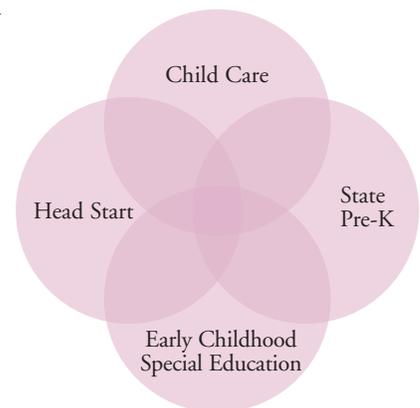


## ACCESS TO EARLY LEARNING PROGRAMS IN RHODE ISLAND

Participation in high-quality early learning programs builds a strong foundation that enables children to do better in school, be good problem-solvers, work well with others, and grow to become productive adults. Experiences during the first five years set the stage for a child's entire life. Science shows us that children's brains are constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences actually shape the basic architecture of the brain – creating the foundation for the development of language, cognition, behavior and social-emotional skills that are essential to success in school and in life. A strong foundation leads children to thrive; a weak foundation increases the odds of future difficulties.<sup>1</sup>

Effective early learning programs provide positive, responsive relationships with caring adults and a wide variety of learning opportunities that shape the cognitive, social and emotional development of young children. There are four major types of early learning programs that comprise an effective, high-quality early learning system: child care (including center-based and family-based), Head Start and Early Head Start, state pre-kindergarten programs, and early childhood special education, including Early Intervention for children from birth to age 3 and preschool special education for children ages 3 to kindergarten entry.

In recent years, state and federal leaders have taken steps to improve access to high-quality early learning programs and to improve coordination across the system of early learning services.<sup>2,3,4</sup> There is increasing recognition that all young children benefit from the opportunity to participate in affordable, effective early learning programs before they enter kindergarten. Yet, many children still do not have access to high quality early learning services in their community. Investments in early learning have a proven long-term payoff in better educational and economic outcomes for children, families and society.<sup>5</sup>



## CHILD CARE IN RHODE ISLAND

◆ Child care is a critical part of Rhode Island’s early learning system, providing children opportunities to gain important social, emotional and cognitive skills. Families also need reliable, affordable child care in order to work at paid employment. In 2008 in Rhode Island, 71% of children under age 6 and 76% of children ages 6 to 17 had all parents in the workforce.<sup>6</sup>

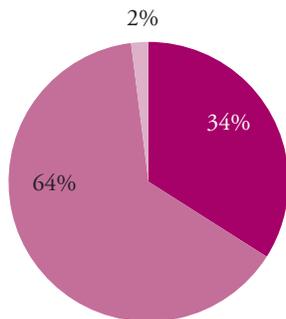
◆ The quality of child care is important for children’s health, safety, development and learning. High-quality child care programs provide a language-rich environment, offer frequent intentional learning opportunities for children, and have a positive climate characterized by warm, responsive interactions between staff and children. High-quality programs have highly skilled staff with post-secondary education and coursework in child development and early childhood education, small numbers of children in classrooms or groups, and low numbers of children per caregiver.<sup>7</sup> Unfortunately, high-quality child care is not easy to find and is unaffordable for many families. A major national study of young children estimates that 39% of children in the U.S. receive “good” or “high-quality care.” The remainder receive “fair” or “poor” quality care.<sup>8</sup>

◆ Families use a variety of child care arrangements for children at different times of the year and for different age children. For Rhode Island children receiving a child care subsidy, licensed center-based care is the most common arrangement regardless of the age of the child -- 68% of all children are enrolled in a center-based program. Center-based care is an even more popular choice for families with preschool age children (74%) than it is for infants and toddlers (64%) or school-age children (66%).<sup>9</sup> As of December 2008, there were 389 licensed child care center programs (112 serving exclusively school-age children) and 845 licensed family child care homes in Rhode Island.<sup>10</sup>

### TYPE OF CHILD CARE BY AGE OF CHILD, RHODE ISLAND CHILDREN RECEIVING CHILD CARE SUBSIDIES, 2008

#### Infants & Toddlers ages 0-2

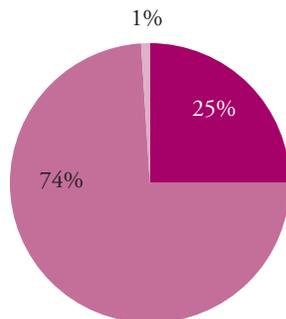
34% Family child care  
64% Centers  
2% License-exempt care



n = 2,020

#### Preschoolers ages 3-5

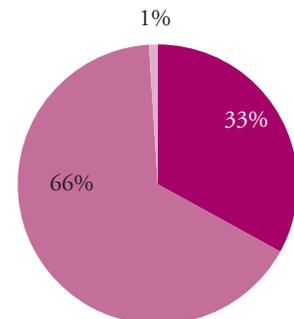
25% Family child care  
74% Centers  
1% License-exempt care



n = 2,632

#### School-Age Children ages 6-12

33% Family child care  
66% Centers  
1% License-exempt care



n = 2,932

Source: Rhode Island Department of Human Services, InRhodes Database, December 2008. License-exempt care is family, friend and neighbor care not requiring a state child care license.



## CHILD CARE AFFORDABILITY

◆ Licensed child care is a significant expense for families because of the high labor costs associated with maintaining required staff-child ratios needed to support children's learning and development. The average cost of child care for two children in Rhode Island exceeds the state's median rent and is nearly as high as the average monthly mortgage payment.<sup>11</sup> Using the federal affordability guideline that suggests families should spend no more than 10% of their gross income on child care, a Rhode Island family would need to make at least \$87,000 per year to afford the average cost of child care for a three-year-old at a licensed center (\$8,736).<sup>12,13</sup>

### AVERAGE ANNUAL COST FOR FULL-TIME CHILD CARE, RHODE ISLAND, 2006

Program Type	Cost Per Child
Child Care Center (infant care)	\$10,557
Child Care Center (preschool care)	\$8,736
Family Child Care Home (preschool care)	\$8,140
School-Age Center-Based Program (child age 6-12)	\$6,902

Source: Rhode Island KIDS COUNT analysis of average weekly rates from Bodah, M. M. (2006). *Statewide survey of child care rates in Rhode Island*. Kingston, RI: University of Rhode Island.

