

Citizens League Report

**Building Tomorrow
by Helping Today's Kids**

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Executive Summary

Children are our most precious resource. Nothing is more important to success in life than their development from birth to age five. But, because of poverty and other problems encountered in their early years, a growing number of Minnesota children are "at-risk" of failure in school or later problems of welfare dependency, teenage pregnancy, or long-term unemployment.

Bringing up children has always been challenging for parents, but now the prospects for successful parenting are complicated by dramatic changes in the composition and economy of all families. For example:

- The "traditional family"--father as breadwinner, mother as breadmaker and children at home--describes fewer than one-sixth of Minnesota families.
- Most women with small children are employed outside the home, and about half of the children in Minnesota under age six are cared for during the day by someone who is not their parent.

Furthermore, parents of at-risk children face enormous barriers to bringing up their children so they succeed in school and in their adult lives.

- More than one-fifth of the children in Minnesota are from families that are poor enough to qualify for school lunch programs.
- Many mothers, particularly those from minority groups, do not receive adequate prenatal care.

Minnesota has seen an alarming increase in problems affecting youth. For example:

- Out-of-wedlock births by teenage girls has grown steadily as a percent of total births in Minnesota.

- High school dropout rates, particularly for minority children, has climbed in recent years.

Helping all children grow to reach their full potential is an urgent public responsibility. How do we help young children? First, let's begin by helping parents, a child's first and most important teachers. With good parenting skills and access to the resources and services they need, parents are empowered to rear their children successfully.

We recommend:

- The Legislature and local school districts should expand availability and encourage use of parenting education programs, particularly for families of at-risk children. Programs should serve families in places and at times convenient to them and should address the other barriers--lack of child care and transportation--that prevent parents from participating.

Second, parents need access to services for their children. Research shows that public funds invested in young children through high quality Head Start programs or through nutrition for young mothers and their children yield a tremendous return. While Minnesota has a relatively good record of providing services that meet the health and development needs of children, much remains to be done. Only about 30 percent of eligible children are served by Head Start and other preschool intervention programs serving at-risk children.

We recommend:

- The federal government and the Minnesota Legislature should provide funding to:
 1. ensure access to preventive services, such as the Children's Health Plan and the supplemental nutrition program for Women, Infants and Children (WIC), and to developmental screening programs for children from birth to age six;
 2. expand the availability of Head Start and other preschool intervention programs for at-risk children; and
 3. meet the demand for subsidized child care through the Child Care Sliding Fee program.

Third, services for children must be of high quality and must meet their needs for developmentally appropriate stimulation and learning.

We recommend:

- Minnesota should adopt standards for accrediting early childhood programs, including preschool intervention and child care. Public subsidies for programs should be sufficient to allow providers to make improvements in staff and facilities.

- The Legislature should provide loans to enable child care providers and preschool intervention programs to improve their programs and facilities to meet accreditation standards.

Finally, how do we organize state and local government responsibilities to meet the needs of parents and children? In Minnesota, we need to strike a balance between coordination and diversity. The diversity of providers and service systems for children in Minnesota is a strength, and there is no need to combine programs under one state agency. However, it is very important to raise the profile of children's services within state government, and to improve coordination, so that children and parents receiving one service are linked with others that they need.

We recommend:

- The Legislature should maintain a diverse service system for young children. Though schools may play a significant role in providing some of these services or renting space to other providers, the Legislature should not, as some have suggested, designate the state Department of Education and local school districts as the lead agencies for early childhood programs.
- To improve coordination and visibility of early childhood programs within state government, the Legislature and the Governor should create an office of Assistant Commissioner for Services for Young Children in the Minnesota Department of Human Services. That department is best situated to coordinate the activities of different levels of government and service providers.

Introduction

Children are our most precious resource. They become a focus for public policy, because as adults, they will constitute society's most resourceful capital asset.

We want many things for children. Not only do we want them to grow up to be "school-ready"--able to absorb academic instruction--but we want them to develop a capacity that will ultimately make them "life-ready." In short, we want them to develop into good, productive citizens.

Nothing is more important for success in life than development, from birth to age five. During these years, a child's capacity for love, discipline, and self-esteem is formed. A child with poor experiences is likely to do poorly in life.

Thus, how young children are raised is a matter of deep social concern. Bringing up children has always been challenging for parents, but now the task of parenting is complicated by two hard realities. First:

- All families are in the midst of dramatic changes in their composition and economy.

The "traditional family"--father as breadwinner, mother as breadmaker, and children at home--describes fewer than one-sixth of Minnesota families. Most women are employed outside the home, and more families are headed by single parents. About half of the children in Minnesota under age six are cared for during the day by someone who is not their parent.

Second, as if these changes did not make rearing children difficult enough:

- Some families face enormous barriers to raising their children so that they succeed in school and in their adult lives.

We say that these children are "at-risk;" that is, there is a strong possibility that, because of the problems encountered at birth or in their

early development, they will not succeed in school or will face later problems with delinquency, chemical dependency, teenage pregnancy, or long-term unemployment.

One national study concluded:

- 30 percent of all children are at-risk of failing in school because of poverty, poor nutrition, inadequate health care, or other reasons.

For example, one in seven children is born with a physical handicap, mental handicap, or chronic illness that often leads to poor school achievement. More than one-fifth of the children in Minnesota are from families that are poor enough to qualify for school lunch programs.

What happens to these children as they grow up is equally alarming. In this country, about 14 percent of high school students drop out before graduation, and an estimated 20 percent of young adults read below the eighth-grade level. Furthermore, out-of-wedlock births by teenage girls has grown steadily as a percent of total births in Minnesota. Researchers agree that these young, single mothers are the ones most likely to enter the Aid to Families with Dependent Children (AFDC) program, and to remain on assistance for a long time.

