40 percent of parents usually spoke to



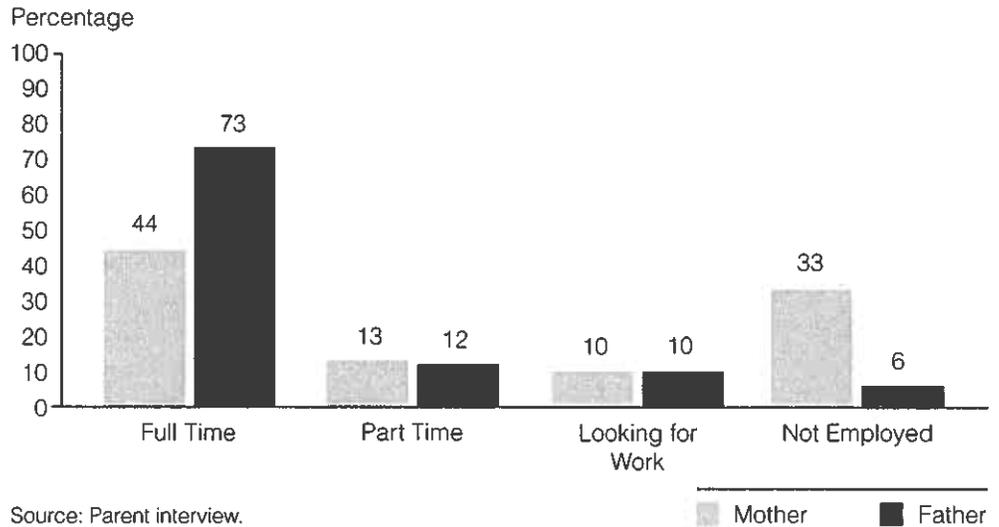
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English was not the first language of most children, but many parents used English to speak and read to their children at home.

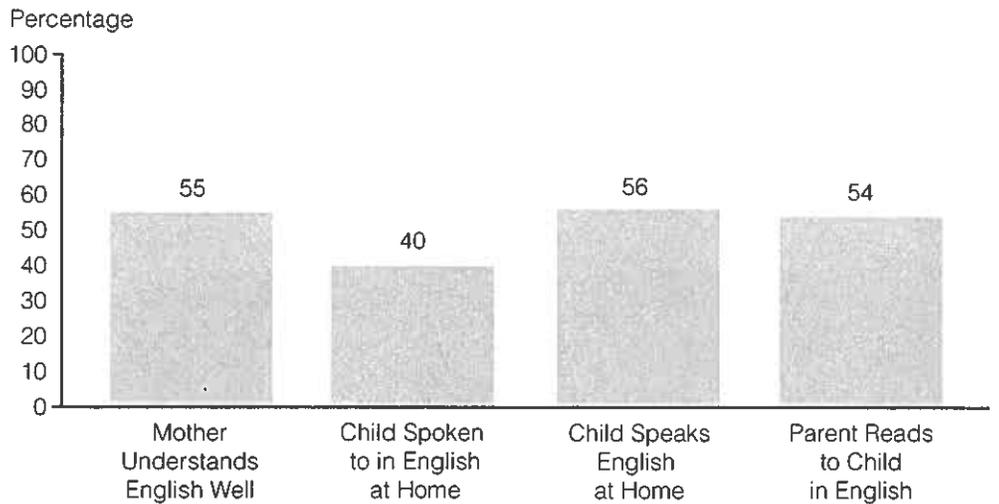
their kindergartner in English at home. A higher percentage—56 percent—reported their child usually spoke English at home, and 54 percent reported reading to their child in English (Figure 5).

Figure 4:
Employment Status of Parents



Source: Parent interview.

Figure 5:
Children’s Exposure to English at Home



Source: Parent interview.

Parents reported on services their children received before kindergarten entry. About half said their child had been enrolled in Head Start, 10 percent in Early Head Start, and 7 percent in the Early Childhood Education and Assistance Program (ECEAP). About 96 percent of parents reported children had either private and/or public health insurance. The same

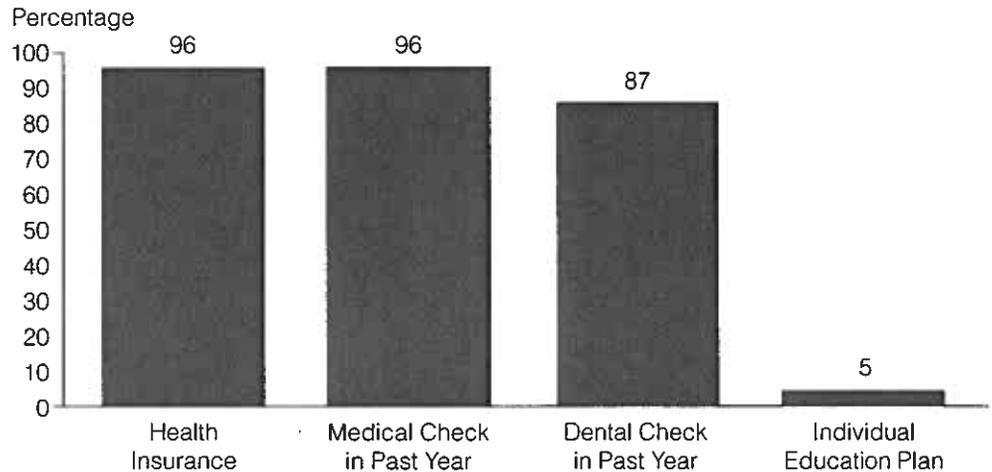


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percentage—96 percent—reported a child’s medical checkup in the past year, and 87 percent reported a dental exam. About 5 percent said their child had an Individual Education Plan (IEP), indicating services for a diagnosed disability or developmental delay (Figure 6).

Figure 6:
Use of Child Health Insurance and Services



Source: Parent interview.

Ninety-six percent of parents reported their child had health insurance and a medical checkup in the past year.

Parents reported having an average of 28 children’s books in the home. This is comparable to findings from the Early Children Longitudinal Study—Kindergarten Cohort, a national study in which parents reported 25 children’s books, on average. About a third of parents in the study communities read to their children daily, compared to 45 percent nationally.

Children’s television access in the U.S. is almost universal, with national estimates of viewing for children under age 7 ranging from 2 to 2.5 hours per day. In the study communities, 46 percent of parents reported 1 to 2 hours of television daily for kindergartners, with 15 percent at 2 or more hours daily. Computer access was prevalent as well. By national estimates, 78 percent of children 6 years old and younger have access to a computer at home; in the study communities, 44 percent of children had access (Figure 7).