◆ Despite the high cost of child care for families, resources are not sufficient for most child care providers to earn a competitive wage. Child care workers earn among the lowest wages of any occupation tracked by the U.S. Department of Labor.<sup>14</sup> In May 2008, the average annual wage for a child care worker was \$20,350 in the U.S. and \$21,690 in Rhode Island. In comparison, the average annual wage for a kindergarten teacher in Rhode Island was \$62,930 in 2008.<sup>15,16</sup>



## CHILD CARE SUBSIDIES

◆ Child care subsidies help children, families and communities prosper. By helping families who work at low-wage jobs afford reliable child care, state child care assistance programs enable parents to have the child care they need to maintain employment and to support their children's learning. Children benefit when they are enrolled in a high-quality early learning program with a consistent provider.<sup>17</sup>

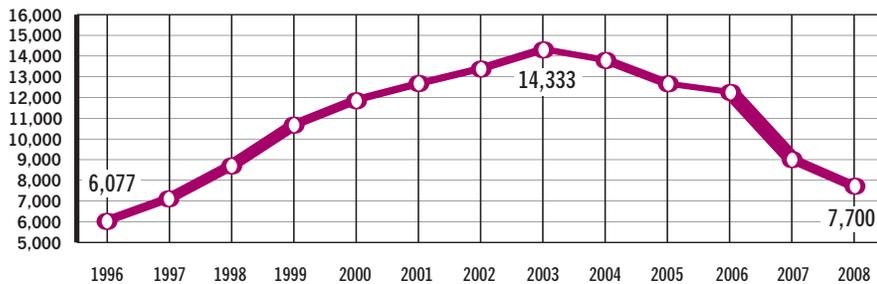
◆ The federal Child Care Development Fund (CCDF) provides funds to states to support child care subsidies for low-income working families. These funds are matched with state dollars and frequently supplemented with funds from the Temporary Assistance for Needy Family (TANF) Block Grant. CCDF funds can be used to provide child care financial assistance to children ages birth through 12 with parents who are working or in an education or training program. States set their own income eligibility criteria, establish a sliding fee scale for families, and work to ensure payment rates are set at levels sufficient to ensure equal access for eligible children. Federal guidance recommends that states set payment rates for providers at the 75th percentile of current market rates, but this is not a requirement.<sup>18</sup>

◆ Currently in Rhode Island, all income-eligible working families with children ages birth to 12 and incomes up to 180% of the federal poverty guidelines (\$32,958 for a family of three in 2009) are eligible for a child care subsidy. Parents with incomes above the federal poverty guidelines make co-payments directly to their child care provider to cover a portion of the weekly tuition. Co-payments currently range from \$7 to \$51 per week for a family of three. Reimbursement rates for child care providers serving low-income children are currently set at the 75th percentile of the average of the 2002 and 2004 market rates, and are approximately 10% below the 75th percentile of the 2006 market rates.<sup>19</sup> An updated market rate survey is scheduled to be released by the Department of Human Services later in 2009.

## RECENT HISTORY OF CHILD CARE SUBSIDIES IN RHODE ISLAND

◆ In recent years, Rhode Island’s investment in child care subsidies dramatically increased and then declined. Starting Right legislation passed in 1998 as part of welfare reform expanded child care eligibility up to 225% of the federal poverty guidelines and required rates to be updated biennially to the 75th percentile of current market rates to keep pace with the cost of providing care. These policies helped many families access child care subsidies that enabled them to work. Then beginning in 2004, new administrative policies reduced child care subsidies – including increasing family co-payments, redefining part-time care, requiring families to participate in child support enforcement, and freezing provider rates. In 2007 and 2008 many of the Starting Right reforms were repealed: eligibility was reduced from 225% to 180% of the federal poverty guidelines and the language requiring biennial rate adjustments was eliminated.

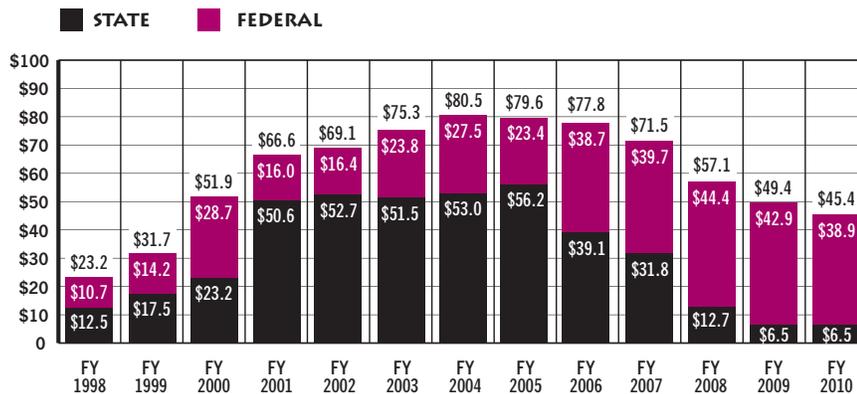
**CHILD CARE SUBSIDIES, RHODE ISLAND, 1996-2008**



Source: Rhode Island Department of Human Services, December 1996 – December 2008.

◆ Rhode Island uses a mixture of state and federal funding to finance the child care subsidy program. The exact mix changes from year to year, but in general, state funding increased from FY98 to FY05, and has been declining since FY05 while federal resources used for child care have been increasing to fill the gap.

