

GOVERNOR'S SUMMIT ON EARLY CHILDHOOD

Issue Brief

Early Learning Matters

Early Care and Education

OBJECTIVES

- Promote school readiness and success through high quality early childhood education for all children, especially the most vulnerable.
- Assure that high quality child care is accessible and affordable for all children and families
- Assure that all children with disabilities and special needs receive appropriate, responsive, and high quality services that meet their unique needs and optimize their development.
- Promote full participation in the federal Child and Adult Food Program in order to improve the nutritional status of children in group settings.

Research

The first years of life are critical for healthy brain development and a child's future success. Neuroscience and child development research confirm that the interactions and experiences of children from birth to age five create the foundation for success in school and in life. Research also confirms that all children benefit from high quality preschool experiences; gains are greatest for children from low-income families.

Oregon's Early Care and Education system seeks to support the optimal development in the early years of life. The Early Care and Education system has four primary system components that work collaboratively to support young children and families.

- ❖ **The Child Care system** provides child care and education for children ages birth to twelve; these services offer essential care for children so that families can work, go to school, and meet other obligation, The child care system is complex in that there is a diversity of care: both regulated and unregulated and a diversity of funding sources. Access, parental choice, affordability and quality remain key issues in child care across the nation and in Oregon.
- ❖ The **Early Head Start/Head Start (EHS/HS) system** provides education integrated with child health, nutrition, mental health, parent education and family support services for Oregon's lowest income and highest need families, including pregnant women and children ages birth to five. Maintenance of quality and limited access due to federal funding reductions remain key issues for EHS/HS.
- ❖ **The Early Intervention/Early Childhood Special Education (EI/ECSE) system** provides specialized educational support for children with disabilities, age's birth to five, and their families. These services are an entitlement for all eligible children at no cost to families. EI/ECSE seeks to prevent or ameliorate the effects of disabling conditions so children can participate meaningfully within their families, schools and communities.

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- ❖ **The Child and Adult Food system** utilizes federal funds to serve nutritious meals including breakfast, hot lunches and snacks for children participating in center and home based child care and education programs.

Child Care System

The child care system is a complex quilt of regulated and unregulated care, licensed and unlicensed care; quality varies in all types of care. This is the system that touches most families and children. Affordability, accessibility and quality are perennial challenges.

Affordability

- ❖ **Child care and education are primarily supported through parent fees** (70%), sometimes on a sliding fee scale. Lower income families face especially difficult affordability issues. About a quarter of Oregon families with young children earn less than \$28,000 per year and, if early care and education is purchased, spend almost a quarter of their income on child care.
- ❖ **Child care subsidies are intended to assist families living at 185% of poverty or below (\$32,560 for a family of three)** pay for the type of child care that best meets families' needs. Approximately 60% of families receiving subsidies choose unregulated care provided by families, friends or neighbors. In Oregon, we believe there are a substantial number of families who are eligible for subsidies, and are not accessing the subsidy program.
- ❖ **Payment for child care workers is very low**; nationally, parking lot attendants learn more than child care workers. Poor compensation causes child care workers to leave the field, and children suffer when turnover is high. Workers who do choose to stay in the field cannot afford to pay the cost of school to get the education and training they need to increase their skills and education.

Accessibility

- ❖ **The supply of child care is not keeping up with the demand, especially for infant and toddler care.**
- ❖ **Some types of care are especially difficult to find.** Care for children ages birth to three and children with special needs are especially difficult to find, along with week-end and evening care. Responding to the growing number of children and families from diverse cultures and languages is a significant challenge.

Quality

- ❖ **Licensing regulates assurance of minimal health and safety requirements and does not address the level of quality indicated in research that produces positive child and family outcomes.** Licensing is required for child care centers and family homes that operate over four hours per day.

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Some child care programs are exempt from licensing such as those operated by government agencies (public schools and colleges) and private preschools that operate four hours or less per day. These programs operate without any regulations or state requirements.