In terms of discipline, almost a fifth of parents reported spanking their kindergartner in the past week, and more than 60 percent reported using “time out.” In a national sample of Head Start parents, almost half reported spanking, and more than two-thirds reported using “time out.”

Are Children Ready for School?

Assessing the readiness of kindergartners to succeed in school is an important concern for policymakers, preschool program staff, parents, teachers, administrators, and many others. Many home, community, preschool, and school influences contribute to a child’s development. Understanding children’s early learning and development at kindergarten entry can help in planning interventions to support areas in need of improvement.

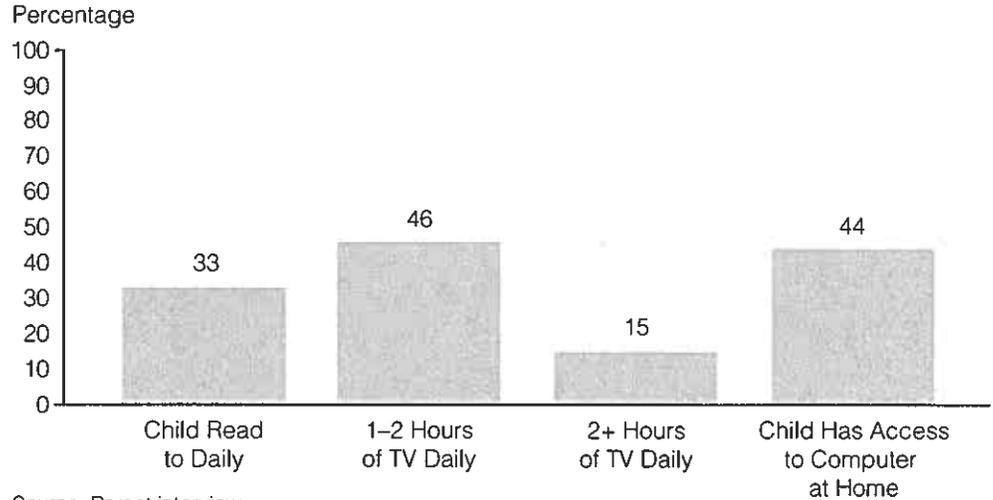


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About a third of parents in East Yakima and White Center read to their children daily, compared to 45 percent nationally.



Figure 7: Child's Daily Activities in the Home



Source: Parent interview.

The research team assessed entering kindergartners in the study communities using common measures of vocabulary, letter and word identification, early writing, early mathematics, and social skills. In standardized scoring for these measures, a mean of 100 signifies average performance for an age group; one standard deviation (SD) below the mean, or a score of less than 85, indicates delayed performance or educational risk. About 16 percent of children in the general population score below this threshold.

In the Peabody Picture Vocabulary Test-Fourth Edition (PPVT-4), which measures receptive vocabulary, children are shown four pictures and have to point to the one that matches the spoken word. On average, 15 percent of children in the study communities scored at or above the national norm, and 54 percent scored one or more standard deviation below. All Spanish-speaking children also took the Spanish version of the vocabulary test (Test de Vocabulario en Imagenes Peabody [TVIP]). About 10 percent scored at or above the national norm, and two-thirds scored one or more standard deviation below (Figure 8).

The Woodcock-Johnson Letter-Word Identification subtest focuses on recognizing letters, linking letters to sounds, and reading simple words. Forty-four percent scored at or above the national norm, and only 17 percent scored at least one standard deviation below. The Woodcock-Johnson Spelling subtest assesses fine motor coordination; prewriting skills such as drawing; and writing of letters, words, and phrases. Forty-three percent of children scored at or above the national norm, with 17 percent at least one standard deviation below. These scores compare to those of other large-scale studies of low-income children, such as the Head Start Family and Child Experience Survey (FACES).

The Woodcock-Johnson Applied Problems subtest involves counting and simple addition and subtraction. Twenty-one percent scored at or above the national norm, and 40 percent scored at least one standard deviation below. Overall, parents and teachers rated children higher on measures of prosocial development and relatively lower on measures of problem behaviors. Child assessors rated behavior using the Leiter Examiner Rating Scale. On the Cognitive-Social Scale, which includes measures of attention, organization, impulse con-

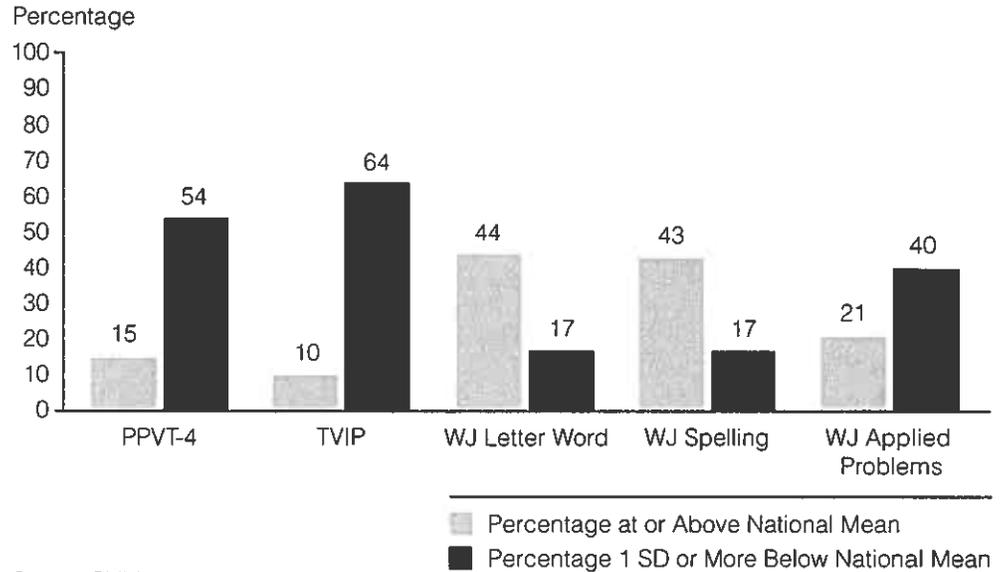


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Parents reported a shortage of licensed child care, especially for infants and toddlers and during nonstandard work hours.

Figure 8: Children’s Language, Literacy, and Math Skills



Source: Child assessments.