**CHILD CARE SUBSIDY FINANCING, RHODE ISLAND, STATE FISCAL YEARS 1998 - 2010**



Source: House Fiscal Advisory Staff Rhode Island Budgets as Enacted FY05 – FY10 and Rhode Island Department of Human Services data. FY10 data is budget as enacted. FY09 is final as of July 2009. FY98 – FY08 are final spent.

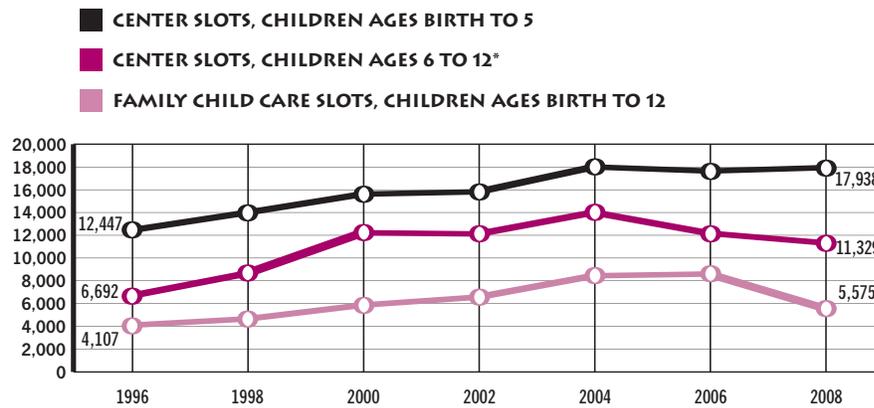
## SUBSIDIES ARE LINKED TO QUALITY

◆ Ensuring that low-income families have help paying for child care and that provider reimbursement rates are aligned with the current market rates enables child care programs to improve staff wages and reduce staff turnover. The quality of child care and all early learning programs is strongly related to the wages, education and retention of teachers.<sup>20</sup> The T.E.A.C.H. Early Childhood Project is a national model operating in 21 states that provides scholarships to child care providers and early childhood educators to pursue higher education, increases their earnings, and reduces turnover.<sup>21</sup>

## AVAILABILITY OF LICENSED CHILD CARE

- ◆ The number of licensed slots for young children (birth to age 5) in centers increased significantly from 1996 to 2004 and has since leveled off. The number of licensed slots for school-age children began declining after a peak in 2004. The number of slots in licensed family child care homes has declined significantly since 2006.<sup>22</sup>
- ◆ Rhode Island families receiving child care subsidies are much more likely to choose licensed care than un-licensed care.<sup>23</sup> Researchers have found that unregulated child care is often low quality.<sup>24</sup> When the availability of child care is sufficient to meet demand and child care subsidies are accessible and tied to market rates, families have more options and can make enrollment decisions based on the quality of the care.

### LICENSED CHILD CARE CAPACITY, RHODE ISLAND, 1996-2008



Source: Rhode Island Department of Children, Youth and Families 2008 and Options for Working Parents, 1996-2006. \*Licensed school-age child care center programs also serve 5-year old children who are enrolled in kindergarten.

## STRATEGIES TO IMPROVE THE QUALITY OF CHILD CARE

- ◆ Eighteen states have developed quality rating and improvement systems (QRIS) that systematically measure program quality, support and reward incremental quality improvements, and align supports to promote quality.<sup>25</sup> BrightStars, Rhode Island's statewide QRIS for child care and early learning programs, was launched in 2009 for child care centers, preschools, and family child care homes.
- ◆ Many states use a tiered financial incentive strategy to pay higher child care subsidy rates to programs that achieve measurable quality standards through a state Quality Rating and Improvement System. States with tiered reimbursement rates and/or annual bonuses have seen an increase in the numbers of programs achieving quality benchmarks.<sup>26</sup> As of 2009, 29 states and the District of Columbia have differential reimbursement rates based on program quality.<sup>27</sup>
- ◆ At least 4% of all CCDF funds and TANF funds transferred to child care subsidies must be used on activities that improve the quality and availability of child care.<sup>28</sup> Projects funded with this "quality set-aside" in Rhode Island include: CHILDSPAN, the Rhode Island Early Learning Standards Project, the Rhode Island Child Development Specialist Project at CCRI, the Rhode Island Child Care Facilities Fund, Options for Working Families, BrightStars, and the Rhode Island Child Care Support Network.<sup>29</sup>
- ◆ National accreditation is a marker for high-quality early care and education and is popular strategy for program improvement.<sup>30</sup> As of January 2009, 11% of Rhode Island child care centers and preschools were accredited by the National Association for the Education of Young Children.<sup>31</sup>

## HEAD START & EARLY HEAD START

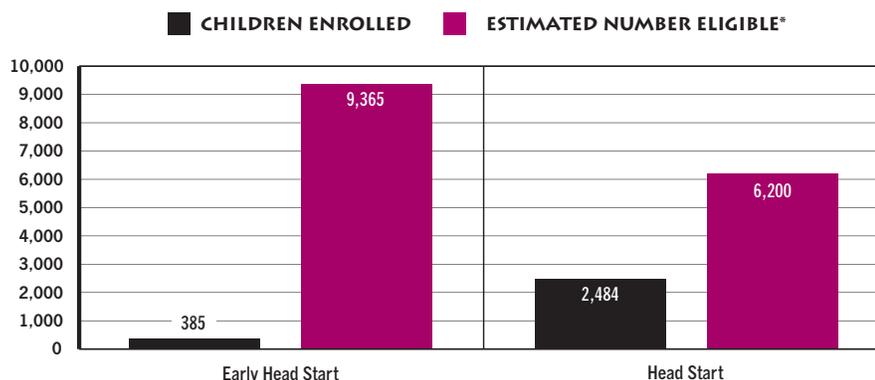
◆ Head Start and Early Head Start are federally-funded programs designed to improve the school readiness of children in low-income families. Children receive comprehensive services that provide for the education, health and emotional growth of the child. Head Start serves low-income children and their families in the two years prior to kindergarten entry and Early Head Start serves low-income pregnant women and children from birth to age 3. Both programs offer a wide range of services to low-income children and their families. Services provided include education, health, dental health, mental health, and nutrition. In addition, the programs provide services for families including intensive social services, parent education programs, housing assistance, and adult education. Both Head Start and Early Head Start focus on the entire family, not just the child. A minimum of 10% of placements in Early Head Start and Head Start are reserved for children with disabilities.