- ❖ **Unregulated care** is provided by family, friends and neighbors throughout the state. Many of Oregon's children under the age of five, an estimated 48,500, are in unregulated care. **Infants and toddlers are most likely to be in unregulated care.** Although this care is essential to many families, very little is known about its safety or quality and there are few formal supports for unregulated providers.
- ❖ **The level of quality in Oregon child care is largely unknown.** National studies have found the quality of infant and toddler care to be lower than that available to older children. Child care must be high quality in order to deliver positive child outcomes, including improved school readiness and success.
- ❖ **State investments to support quality are sporadic and limited.** Some training and support is available to child care providers through the statewide Child Care Resource and Referral Network.
- ❖ **The current Child Care system does not monitor child care quality,** nor does the system have adequate resources to support the level of quality that research has shown delivers positive child outcomes.

Early Head Start and Head Start System

The Early Head Start and Head Start system provides comprehensive child development programs that integrate birth to five education with child health, nutrition, mental health, parent education and family support services.

Early Head Start and Head Start (EHS/HS) target Oregon's lowest-income families and highest need children. **Priority for enrollment must go to families who have incomes at or below 100% FPL, \$17,600 for a family of three.** Eligible families do not pay fees but are expected to volunteer in the program. EHS serves pregnant women and children from birth to age three. HS serves children from three to ages five. Children with disabilities, homeless and foster children are categorically eligible and special efforts are made to enroll these children.

EHS/HS programs adhere to research-based standards in order to assure the highest quality that supports positive child and family outcomes. A well developed monitoring and training system supports quality assurance and promotes well trained and educated staff. EHS/HS programs have degree requirements and goals, and are required to have individualized professional development plans for staff.

- ❖ **Maintenance of quality EHS/HS services and the ability to maintain current service levels are threatened by reduced federal funding.** The recent Head Start Reauthorization Act requires higher staff degrees but

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allocated no funds for this purpose. Thus programs will either have to reduce quality or reduce the number of children currently being served.

- ❖ Currently the **EHS program serves 3.7% of Oregon's eligible children, age's birth to three**, and their families.
- ❖ Currently the **HS program serves 62.4% of Oregon's eligible children, age's three to five**, and their families. Oregon's successful Head Start PreK expansion will add over 3,000 children during the next two years. This success, however, may be compromised by reductions in federal HS funding. For FY 2008, there was an increase in the 3 & 4 year old population and an increase in the poverty rate, which increased the number of HS eligible children and families.
- ❖ **If not enrolled in EHS/HS, eligible children will most likely not receive any early education before entering kindergarten.** EHS/HS eligible families cannot afford even small payments for child care and education services.
- ❖ **Responding to the growing number of children and families from diverse cultures and languages** is a significant challenge.

Oregon Early Intervention/Early Childhood Special Education (EI/ECSE)

The Oregon Early Intervention/Early Childhood Special Education (EI/ECSE) system serves children with disabilities, and their families. The purpose of EI/ECSE is to prevent or ameliorate the effects of disabling conditions so children can participate meaningfully within their families, schools and communities. Services are provided in specialized preschools and community settings such as child care centers and homes, private preschools and EHS/HS programs.

- ❖ In 2007, only 1.80% of Oregon children, age's birth to three, received EI services; nationally 2.43% of this age population received EI services. Thus, a key goal is to **reach and serve all infants and toddlers who may need EI services.**
- ❖ For three to five year old children who need ECSE services, there is a need to **increase the number of children receiving services in natural settings with typical peers**, and to **increase the quality of services in inclusive placement sites** such as child care centers, homes and private preschools.

Child and Adult Food Program (CAFP)

Research has shown the importance of good nutrition to the development of cognitive abilities and school readiness. **Participation on the child nutrition program is a major factor associated with quality care.** CAFP supports high quality nutrition and learning experiences for over 32,000 children each working day.

- ❖ The Child and Adult Food Program (CAFP), a federal nutrition program, is a key support for family child care, child care centers, EHS/HS and after school

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programs. CAFP provides reimbursement for food and meal preparation costs, ongoing training in child nutrition and food safety, and on-site technical assistance and compliance monitoring.

- ❖ In Oregon, most child care centers and family child care homes, and all Early Head Start and Head Start programs participate in the Child and Adult Care Food Program and CAFP.
- ❖ Despite this high rate of participation, a core challenge facing CAFP is to **assure that all eligible programs are reached and participate**. In particular, the CAFP program is doing outreach to increase the number of Family Child Care homes receiving CAFP benefits.