Note: The gold bar shows the percentage of children at or above the national norm on each measure. The blue bar shows the percentage of children who scored at least one standard deviation below the national norm, indicating educational risk. The percentages reported for each measure do not add to 100 because some children scored below the national norm, but not so low as to indicate educational risk.

ontrol, activity level, and sociability, 17 percent scored at least one standard deviation below the national norm.

Children’s health status is also important to kindergarten readiness. Seventy percent of parents rated their kindergartner’s health as excellent or very good; 7 percent rated it as fair or poor. Child assessors measured children and researchers calculated body mass index (BMI)—the ratio of height to weight—a useful tool to help identify possible weight problems in children. A BMI at or above the 85th percentile for age and gender signals being overweight or at risk; 42 percent of the kindergartners in the communities were overweight or at risk.

Services Available in the Community

Early Care and Education. The choices—or lack thereof—available to parents can have a large impact on children. At the time of the baseline study, parents with young children residing in East Yakima and White Center reported a shortage of licensed child care, especially for infants and toddlers and during nonstandard work hours. They also needed more access to parent education and family support programs. In addition, White Center residents lacked preschool services, and East Yakima needed more adult education programs, especially in Spanish literacy, mental health services, and professional development for child care providers.

Barriers to using services included language, culture, limited transportation, eligibility requirements, long waiting lists, and fear and distrust of government agencies and service providers. East Yakima residents also reported limited hours of operation, lack of information about services, and mistrust of interpreters.



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EAST YAKIMA'S SERVICES AT BASELINE

- Preschool services included Head Start, ECEAP, the Yakima school district prekindergarten program, and a summer academy for entering kindergartners. Most operated part-day, and few full-day spaces were available.
- Fourteen Head Start, ECEAP, and licensed child care centers and 41 family child care homes served about 175 infants and toddlers and 800 preschoolers. Family child care providers held licenses to care for about 250 children.
- Four programs offered home visiting services for low-income pregnant women—First Steps, the Maternal Child Health program, Nurse/Family Partnership, and Early Head Start.
- Several clinics and neighborhood organizations offered parenting education programs, meetings, and workshops. Residents reported a lack of culturally relevant parent education programs in Spanish and programs for fathers.
- Some technical assistance and STARS workshops offered professional development for early learning professionals. Enterprise for Progress in the Community (EPIC) Head Start, and some child care providers offered staff development. The county has one two-year and one four-year college, with another four-year college close by.

WHITE CENTER'S SERVICES AT BASELINE

- Preschool services included Highline Head Start, several part-time or summer options, and few full-day, full-year preschool spaces.
- Seventeen child care centers and 66 family child care homes enrolled about 200 infants and toddlers, and 800 preschoolers. Family child care providers had licenses to serve about 550 children.
- Services for pregnant women, parent education, and family support services were limited. First Steps, WIC, and Family Connections served selected families.
- Child Care Resources, Highline Head Start, and community colleges in other areas of King County offered professional development for early learning professionals.

Who Works in the Early Childhood Field?

Doing more to improve the qualifications and skills of early childhood professionals can have a lasting impact on a community and raise the overall quality of early care and education services available. The baseline findings below on the characteristics of the child care workforce can help compare changes over time in the experience, education, training, and diversity of staff working with young children in East Yakima and White Center.

The average age range for early childhood professionals in both communities is from the mid-30s to early 40s. Over half of infant-toddler and preschool teachers are white, along



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Over half of family child care providers do not have a high school degree or GED.

with smaller proportions who are African American, Asian, and Hispanic; 83 percent of center directors are white. Most family child care providers are Hispanic (58 percent), and 78 percent speak a home language other than English.

Education levels of early childhood professionals vary by setting. Over half of family child care providers do not have a high school degree or GED, and only 5 percent have a bachelor's degree or higher. In contrast, less than a fourth of infant-toddler teachers and 5 percent of preschool teachers do not have a high school degree; 36 percent of infant-toddler teachers and 41 percent of preschool teachers have a bachelor's or higher degree. Early childhood professionals have substantial experience caring for children—on average, family child care providers and preschool teachers have about 10 years; infant-toddler teachers have about 8 years.

Overall, pay is low. Family child care providers earned the highest salaries, averaging \$32,198, compared to \$22,643 for infant-toddler teachers and \$25,920 for preschool teachers. Fifty-six percent of family child care providers reported that their business provided health insurance coverage. Forty-five percent of infant-toddler teachers and 57 percent of preschool teachers reported health insurance as part of compensation.

Quality of the Environment Counts

Many children spend the most active and important parts of their day in child care. High-quality child care settings help children develop skills that are important for later success in school. Increasing the availability of good-to-excellent quality care is a priority for the initiative.



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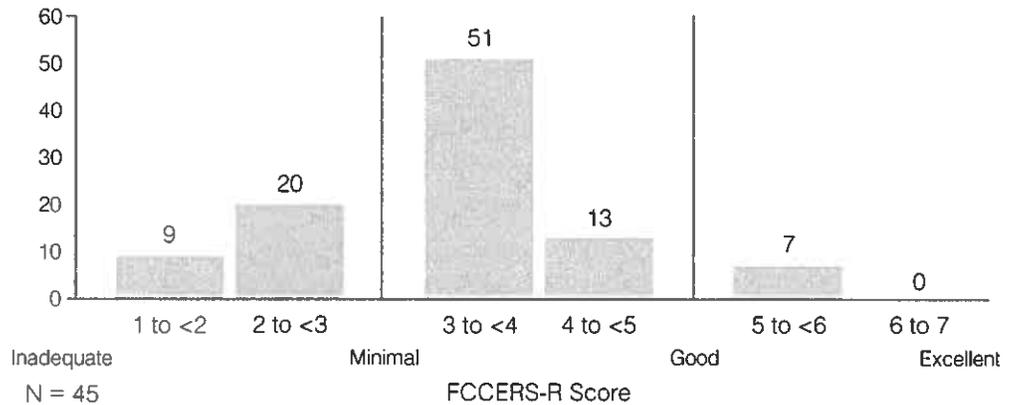
Most early care and education settings in the study are in the minimal-to-good quality range.

To assess quality of early care and education settings in the study communities, interviewers conducted structured observations using the widely employed Environmental Rating Scales. These scales share a format and scoring system but vary in design for age groups and types of settings. Items are rated from 1 to 7, with descriptors provided by the authors for ratings of 1 for inadequate, 3 for minimal, 5 for good, and 7 for excellent. Overall, most early care and education settings in the study are in the minimal-to-good quality range. About 45 percent of preschool classrooms and less than 10 percent of infant-toddler classrooms and family child care homes are in the good-to-excellent range.