◆ Infants and toddlers enrolled in Early Head Start make significant cognitive and language development gains compared to similar children who are not enrolled.<sup>32</sup> Preschool children who participate in Head Start show improved literacy skills, reduced behavior problems, less grade retention, reduced special education enrollment, and increased high school graduation rates.<sup>33,34</sup>

◆ Head Start and Early Head Start programs can be either primarily home-based or center-based. Home-based programs use weekly home visits to support child development. Center-based programs serve children in center-based early learning programs. In Rhode Island in 2008, almost all preschool Head Start children were enrolled in a center-based program while 54% of Early Head Start children were served through a home-based program.<sup>35</sup>

◆ The U.S. Department of Health and Human Services provides funding directly to the 7 Head Start and Early Head Start agencies in Rhode Island and monitors agency compliance with the Program Performance Standards. In federal fiscal year 2007, Rhode Island Head Start and Early Head Start agencies received \$22.1 million in funding to serve 2,793 children. The average cost per child per year for Head Start across the U.S. was \$7,326 in federal fiscal year 2007.<sup>36</sup> Rhode Island supplements federal funding with state funds so that more children can participate in the preschool Head Start program. In state fiscal year 2010, there are 129 state-funded Head Start seats.<sup>37</sup>

## HEAD START AND EARLY HEAD START ENROLLMENT, RI, 2008



◆ Nationally and in Rhode Island, there are not enough funded Head Start or Early Head Start spaces to serve all eligible children. In Rhode Island in 2008, approximately 40% of the preschool children eligible for Head Start were enrolled and only 4% of infants and toddlers eligible for Early Head Start were enrolled.<sup>38</sup>

Source: Rhode Island Head Start programs, children enrolled as of October 2008. \*Estimate of children eligible for Head Start calculated by Rhode Island KIDS COUNT based on the number of children ages 3 and 4 living in families with incomes below 130% of the federal poverty level and for children eligible for Early Head Start based on the number of children under age 3 living in families with incomes below 130% of the federal poverty level.

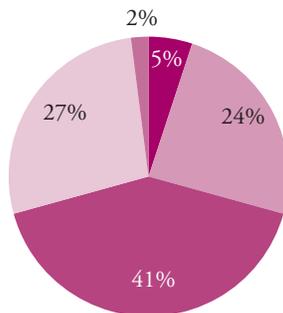
## HEAD START & EARLY HEAD START PROVIDERS IN RHODE ISLAND, 2009

AGENCY	SERVICE AREA	CAPACITY
Children's Friend & Service	Central Falls, Cumberland, Lincoln, Pawtucket, and Providence	1,082 for Head Start 98 for Early Head Start
CHILD, Inc.	Coventry, East Greenwich, Warwick, West Greenwich, and West Warwick	305 for Head Start 115 for Early Head Start
Comprehensive Community Action	Cranston	208 for Head Start 20 for Early Head Start
East Bay Community Action	Barrington, Bristol, East Providence, Jamestown, Little Compton, Newport, Middletown, Portsmouth, Tiverton, and Warren	363 for Head Start 108 for Early Head Start
South County Community Action	Charlestown, Exeter, Hopkinton, Narragansett, North Kingstown, Richmond, South Kingstown, and Westerly	154 for Head Start No Early Head Start program
Tri-Town Community Action	Burrillville, Foster, Glocester, Johnston, North Providence, North Smithfield, Scituate and Smithfield	147 for Head Start 40 for Early Head Start
Woonsocket Head Start	Woonsocket	206 for Head Start No Early Head Start program

## HEAD START TEACHER QUALIFICATIONS

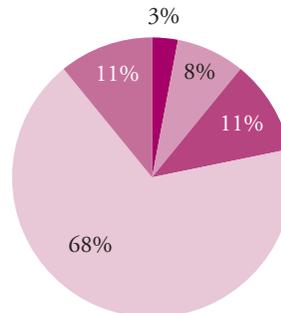
◆ The federal reauthorization of Head Start in 2007, known as the *Improving Head Start for School Readiness Act*, requires all Head Start teachers to have at least an associate's degree by 2011 and 50% of Head Start teachers to have at least a bachelor's degree by 2013.<sup>39</sup>

**Head Start & Early Head Start Classroom Teacher Education Level, Rhode Island, 2007**



n = 222

**Head Start & Early Head Start Home Visitor Education Level, Rhode Island, 2007**



n = 37

◆ In Rhode Island in 2007, the average Head Start and Early Head Start classroom teacher salary was \$27,018 and the average home visitor salary was \$32,352.<sup>40</sup>

Source: CLASP 2009 (analysis of 2007 Head Start Program Information Report Data). Percentages may not add to 100% due to rounding.