Strategies to Meet Challenges

The Early Care and Education system has developed and implemented a number of successful projects and quality initiatives; however, these proven approaches have not been expanded across the state. With expanded access and sustainability, these projects and quality initiatives will contribute to improved quality and a better trained and educated work force, thus strengthening Oregon's entire Early Care and Education system. Among the **successful quality initiatives** are the following:

- ❖ The **early learning guidelines, known as *Early Childhood Foundations***, provide child care providers and teachers with a consistent and solid understanding of what children should know, understand and be able to do during the first five years of life. The early learning guidelines thus can help providers and teachers to develop curriculum and experiences for each child so all children are prepared and ready for kindergarten. The *Early Childhood Foundations* guidelines complement and strengthen, but do not replace high program standards and developmentally appropriate curriculum. All are necessary for a high quality early care and education system.
- ❖ The ***Child Care Quality Indicators Project*** is working with center and family child care facilities to gather data on seven structural indicators of child care quality. Research has shown these seven indicators to contribute to positive child outcomes. The *Child Care Quality Indicators Project* is currently being piloted in three counties and will expand to other counties when the pilot is completed.
- ❖ The ***Child Care Health Consultation*** programs offer community child care programs and homes with consultation services that support providers/teachers in the areas of child health, nutrition, mental health and child development to improve practice and the quality of care. Currently, consultation services are only available in five counties.
- ❖ **Compensation and Retention Equals Stability (CARES)** helps child care providers and teachers pay for education and training; CARES also provide financial incentives to retain trained providers and teachers. At one point eight counties operated CARES programs. Despite documented success, only one

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CARES project currently operates. The loss of CARES was due to lack of funding.

- ❖ The *Child Care Contribution Tax Credit* provides an opportunity for taxpayers to receive an Oregon state tax credit for contributing to child care. Proceeds from the credits are used to fund innovative child care projects that address issues of quality, compensation and affordability.
- ❖ *Positive Behavior Supports (PBS)* provides training and direct supports to assist staff in establishing positive social and emotional environments for all children, including children with challenging behaviors. Currently, *PBS* is implemented on a limited basis throughout the state.

CONCLUSION: Quality, Affordability, and Accessibility

In sum, Oregon's Early Care and Education system has four important components in place. Oregon, however, needs a more fully integrated system of early care and education if we are to adequately respond to young children's developmental needs and prepare each child for success in school and in life. Overall, Oregon's Early Care and Education system faces three overarching challenges: Quality, Affordability and Accessibility.

QUALITY:

For the Child Care system, there is a great need to **initiate policies and investments that support quality** services for all children. Licensed and unregulated care need to be addressed. Child care quality initiatives need to be brought to scale on a systemic, statewide and sustainable level.

- ❖ For the EHS/HS system, the **maintenance of quality services** in the face of federal funding reductions is vital.
- ❖ Additional investments are needed to assure that early childhood providers and teachers can access training and education, and to ensure they are rewarded for their investments in professional development. **Successful training, education and compensation initiatives are needed.**
- ❖ **Bilingual staffs are needed** to respond to the growing number of children and families who speak languages other than English.
- ❖ **Early learning guidelines** (*Early Childhood Foundation*), **high program standards, developmentally appropriate curriculum and *Positive Behavior Supports*** need to be implemented and sustained across the early childhood system.

AFFORDABILITY:

- ❖ Investments must be made to **make quality child care and education affordable** for Oregon families. There is a need to **increase access to child care subsidies** for eligible families.

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- ❖ For **Oregon's poorest families**, who cannot afford even small payments for child care and education services, there is a **need for increased access to EHS/HS**.

ACCESSIBILITY:

- ❖ Across the Early Care and Education system, it is important to expand access to quality early care and education services, especially for children ages birth to three. **Infants and toddlers are the most underserved population in both the child care and EHS systems.**
- ❖ There is a need to expand: (1) **quality inclusive placement sites** for children with disabilities and other children with special needs, (2) access to care during **non-traditional hours** such as weekends and evenings, and (3) access to **responsive and culturally appropriate services** for the growing number of children and families from diverse cultures and languages.