The average Family Child Care Environment Rating Scale-Revised (FCCERS-R) score was 3.4, in the minimal-to-good quality range. Figure 9 displays the distribution of scores, with 29 percent of providers in the inadequate-to-minimal range, over 64 percent in the minimal-to-good range, and 7 percent in the good-to-excellent range. The average child-to-caregiver ratio was about 2.5 children per caregiver, with a group size of about 4 children.

Figure 9:
The Quality of Most Family Child Care Is Minimal

Percentage of Providers



Source: Child care observations.

The average Infant-Toddler Environment Rating Scale-Revised (ITERS-R) score was 3.7, in the minimal-to-good range. Figure 10 shows about 15 percent in the inadequate-to-minimal range, 81 percent in the minimal-to-good range, and 3 percent in the good-to-excellent range. On average, there were about 3.9 children per teacher, with a group size of about 6.8.

The average Early Childhood Environment Rating Scale-Revised (ECERS-R) scores in child care classrooms serving preschoolers was 4.7, in the minimal-to-good range. Figure 11 illustrates that about 11 percent scored in the inadequate-to-minimal range, 45 percent in the minimal-to-good range, and 45 percent in the good-to-excellent range. The average number of children per teacher was 5.5, with a group size of about 10.9.

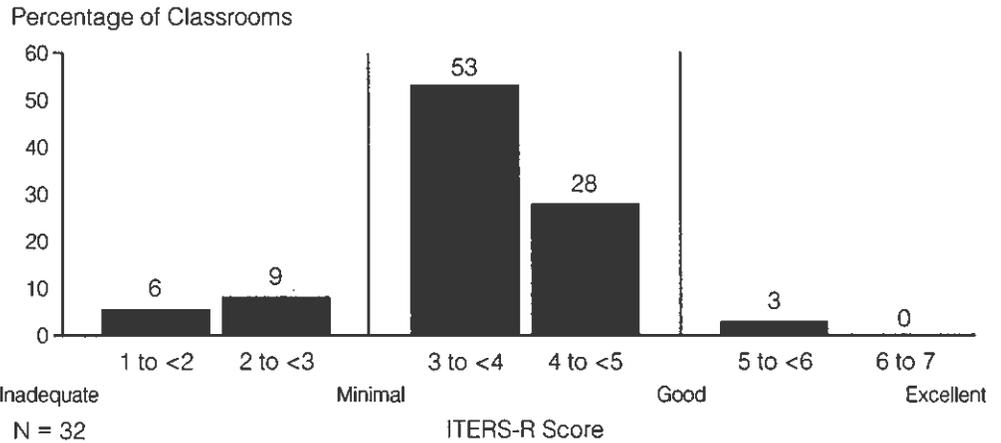


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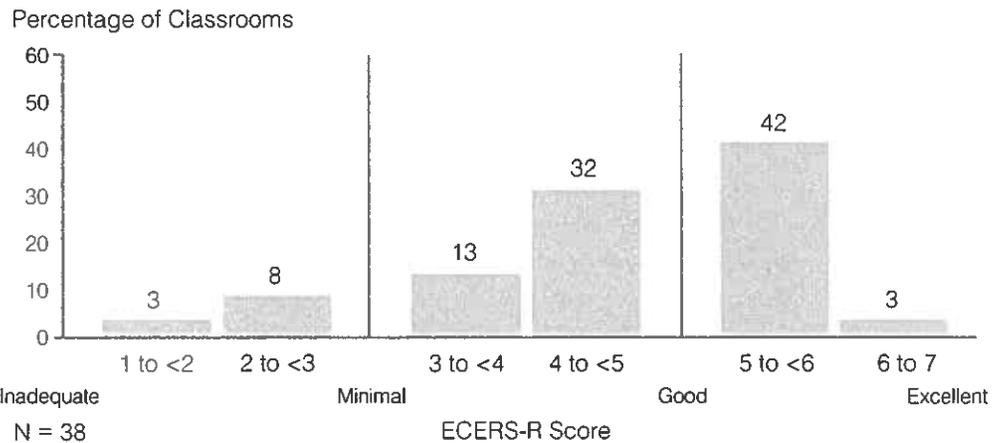
Children entering kindergarten in the study communities are achieving at levels substantially below national norms.

Figure 10: The Quality of Most Center-Based Infant-Toddler Child Care Is Minimal



Source: Child care observations.

Figure 11: The Quality of Most Center-Based Preschool Care Is Minimal-to-Good



Source: Child care observations.

What's on the Horizon?

Preparing Washington state's youngest and most vulnerable citizens for academic success and later achievement is a policy imperative. Children in the study communities are at risk of school failure, with substantial proportions of those entering kindergarten achieving at levels significantly below national norms. The baseline findings reported here on kindergartners' readiness and other factors can help inform decisions about how to plan and deliver services in the future. The strengths and needs of the children and families suggest that high-quality services could make a measurable difference in multiple areas of kindergarten readiness outcomes—particularly in vocabulary, early mathematics skills, and physical health.