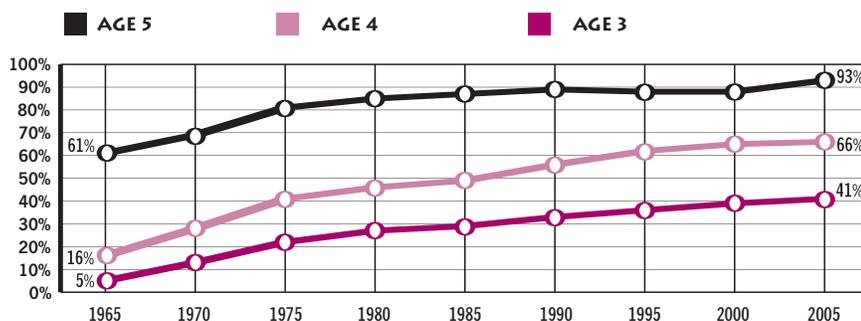
\*CDA is a Child Development Associate certificate

## ENROLLMENT IN PRESCHOOL

◆ The percentage of children ages 3 and 4 participating in preschool in the United States has increased steadily for many decades. Data from the U.S. Census show that in 1965, only 5 percent of 3-year-olds and 16 percent of 4-year-olds were enrolled in “school” (as reported by their parents). In 2005, more than 40 percent of 3-year olds and nearly 70 percent of 4-year olds attended preschool. The growth in preschool program enrollment has occurred steadily for children with both employed and non-employed mothers.<sup>41</sup>

◆ During this same time period, policymakers and the general public have become increasingly aware of research findings that show high-quality preschool education can enhance a child’s learning and development. Several rigorous studies have shown that high-quality preschool education has the power to increase educational attainment, increase employment and earnings, and prevent delinquency and crime.<sup>42,43,44</sup> High-quality preschool programs improve all children's learning and development. They produce especially dramatic gains for low-income children.<sup>45</sup>

**KINDERGARTEN AND PRESCHOOL EDUCATION PARTICIPATION BY AGE, UNITED STATES, 1965–2005**



Source: Barnett, W.S. & Yarosz, D.J. (2007). *Who goes to preschool and why does it matter?* New Brunswick, NJ: National Institute for Early Education Research

## ACCESS TO PRESCHOOL

◆ Today, two-thirds of U.S. children begin “school” at age 4, though the vast majority do not attend public school. Children attend a range of public and private programs that go by a variety of names including: preschool, pre-kindergarten (pre-k), Head Start, child care, day care, and nursery school.<sup>46</sup> According to the U.S. Census Bureau, in 2007 in Rhode Island, 43% of children ages 3 and 4 were enrolled in school.<sup>47</sup>

◆ Across the U.S and in Rhode Island, families with low to moderate incomes and those with low parental education levels are the least likely to have access to preschool education for their children.<sup>48</sup>

**MEDIAN FAMILY INCOME & SCHOOL ENROLLMENT FOR CHILDREN AGES 3 AND 4, SELECTED CITIES AND TOWNS RHODE ISLAND, 2000**

Top 3 Income Cities & Towns	Median Family Income	Preschool Enrollment	Bottom 3 Income Cities & Towns	Median Family Income	Preschool Enrollment
East Greenwich	\$108,555	70%	Central Falls	\$22,008	33%
Barrington	\$88,794	70%	Providence	\$24,546	48%
Jamestown	\$79,574	63%	Pawtucket	\$33,562	39%

Source: U.S. Census 2000, Summary File 3: QT-P19 and P8



## GROWTH OF PUBLIC PRE-KINDERGARTEN (PRE-K)

- ◆ Advocates and policymakers recognize that pre-k participation is highly unequal, with many children starting out behind before they begin kindergarten. This preparation gap contributes to long range educational inequality, achievement gaps, and long-term income inequality across different socio-economic groups, races and ethnicities. A national group of economists and business leaders recommend investing public funds to expand access to high-quality pre-kindergarten programs, stating that high-quality pre-k has the potential to:
  - Generate societal benefits that far outweigh program costs by improving the later education, employment, earnings, and crime outcomes of students who attend preschool.
  - Improve the fiscal position of states and the nation by reducing education and criminal justice costs, while boosting income-tax revenues.
  - Contribute to long-term economic growth and development for states and the nation.<sup>49</sup>
- ◆ The projected economic benefits of improving access to high-quality preschool education has led many states to establish and expand public pre-k programs. As of the 2007-2008 school year, more than 1.1 million children ages 3 and 4 attended state-funded preschool education. In Oklahoma nearly 90 percent of the 4-year-olds receive a free public education and in eight other states, more than half of 4-year-olds attend a public preschool program of some kind.<sup>50</sup> Up until September 2009, Rhode Island was one of only 12 states in the country without a recognized state-funded pre-k program.

### RHODE ISLAND PRE-KINDERGARTEN DEMONSTRATION PROJECT

- ◆ With classes that began September 16, 2009, Rhode Island launched a Pre-K Demonstration Program serving 126 children in seven classrooms in four urban communities. The Pre-K Demonstration Program sites are located in: Central Falls (Progreso Latino/Central Falls School District); Providence (Beautiful Beginnings, Highlander Charter School/Mariposa, and Ready to Learn Providence); Warwick (Imagine Preschool and Westbay Children's Center); and Woonsocket (Woonsocket Head Start).
- ◆ The Demonstration Program was built on two years of planning work involving committees with diverse stakeholders including school superintendents, leaders from higher education, early childhood educators, business leaders, policymakers and advocates.
- ◆ The Demonstration Program incorporates high-quality standards, including requirements that the lead classroom teacher have a bachelor's degree and early childhood teacher certification, that teaching assistants have a Child Development Associate certificate, and that no more than 18 children are in the class. Funding for the program, at approximately \$9,300 per child, is enough to enable programs to meet these high quality standards and pay teachers competitive wages.
- ◆ The Rhode Island Pre-K Program takes advantage of our existing community-based infrastructure of programs for young children – one of the demonstration classrooms is operated by a public charter school, one is operated by a Head Start program, and the remainder are operated by private child care and preschool providers. The National Institute of Early Education Research is evaluating the impact of this program on children's academic and social development.
- ◆ Funding for the Pre-K Demonstration Program is a combination of state funds and federal Title I funds through participating local school districts.

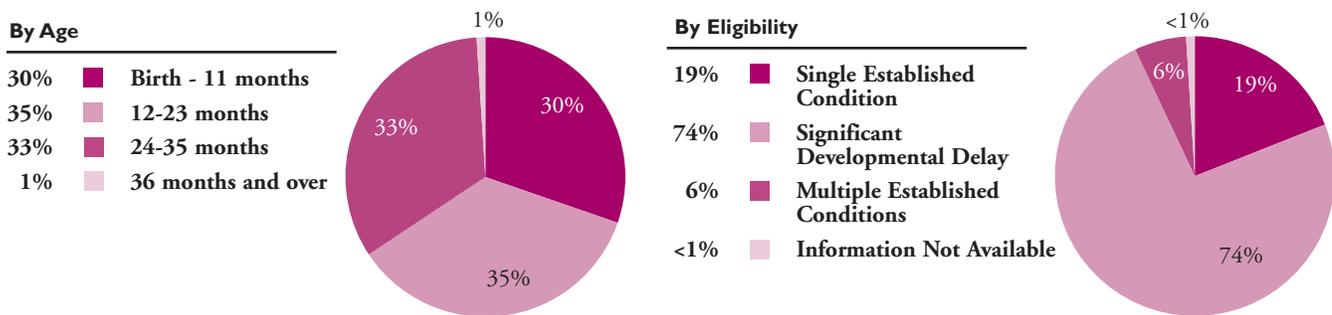
## EARLY CHILDHOOD SPECIAL EDUCATION

- ◆ The *Individuals with Disabilities Education Act* (IDEA) is a federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities from birth to age 21. Infants and toddlers with disabilities (birth to age 3) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3 to 21) receive special education and related services under IDEA Part B.
- ◆ Originally enacted in 1975, the law requires states to ensure that all children with disabilities ages 3 to 21 have available to them a “free appropriate public education.” Prior to the passage of this law, at least 1 million children with disabilities were excluded entirely from public education and many other children with disabilities had only limited access to public education and were often denied an “appropriate education.” In 1986, the law was amended to require states to provide special education early intervention services from birth.<sup>51</sup>
- ◆ The IDEA law provides the only entitlement young children in Rhode Island have to receive a publicly-funded education prior to kindergarten.

## EARLY INTERVENTION FOR INFANTS & TODDLERS

- ◆ Rhode Island’s Early Intervention program provides special education services to children from birth to age 3. Children eligible for Rhode Island’s Early Intervention program include children with a “single established condition,” a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay, and children exhibiting or who have been professionally determined to have a “significant developmental delay” in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive). In addition, children in Rhode Island may be eligible for Early Intervention through a “multiple established conditions” category, which includes children with a history of biological and environmental issues that could negatively impact the developing nervous system and/or early life experiences that indicate a high probability for atypical or delayed development.<sup>52</sup>
- ◆ In 2008 in Rhode Island, 3,649 children received Early Intervention services, which represents 10% of the 37,775 Rhode Island children under age 3. Early Intervention is managed by the Rhode Island Department of Human Services and is delivered by 10 certified Early Intervention providers (Children’s Friend & Service, Easter Seals RI, Family Resources Community Action, Family Service, Hasbro Children’s Hospital, Homestead, Looking Upwards, James I. Maher Center, Meeting Street, and the Trudeau Memorial Center). Funding for Early Intervention comes from a \$2.1 million federal formula grant from the U.S. Department of Education and public and private health insurance.<sup>53</sup> Private health insurers are required to reimburse up to \$5,000 in claims for approved Early Intervention services. Families may not be charged for any services.

### EARLY INTERVENTION ENROLLMENT, RHODE ISLAND, 2008



n = 3,649

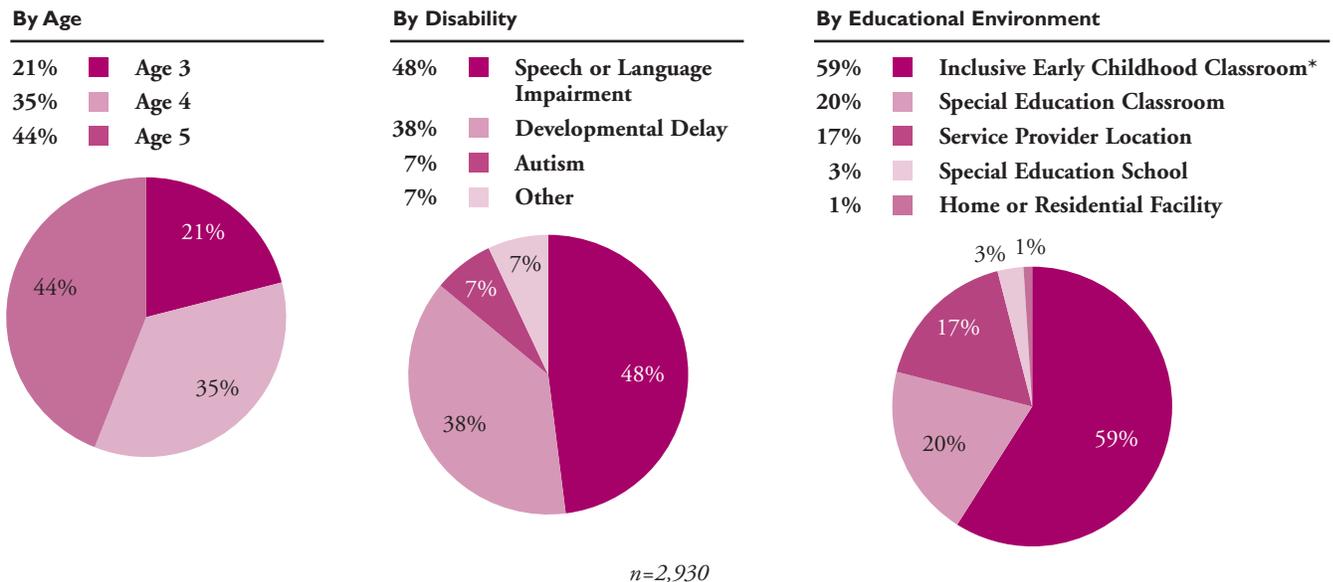
Source: Rhode Island Department of Human Services, Center for Child and Family Health, 2008