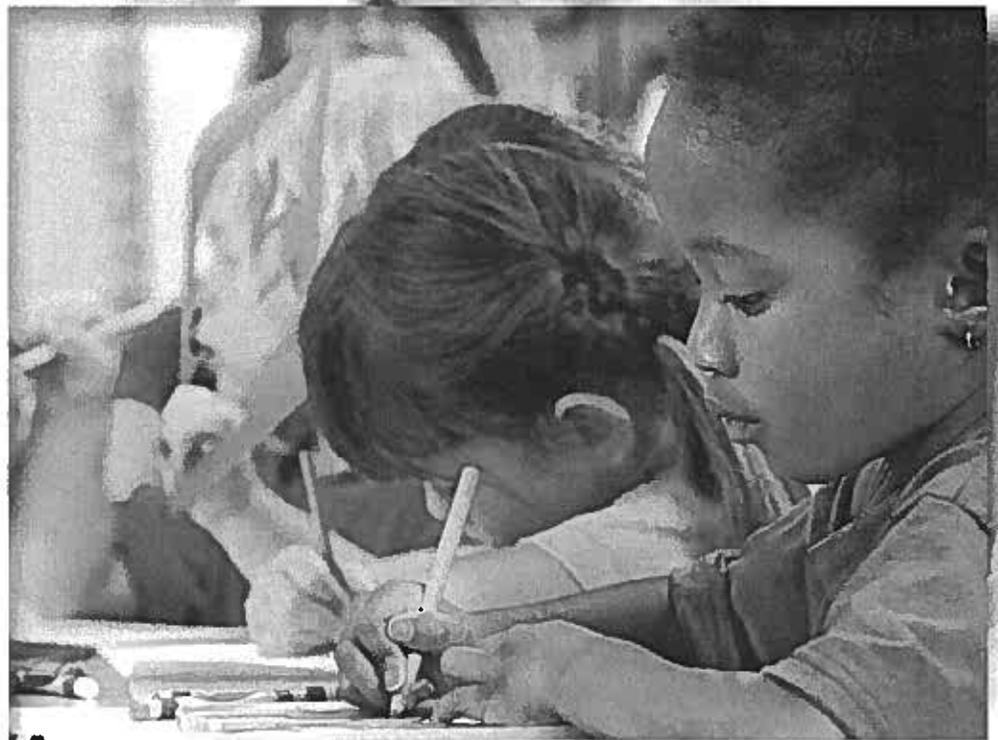


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The information about strengths and needs of the children and families illustrates opportunity for high-quality early learning services to make a measurable difference in kindergarten readiness outcomes.

Furthermore, high-quality out-of-home care can enhance school readiness by exposing children to environments designed to stimulate development. Services dedicated to parenting behaviors and the home environment can support parents as first teachers of their children. Recognizing these factors, Thrive by Five Washington, WCELL, and Ready by Five have begun to implement quality improvement initiatives for early care and education settings and have launched home visiting programs to support parents.

Mathematica’s evaluation will continue to inform program development in support of preparing children for kindergarten and eventual school success. The full reports on kindergarten readiness at baseline, “A Profile of Kindergarten Readiness in East Yakima: Fall 2007” and “A Profile of Kindergarten Readiness in White Center: Fall 2007,” contain data and background that can serve as additional guideposts for planning in the study communities. They are available on the web at www.mathematica-mpr.com, along with “Building a Community-Wide Early Learning System: East Yakima at Baseline, May 2008,” and “Building a Community-Wide Early Learning System: White Center at Baseline, May 2008.” The Gates Foundation report, “Investing in Children: An Early Learning Strategy for Washington,” is available on the web at www.gatesfoundation.org.





EXECUTIVE SUMMARY



EAST YAKIMA FACT SHEET

- East Yakima has about 28,000 residents, including 3,000 children age 5 and under.

Kindergartners and Their Families

- Of entering kindergartners, 84% were Hispanic, 10% white, and 5% multiple or another race.
- 37% of parents of entering kindergartners were born in the U.S.
- 65% of kindergartners' families lived below the poverty line.
- 75% of kindergartners' mothers had less than a high school diploma or GED.
- 64% of kindergartners spoke a first language other than English.
- 80% of fathers and 54% of mothers were employed at least part-time.
- 54% of kindergartners attended Head Start, 11% attended Early Head Start, and 6% attended ECEAP.
- 96% of kindergartners had health insurance, and 94% had a checkup in the past year.
- 27% of parents reported reading to their kindergartner daily.
- Families reported eating dinner together 5.5 nights a week.

Kindergarten Readiness

- 8% of kindergartners scored at or above the national norm on a vocabulary test; 60% showed risk. On the Spanish test, 7% scored at or above the national norm; 61% showed risk.
- One-third to half of kindergartners scored at or above national norms on tests of letter and word identification and early writing skills.
- On a test of simple addition, subtraction, and counting, 14% scored at or above the national norm; 44% showed risk.
- 59% of parents rated their kindergartner's health as excellent or very good; half were overweight or at risk for overweight.

Child Care Quality

- Most licensed child care was in the minimal-to-good quality range; 4% of family child care homes, 7% of infant-toddler classrooms, and 43% of preschool classrooms were in the good-to-excellent range.

Source: 2007 parent interviews, child assessments, and child care observations.



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**WHITE CENTER FACT SHEET**

- White Center has about 32,000 residents, including 2,500 children age 5 and under.

Kindergartners and Their Families

- Of entering kindergartners, 34% were Hispanic, 26% Asian, 13% white, 5% African American, and 22% multiple or another race.
- 37% of parents of entering kindergartners were born in the U.S.
- 49% of kindergartners' families lived below the poverty line.
- 34% of kindergartners' mothers had less than a high school diploma or GED.
- 55% of kindergartners spoke a first language other than English.
- 91% of fathers and 61% of mothers were employed at least part-time.
- 43% of kindergartners attended Head Start, 8% attended Early Head Start, and 8% attended ECEAP.
- 95% of kindergartners had health insurance and 98% had a checkup in the past year.
- 42% of parents reported reading to their kindergartner daily.
- Families reported eating dinner together 5.6 nights a week.

Kindergarten Readiness

- 25% of kindergartners scored at or above the national norm on a vocabulary test; 46% showed risk. On the Spanish test, 22% scored at or above the national norm; 74% showed risk.
- Most kindergartners scored at or above national norms on tests of letter and word identification and early writing skills.
- On a test of simple addition, subtraction, and counting, 31% scored at or above the national norm; 33% showed risk.
- 84% of parents rated their kindergartner's health as excellent or very good; 31% were overweight or at risk for overweight.

Child Care Quality

- Most licensed child care was in the minimal-to-good quality range; 11% of family child care homes and 48% of preschool classrooms were in the good-to-excellent range.

Source: 2007 parent interviews, child assessments, and child care observations.



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Better Beginnings:

The State of
Early Learning
and Kindergarten
Readiness in
East Yakima and
White Center





Improving Children and Families' Access to High-Quality Early Childhood Experiences: Priorities for the New Administration

The Child Care and Early Learning Coalition welcomes President-Elect Obama's strong commitment to significant new investments in early childhood that involve strengthening and expanding existing programs that support children and families as well as helping states to fund initiatives for children birth to age five through Early Learning Challenge Grants.

In order to make significant strides on a strong early childhood agenda, President Obama can take a number of steps—immediately upon taking office, in the first 100 days, and in the first year of his new administration.

Provide Critical Funding for Child Care and Head Start in the Economic Recovery Package

President Obama should work with Congress to enact an economic recovery measure that immediately increases funding for the Child Care and Development Block Grant and Head Start by \$2 billion in the first year of an economic package. The current economic crisis has created tremendous strains for families as well as child care and Head Start providers who were already vulnerable after years of neglect of these critical programs. Investments in these programs will have a strong stimulative effect, allowing child care and Head Start programs to serve more families and hire additional staff. Studies have shown that child care is a key part of the economy and is responsible for generating nearly \$580 billion in labor income and \$69 billion in tax revenue and providing more than 15 million jobs.