## SPECIAL EDUCATION FOR PRESCHOOLERS

◆ Beginning at age 3, IDEA regulations specify that children are eligible for special education through their local school district if they have a specific disability including mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities. IDEA also specifies that children ages 3 to 9 may be eligible if they are experiencing developmental delays as defined by the state and as measured by appropriate diagnostic instruments and procedures.<sup>54</sup>

◆ During the 2008-2009 school year in Rhode Island, there were 2,930 preschool-age children (ages 3 to 5 and not eligible for kindergarten) who received special education services. U.S. Department of Education formula funding for preschool special education (referred to as Section 619 of Part B of the IDEA) flows through the state Department of Education to local school districts. In federal fiscal year 2008, Part B Section 619 formula funding totalled \$1.6 million for Rhode Island. Local school districts supplement this funding with local education and Medicaid dollars to pay for services.<sup>55</sup>

### PRESCHOOL SPECIAL EDUCATION ENROLLMENT, RHODE ISLAND, 2008-2009 SCHOOL YEAR



Source: Rhode Island Department of Elementary and Secondary Education, 2009 \* Inclusive Early Childhood Classroom is defined as a classroom that includes at least 50% non-disabled children.

### EARLY CHILDHOOD INCLUSION

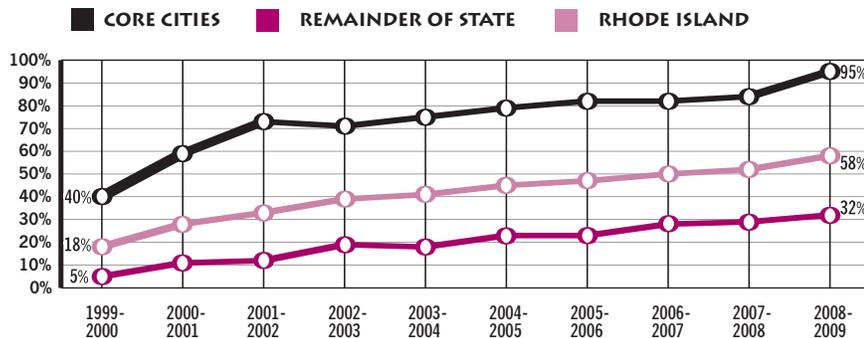
◆ The concept of inclusion calls for educating children with disabilities in educational settings that include their peers without disabilities. Access to the regular education curriculum and interacting with typically developing peers provide learning opportunities that do not exist in special education classes containing only children with disabilities.<sup>56</sup>

◆ Most public schools do not operate programs for preschoolers. To create inclusive programs for young children with special needs, public schools sometimes look for spaces in other early learning settings (child care, Head Start, and community-based preschools) and increasingly recruit a limited number of typically developing children who are age 3 or 4 to attend an inclusive early childhood classroom in a public school.<sup>57</sup>

## FULL-DAY KINDERGARTEN

◆ Nationally, enrollment in full-day kindergarten has been increasing steadily over the past 25 years. In 1979, 25% of kindergartners were in full-day programs.<sup>58</sup> In 2006, 72% of public school kindergartners and 74% of private school kindergartners across the U.S. were enrolled in full-day programs.<sup>59</sup> In Rhode Island, 58% of public school kindergartners were enrolled in full-day programs in the 2008-2009 school year, a significant increase from the 1999-2000 school year when only 18% of Rhode Island kindergartners were in a full-day program.<sup>60</sup>

### CHILDREN IN FULL-DAY PUBLIC KINDERGARTEN PROGRAMS, RHODE ISLAND, 2000 – 2009



Source: Rhode Island Department of Elementary and Secondary Education, October 1999 – October 2008

◆ Children in full-day kindergarten are more likely to be ready for first grade than children in half-day kindergarten programs.<sup>61</sup> Teachers in full-day programs have more time to provide meaningful learning opportunities that encourage cognitive, physical and social-emotional growth.<sup>62,63</sup>

◆ On average, the learning gains that students make in full-day kindergarten programs translate to a month of additional schooling over the course of a school year.<sup>64</sup> Full-day kindergarten programs can be especially beneficial to low-income and minority children and can contribute significantly to closing academic achievement gaps.<sup>65</sup>

◆ According to the National Center for Education Statistics, 68% of full-day kindergarten classes spend more than one hour per day on reading instruction compared to 37% of half-day classes.<sup>66</sup>

◆ Full-day kindergarten classes are more likely than half-day classes to spend time every day on math (90% and 73%, respectively), social studies (30% and 18%, respectively), and science (24% and 10%, respectively).<sup>67</sup>

◆ Nationally, children in full-day kindergarten classes make greater academic gains in both reading and mathematics compared to those in half-day classes, even after adjusting for differences associated with race/ethnicity, poverty status, fall achievement level, gender and class size.<sup>68</sup>

### PRE-K THROUGH GRADE 3 INVESTMENT AND ALIGNMENT

◆ Effective educational strategies for children ages 3 to 8 are built on teachers' understanding of child development and knowledge of best practices in early childhood education, including strategies to support the development of early language and literacy, early math, and social-emotional skills.<sup>69</sup> A growing national movement calls for coordinating reforms in the early elementary school grades with reforms in the early learning field. A solid foundation for learning requires coordinated, enhanced learning opportunities every year from age 3 through Grade 3.<sup>70,71</sup>