In order for families to succeed, making child care affordable must be an essential component of any economic recovery strategy. Low-income families struggling to pay all of their bills during this challenging economic time need help affording stable child care so they can get and keep a job or participate in the job training they need to compete for employment in new sectors. The cost of child care is one of the highest expenses for many families, especially low-income families, and it has been increasing faster than inflation. In just the period from 2006 to 2007, the price of full-time center care for young children increased at nearly twice the rate of inflation. Parents will not be able to fully benefit from an economic recovery package without a focus on increased access to affordable child care.

Although the cost of child care has been steadily increasing, and an additional 350,000 working families were low-income in 2006 compared to 2002, funding for the CCDBG has been nearly flat since 2002. States have cut assistance, with nearly 140,000 fewer children receiving child care help in 2005 than in 2002. As a result, states have had to turn away many low-income families eligible for child care assistance. A growing number of states place families on waiting lists rather than providing them with assistance. In addition, most states are not paying adequate reimbursement rates to child



care providers who serve children receiving assistance, which affects the quality of care providers are able to offer.

When parents are unable to receive help paying for child care, and cannot afford it on their own—because, for example, they find themselves earning less income in this economic recession—they may be unable to retain or accept employment or choose the child care they want for their young children. In some cases, families may have no choice but to use care that is not reliable and does not adequately support their children's learning. To help these low-income families afford good-quality care that enables parents to work and children to get the strong start they need, funding for CCDBG should be increased by \$1 billion in the first year of an economic recovery package. This will allow states to provide funding for child care for more than 164,000 children in low-income working families. States have the capacity to serve these children—and many more—through their child care assistance programs.

Head Start, the nation's premier early childhood program, helps parents find jobs and gives our poorest children the early learning experience they need to begin school ready to succeed and be productive workers in the future. Head Start and Early Head Start have been shown to improve children's short- and long-term educational and health outcomes. Seventy-one percent of families participating in Head Start have at least one working parent, demonstrating that Head Start also helps families work and succeed. Yet these critical programs experienced a 13 percent real cut in funding from FY 2002 to FY 2008. As a result, programs have been forced to lay off critical program staff, cut back on the number of children served, eliminate some supportive services for families, and reduce transportation, making it difficult for families to access Head Start's comprehensive services. Only about half of preschoolers eligible for Head Start and less than 3 percent of infants and toddlers eligible for Early Head Start are currently able to participate. To prevent further reductions in the availability and quality of services, Head Start needs an increase of \$1 billion in the first year of an economic recovery package. This amount would meet the FY 2008 authorized funding target, and begin to make up for the real cut in funding experienced by these programs over the past several years.

As economists look past the immediate crisis, evidence suggests that low-income families will be slower than other families to recover from the recession. As a result, additional funding for CCDBG and Head Start should be considered in a 24 month cycle. State child care assistance programs and Head Start programs have the capacity to serve many more children and their families, and to help stimulate the economy through direct employment of providers, teachers, and support staff and to assist in parents accessing job training and employment opportunities.

Establish an Office of Early Care and Learning in the Department of Health and Human Services

President Obama should take immediate steps to establish an Office of Early Care and Learning in the Administration for Children and Families in the Department of Health and Human Services (HHS) to house the Child Care Bureau and the Office of Head Start.



Currently, the two major federal early childhood programs—the Child Care and Development Block Grant (CCDBG) and Head Start—are in separate parts of HHS. The Child Care Bureau is located within the Office of Family Assistance, where it is primarily focused on providing child care as a work support for families receiving or moving off of Temporary Assistance for Needy Families (TANF), although CCDBG funds are also intended to serve low-income families not receiving TANF and to improve the quality of child care. The new Office would allow for greater coordination and support to maximize the reach and effectiveness of early childhood programs, and would be the first step in establishing early childhood as a top priority for the new Administration and moving toward implementation of a strong early childhood system as set out by the President-Elect.

Provide a New Investment of \$10 Billion for Early Childhood in the FY 2010 Budget

Investing in early childhood helps America's children, families, workers, and communities prosper. Young children need to be in safe and stimulating environments that will prepare them to succeed in school and in life. Reliable, high-quality early childhood opportunities also give working parents the support and peace of mind they need to be productive at work. As a first step toward building a comprehensive system of high-quality child care and early education, President Obama should request an increase of \$10 billion for early childhood programs in his first FY 2010 budget, and work with Congress to enact such an increase. This new investment should be divided equally among the Child Care and Development Block Grant, Head Start, and the new Early Learning Challenge Grants proposed by candidate Obama. These new grants should include a strong focus on helping families with young children access high-quality child care options that enable their children to thrive and families to work.

Expand and Improve the Child and Dependent Care Tax Credit

The Child and Dependent Care Tax Credit (CDCTC), which currently helps 6.5 million families afford child care, should be improved so that it is available to more families and provides them with more assistance. Although paying for child care takes a larger bite out of the budget of lower-income families than higher-income families, millions of lower-income families can receive little or no benefit from the current credit because of the way in which it is structured. President Obama should work with Congress to enact permanent improvements to the CDCTC, including making the credit refundable and allowing low- to moderate-income families to receive a credit of up to 50 percent for allowable child care expenses, as proposed by candidate Obama, along with other improvements, including an adjustment in expense limits and indexing the expense limits and sliding scale for inflation. These changes would benefit families at all income levels.

Provide Greater Access to Nutritious Meals through the Child and Adult Care Food Program

The reauthorization of the Child and Adult Care Food Program (CACFP) should include provisions to expand access for children enrolled in family child care homes and child



care centers. They should be able to take advantage of not only the meals and snacks offered by the CACFP program but should also be able to benefit from the routine monitoring and technical assistance that builds the quality of their early childhood programs. Special attention should be paid to making it less burdensome for family child care providers, who care for many of our nation's infants and toddlers, to participate. This could be accomplished by eliminating the means test for children enrolled in family child care homes as well as reducing the paperwork burden for providers. (See attachment)

Begin a Dialogue on the Reauthorization of the Child Care and Development Block Grant

Recognizing that the Child Care and Development Block Grant has not been reauthorized in over a decade, a group of national and state children's advocates have worked to develop an Agenda for Affordable, High-Quality Child Care to guide the next reauthorization of CCDBG. (See attachment) It is essential to begin the discussions about strategies to strengthen and expand CCDBG so that policymakers can create an environment where children in child care settings can thrive and parents can be productive at work.

The following Child Care and Early Learning Coalition members endorse these recommendations:

Alliance for Children and Families
American Federation of State, County and Municipal Employees
American Psychological Association
Center for Law and Social Policy
Cherokee Nation
Child Care Law Center
Child Welfare League of America
Council for Professional Recognition
Early Care and Education Consortium
Easter Seals
First Children's Finance
The First Five Years Fund
IFF
Insight Center for Community Economic Development
Leviticus 23:25 Alternative Fund, Inc.
Local Initiatives Support Corporation
Low-Income Investment Fund
National Association of Child Care Resource and Referral Agencies
National Association for the Education of Young Children
National Child Care Association
National Council of Jewish Women
National Head Start Association
National Migrant and Seasonal Head Start Association



National Women's Law Center
Nonprofit Finance Fund
Opportunity Finance Network
Pre-K Now
Service Employees International Union
United Neighborhood Centers of America
Voices for America's Children
Women Work! The National Network for Women's Employment
Women's Business Development Center
Zero to Three



Developing America's Potential: An Agenda for High-Quality Child Care

This Agenda is the product of a historic collaboration of national and state organizations that has worked to craft a shared “blueprint” for the future of child care. It offers a solid framework for guiding the reauthorization for the Child Care and Development Block Grant (CCDBG) and other opportunities for child care improvement in the new administration and new Congress.

The Agenda recognizes that high-quality child care helps children, families and communities prosper. It helps children learn and develop skills they need to succeed in school and in life. It gives parents the support and peace of mind they need to be productive at work. And it helps our nation stay competitive, by producing a stronger workforce now and in the future. But for many families – especially, but not only, low-income families – high-quality child care is unaffordable or unattainable. This Agenda for Affordable, High-Quality Child Care proposes comprehensive reforms to ensure safe, healthy and affordable child care that promotes early learning and increased federal funding to make this possible.

Section A: Ensuring Access to Healthy and Safe Care

- **To ensure that all child care meets basic health and safety and child development standards, mandatory federal funding for CCDBG will be sufficiently expanded, and states will be required within three years to use this funding to:**
 - Have written health and safety standards appropriate to the setting of the provider and the age of the children that apply to all child care centers and family child care homes caring for at least one child not related to the provider for a fee on a regular basis. At a minimum, these standards must address requirements for first-aid, CPR, sanitation procedures and control of communicable disease, child abuse identification and reporting, background screenings, prevention of sudden infant death syndrome, emergency and disaster procedures, medication administration, and basic child guidance policies.
 - Require all providers in child care centers and family child care homes caring for at least one child not related to the provider for a fee on a regular basis to have at least 40 hours of appropriate and accessible health and safety and child development training, including training on state early learning guidelines and information about working with children with disabilities and other special needs, before providing care to children, and 24 hours annually thereafter.
 - Ensure that all children in child care centers and family child care homes receiving care from a provider not related to the child for a fee on a regular basis receive a developmental screening by qualified professionals and referrals for appropriate services when they enter care.



- Inspect and monitor all providers in child care centers and family child care homes caring for at least one child not related to the provider for a fee on a regular basis at least twice a year with one or more on an unannounced basis to ensure compliance with these requirements.
- **To ensure that parents have access to a range of child care services, mandatory federal funding for CCDBG will be sufficiently expanded, and states will be required to use this funding to:**
 - Until the Quality Rating and Improvement System described in Section B is in effect, establish maximum base reimbursement rates for providers caring for children receiving federally funded child care assistance at no less than the 75th percentile of the current market rate, based on a market rate survey that is conducted at least annually and that is statistically valid and reliable and reflects cost variations by geography, age of children, and provider type.
 - Develop and implement strategies such as higher payment rates and bonuses, direct contracting, grants, or other means of increasing the supply of care in particular areas of the state or for particular categories of children, such as care in low-income and rural areas, care for infants and toddlers, school-age children, children with disabilities and other special needs, children in families with limited English proficiency, and care during non-standard hours, if shortages of these types of care are identified, and report annually to the Secretary of Health and Human Services on how these strategies are being used to expand the supply of this care.
 - Set a one-year eligibility determination period for child care assistance.
 - Provide federally funded child care assistance sufficient to double the number of children currently served nationwide.
 - Support a computer system to streamline administration of the state's child care assistance program.
 - Ensure that state payment practices for child care providers reflect generally accepted payment policies that providers use for their private-paying parents.
 - Provide grants to community-based organizations with expertise in serving populations with limited English proficiency to develop and implement effective outreach models to help eligible families learn about and obtain child care assistance.

Section B: Improving Quality to Promote Early Learning

- **To improve the quality of care above the basic standards described in Section A, mandatory federal funding for CCDBG will be sufficiently expanded to provide states with additional resources so that state have the funding to invest in each of the following required activities:**



- Financial support for providers and programs to meet expenses necessary to achieve and maintain the standards and training requirements established by Section A, and to become licensed and regulated, with a priority for low-income providers and programs in low-income communities.
- Establishment and operation of a statewide Quality Rating Improvement System within five years for all child care centers and family child care homes providing care for at least one child not related to the provider for a fee on a regular basis and other early childhood education program settings as the state determines.
 - o The QRIS must rate providers according to the quality of care they provide, based on the extent to which they meet criteria appropriate for each age group such as: an early learning environment that promotes children's development and school readiness and that is linguistically and culturally appropriate, appropriate staff-child ratios and group size, staff qualifications and education credentials and staff compensation, opportunities for parent involvement, regular program evaluation, inclusion of children with disabilities and other special needs and safe physical environment.
 - o The quality ratings must be tiered, beginning at the level of quality needed for providers to become licensed or regulated, and increasing in quality to reach nationally recognized high program standards.
 - o The maximum reimbursement rate for providers caring for children receiving federally funded child care assistance in each quality tier included in the QRIS must be based on no less than the 75th percentile of the current market rate for that tier of care, based on a market survey that is conducted at least annually and that is statistically valid and reliable and reflects cost variations by geography, age of children, and provider type.
 - o The QRIS must include support for a credentialing and compensation program that includes grants to assist individual providers/teachers in child care centers and family child care homes providing care for at least one child not related to the provider for a fee on a regular basis in obtaining the training, credentials, and degrees required by each level of the QRIS standards and the state's prekindergarten program, and increases their compensation based on their level of education, with preference given to providers/teachers in centers in which a significant share of children served are receiving federally funded child care assistance and homes that participate in the Child and Adult Care Food Program.
 - o The QRIS must include grants to assist child care centers and family child care homes serving children receiving federally funded child care assistance in achieving and maintaining the