## **BUILDING BLOCKS FOR A HIGH QUALITY EARLY LEARNING SYSTEM**

*“A coherent systemic framework for funding and governing early education programs is a necessary foundation for programs that are consistently high-quality.”* Sharon L. Kagan and Jeanne L. Reid, Teachers College, Columbia University<sup>72</sup>

◆ In July 2009, the U.S. Department of Education in partnership with the U.S. Department of Health and Human Services announced a new plan to help states develop the infrastructure necessary to promote early learning and development. A specific goal is to increase the number of low-income children who participate in high-quality programs. *The Early Learning Challenge Fund*, once established and funded through legislation, requires the following components in a state’s early learning system:

- Aligned early learning and development standards that lead to school readiness and are integrated with program quality to guide curriculum and program development.
- An evidence-based quality rating system structured with progressive levels of quality – which may be used across early learning settings and programs.
- An effective system of program review, monitoring, and improvement applied across all programs and settings.
- An evidence-based system of professional development to prepare an effective and well-qualified workforce of early educators, including appropriate levels of training, education, and credentials.
- Strategies for families and parents to better assess quality in their child's early learning program and better support their child's learning.
- Systems to facilitate screening and referrals for health, mental health, disability and family support.
- A coordinated zero to five data infrastructure to collect essential information on where young children spend their time and the effectiveness of programs that serve them.
- An age- and developmentally-appropriate curriculum and assessment system that is used to guide practice, improve programs, and inform kindergarten readiness.

Source: *The Early Learning Challenge Fund: Results-oriented, standards reform of state early learning programs* (2009). Washington, DC: U.S. Department of Education

## **BRIGHTSTARS: RHODE ISLAND'S QUALITY RATING AND IMPROVEMENT SYSTEM**

In January 2009 Rhode Island launched BrightStars, a voluntary quality rating and improvement system, to improve the care and education of infants, toddlers, preschoolers, and school-age children in the state. Programs that can participate in BrightStars include licensed child care centers, preschools, Head Start and Early Head Start Programs, family child care homes, and school-age child care programs. BrightStars helps these programs learn about best practices and create high-quality learning environments for children. Programs participating in BrightStars receive a rating based on a five star scale that ranges from meeting critical state licensing requirements (one star) to demonstrating high-quality practice across 6 quality domains: 1) child’s daily experience, 2) teaching & learning, 3) staff-child ratio & group size, 4) family communication & engagement, 5) staff qualifications, and 6) program management. The system was pilot tested in collaboration with the FPG Child Development Institute at the University of North Carolina, Chapel Hill and is based on decades of research on program quality factors that predict improved outcomes for children.

*BrightStars is managed by the Rhode Island Association for the Education of Young Children. Funding for BrightStars is provided by United Way of Rhode Island, the Rhode Island Department of Human Services, the Rhode Island Foundation, the Nellie Mae Education Foundation, and the CVS Caremark Charitable Trust. Visit [www.BrightStars.org](http://www.BrightStars.org)*



## RECOMMENDATIONS

### ACCESS

- ◆ **Sustain and expand Pre-K** so that more of our state's 3- and 4-year-old children can attend high-quality programs in the two years before they enter kindergarten. Ensure that Pre-K programs are high-quality and are delivered by a diverse group of providers, including child care, Head Start and public schools. Ensure that Pre-K is accessible to working families.
- ◆ Maintain and expand state investments in Head Start and work to increase federal **investments in Head Start and Early Head Start**. Head Start and Early Head Start provide effective learning opportunities for Rhode Island's poorest children.
- ◆ **Restore income eligibility for the child care subsidy program up to 225% of the federal poverty level** (rather than the current 180% FPL) so that more families have access to high-quality early learning and after-school programs. Make the subsidy program more efficient by implementing a 12-month recertification period (rather than the current 6 months).
- ◆ **Continue to expand access to full-day kindergarten**, particularly in communities that do not currently offer this option to families.
- ◆ Ensure that preschool children with disabilities have access to **inclusive preschool settings** that enable them to interact with their peers without disabilities.

### QUALITY

- ◆ Develop financial incentives to **encourage and support early childhood program quality improvement**. Connect child care reimbursement to quality benchmarks in the BrightStars Quality Rating and Improvement System. Provide quality enhancement grants to child care and early learning programs that are working to achieve higher levels of quality as part of their BrightStars quality improvement plan.
- ◆ **Create a comprehensive professional development system** that supports early learning program quality, staff development and career advancement for early childhood professionals. Ensure that training and professional development opportunities are high quality, responsive to the needs of providers and to the needs identified by the quality rating process, and are linked to higher education (so that participants receive credentials and credits toward higher education degree programs.)
- ◆ **Implement the T.E.A.C.H. Early Childhood Project now operating in 21 states** as a critical element of a comprehensive professional development system that expands access to higher education and connects increased education to improved compensation.
- ◆ **Expand effective professional development opportunities for infant-toddler program staff** and improve linkages among infant-toddler child care, Early Intervention, Early Head Start and other programs that work with infants and toddlers and their families in order to improve the quality of infant-toddler care.

### SYSTEM INFRASTRUCTURE

- ◆ Establish an **Early Learning Council** that meets the requirements of recent federal legislation and includes representatives from state agencies responsible for child care, state Pre-K, Head Start coordination, and early childhood special education as well as diverse stakeholders from the early learning community. In 2007, Congress passed legislation requiring each state's governor to convene a State Advisory Council on Early Education and Care to improve coordination, streamline access and support effectiveness across the early learning system.
- ◆ Create an **Office of Early Learning** at the Rhode Island Department of Education to coordinate, expand access to, and improve the quality of early learning programs in Rhode Island, including pre-kindergarten, early childhood special education programs, child care and Head Start.

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