- progressively higher quality program standards of the QRIS (other than those standards that address provider/teacher credentialing and compensation), with preference given to centers in which a significant share of children served are receiving federally funded child care assistance and homes that participate in the Child and Adult Care Food Program.
- The QRIS must include support for programs to train and mentor individual providers/teachers in child care centers and family child care homes providing care for at least one child not related to the provider for a fee on a regular basis in achieving and maintaining the progressively higher quality standards of the QRIS, with preference given to providers/teachers in centers in which a significant share of children served are receiving federally funded child care assistance and providers in homes that participate in the Child and Adult Care Food Program.
 - States must report annually to the Secretary of Health and Human Services, starting one year after the QRIS is implemented, on:
 - The quality standards that are necessary to meet the requirements for each tier in the state's QRIS.
 - The numbers and percent of all children and of children receiving federally funded child care assistance who are receiving care from providers in each quality tier, by children's age, children's race/ethnicity, and the extent to which children have limited English proficiency.
 - The number and percent of providers that have moved up at least one quality tier in the QRIS from the previous year, including the number and percent of those providers who are in low-income communities.
 - The strategies used by the state to increase the number and percent of providers offering, and children receiving, care in progressively higher quality tiers.
 - Support for a statewide network of child care resource and referral programs.
 - Additional supports to improve the quality of care.

Section C: Improving and Expanding Infant and Toddler Care

- **To address the shortage of high-quality infant and toddler care, mandatory federal funding for CCDBG will be sufficiently expanded to provide states with significant new resources to expand the supply of high-quality infant and toddler care through each of the following activities:**
 - Grants to establish and operate neighborhood- or community-based family and child development centers to provide high-quality, comprehensive child care and development services to infants and toddlers. Grantees



must be child care providers ranked at the top level of a state's QRIS. Priority for grants is given to centers in low-income communities.

- Grants to organizations to establish and operate neighborhood- or community-based family child care networks and/or offer technical assistance to parents and other infant-toddler child care providers, including relative caregivers. Priority for grants is given to organizations in low-income communities, including communities with significant populations of families who have limited English proficiency.
- Grants to an organization to support a statewide network of infant and toddler specialists to provide individual and/or group training and intensive consultation to child care centers, family child care homes, and relative caregivers on strategies to improve the quality of care for infants and toddlers, especially infants and toddlers in families who are eligible for federally funded child care assistance).

Section D: Expanding Research and Technical Assistance

- **To provide technical assistance and other support, mandatory federal funding for CCDBG will be sufficiently expanded, and the Secretary of Health and Human Services will be required to ensure that the following activities are conducted:**
 - Within two years, the National Academy of Sciences will conduct a study and report to Congress on the actual cost per child of a full- year, full day program of high-quality early care and education program that promotes the sound development of children, by age of child from birth to age 13, and by type of setting (center-based or family child care program) , taking into consideration the additional costs of serving children with disabilities and other special needs.
 - The Department of Health and Human Services will provide technical assistance to states on developing and conducting statistically valid and reliable market rate surveys and identify acceptable approaches for states to use in developing and conducting market rate surveys.
 - The Department of Health and Human Services will identify acceptable approaches and criteria for states to use in developing each quality tier of the QRIS and provide technical assistance to states in developing their QRIS.
 - Each state every five years will conduct a study, applying methodology established by the Department of Health and Human Services to ensure comparability of data across states, and the Secretary shall, using the data submitted by each state, report to Congress every five years on the characteristics of the workforce providing child care and development services to children birth to age 13, by age group served, geographic area, quality rating, type of care (including child care center, family child care home, prekindergarten, Head Start, and school-age care) and other significant variables, including providers' race and ethnicity, language



status, credentials and training received, experience working in the field, and salary and benefits.

Section E: Promoting Effective Coordination

- The state child care plan for the CCDBG must be submitted to the State Advisory Council on Early Care and Education for comment before the plan is submitted to the Department of Health and Human Services for funding. The plan must describe coordination among child care, Head Start, and state prekindergarten programs, and Part C and Section 619 programs authorized by the Individuals with Disabilities Education Act, including the ways in which federal and state resources are to be used to help child care providers meet the state prekindergarten requirements and to help children enrolled in part-day prekindergarten and Head Start programs receive full-day services.
- In order to streamline, coordinate, and improve the effectiveness of operations and services within the Department of Health and Human Services, an Office of Early Care and Learning must be established within the Administration for Children and Families, and must house both the Head Start Bureau and the Child Care Bureau.
- In order to promote collaboration across agencies, an Interagency Early Learning and After-School Council must be established, chaired by the Secretaries of Health and Human Services and Education, to coordinate federal funding for child care and development programs and services for children birth to age 13 across the federal agencies that provide such funding.

Section F: Ensuring an Adequate Supply of Facilities

- In order to support an adequate supply of child care facilities, federal funding will be authorized to establish an ongoing pool of capital for the renovation and construction of facilities in low-income communities, including those serving families with limited English proficiency. This pool will be accessed through experienced non-profit facilities intermediaries who may use the funds to make grants and loans to child care providers for this facility renovation and construction, and to provide technical assistance on facility design and development.

Section G: Improving Services to Families with Limited English Proficiency

- To improve services to children and families who do not speak English or have limited English proficiency, federal funding will be authorized for grants or contracts to develop, implement, and demonstrate the effectiveness of techniques



and approaches for training child care providers with limited English proficiency to provide high-quality child care. Grants or contract will be awarded on a competitive basis to community-based organizations with experience and expertise in providing training services to child care providers with limited English proficiency.

Section H: Improving Services to Children with Disabilities and Other Special Needs

- To improve services to children with disabilities and other special needs and their families, federal funding will be authorized for grants or contracts to develop, implement, and demonstrate the effectiveness of techniques and approaches for training child care providers to provide high-quality care for such children. Grants or contracts will be awarded on a competitive basis to community-based organizations with experience and expertise in providing training services to child care providers to meet the needs of children with disabilities and other special needs in community child care programs.

Section I: Improving the Dependent Care Tax Credit

- In order to help low-income families, the federal Dependent Care Tax Credit will be made refundable. To help middle-income families, the sliding scale for determining the amount of the credit will be expanded so that it begins at 50 percent of expenses for families with incomes of \$35,000 or less. To help all families, the current expense limits of the credit will be maintained at no less than \$3,000 for one child or dependent and \$6,000 for two or more children or dependents, and, to preserve the credit's value, it will be indexed for inflation.