Giving all children the best possible early development is an urgent matter of both private and public responsibility. All parents need to make informed choices for their children. In their homes, they need to involve their children in activities that promote an appropriate level of early learning. If they choose to use outside care providers, they need to ensure that their child receives appropriate services. We use the term "developmentally appropriate" to describe activities and settings that are well-suited for a child's age and level of development.

Early childhood development is a new public policy priority, because parents often need help in raising their children. This report examines four types of publicly supported services in Minnesota which meet important needs of parents and their young children:

1. **PARENTING EDUCATION:** School districts and private agencies offer parenting education programs that give parents support and information. Their goal is to strengthen parents' skills to be the first and most important educator in a child's life. In 1986, school district programs in Minnesota served 72,000 children and 68,000 parents.
2. **EARLY PREVENTION:** Preventive care for young children is a combination of good parenting and using services when needed. Examples of preventive services include nutritional supplements, prenatal care for expectant mothers, and immunizations for young children.

Money invested in preventive services for young children and their parents is returned many times over. For example, one study showed that \$1 invested in prenatal care can save \$3.38 in the cost of care for low birthweight babies. In 1988, the supplemental food program for Women, Infants, and Children (WIC) provided nutritional supplements to 62,500 recipients in Minnesota. Every \$1 invested in WIC prenatal programs saves as much as \$3 in short-term hospital costs.

3. **PRESCHOOL INTERVENTION:** Children from low-income homes or who do not receive adequate nutrition, health care, or stimulation benefit from intervention services provided through compensatory programs such as Head Start. Head Start serves about 6,600 children ages 3 - 5 in Minnesota. It provides enriched early education for low-income children emphasizing health, nutrition, parent involvement, and social and psychological services.

Studies show that low-income children who participate in high-quality preschool intervention programs are more successful in school, more employable, less dependent on public assistance, and have higher self-esteem when compared to similar children not participating in programs. A \$1 investment in preschool education returns \$4.75 due to lower costs of special education and public assistance, and higher worker productivity.

4. **CHILD CARE:** Parents employed outside their homes need someone to care for their young children. They use child care, which includes everything from custodial care to high quality nurturing, from a variety of providers. In Minnesota, about 147,000 children are cared for during the day in child care centers or family homes operated by licensed providers. Thousands of others are cared for by relatives or in other formal or informal arrangements.

This report emphasizes three themes:

1. Expanding access to services, particularly for families whose children are at-risk;
2. Ensuring that programs are of high quality; and
3. Helping parents make knowledgeable choices in a diverse service system.

This report and our recommendations are organized around four closely related topics.

1. **PARENTING EDUCATION:** In Chapter I, we recommend strengthening and expanding access to parenting education programs which help families understand child development, become knowledgeable as they raise their children, and select child care and other services.

2. **PREVENTION AND INTERVENTION:** Informed parents will better understand the needs of their children. In Chapter II, we recommend ways to expand access to developmental screening, early prevention services, and preschool intervention programs.
3. **CHILD CARE:** In Chapter III, we recommend that the state take steps to broaden access to child care services and to ensure that those services are of high quality.
4. **COORDINATION:** In Chapter IV, we recommend that a high level office be created in state government to provide a prominent focal point for services for children and to coordinate the numerous layers of government and private service providers that are involved in that area. At the same time, though, we emphasize the importance of a diverse service system that preserves and enhances family choice.

An appendix to the report includes summary information about programs serving children, their expenditures, and clients.

Chapter I

Parenting Education

Parents are a child's first and most important resource. Children rely on their parents to meet their basic physical, emotional, and mental needs, including their need to form close attachments and to develop a strong sense of self-esteem. As such, parents play a crucial role in the early development of their children. It is imperative that they have good parenting skills and access to resources and services that help them to carry out their responsibilities.

In the past, informal sources of assistance were very important to parents. Relatives and neighbors have traditionally provided support to parents and shared information on child rearing. While this is still true for many families, a growing portion of Minnesota families need new sources of information and support for child rearing.

Especially today, parents need to understand the importance of providing children with developmentally appropriate experiences and not rushing children through their early years. Strong emotional bonding to parents is far more important to a successful life than early academic achievement.

This chapter presents our findings about the need for formal parenting education and the availability of parenting education programs in Minnesota, and recommends how the state should use and expand current programs for three reasons: (1) to provide accurate information to parents; (2) to increase their awareness of the importance of early childhood development; and (3) to foster good choices by parents. We did not study the informal "system" of parent education which operates within families, neighborhoods, and communities.

A. FINDING: THE NEED FOR PARENTING EDUCATION IS GROWING

1. Because of changes in families and the economy, new and different sources of support for good parenting are needed.

Families are changing in many ways. For example, 60 percent of women in the United States with children under age six work outside the home, and their number is growing. The proportion of all women who are working is even higher. Furthermore, the number of single-parent households in Minnesota, whether headed by females or males, grew from 43,000 in 1970 to 79,000 in 1980.

With more women in the workforce, fewer parents devote themselves exclusively to child rearing. As a result, more parents purchase early childhood services. They select child care providers, preschools, and after school activities.

Many parents are pressed for information, time, and income. The stress on families often is associated with reduced performance in the work place. When Honeywell employees were surveyed recently about their "work/family dynamics," the results showed a significant correlation between worker performance and work/family pressures. The survey found:

- Nearly 40 percent of married employees with children said their concentration, judgement, and goals at work often were affected by family concerns.
- Two out of three respondents, from dual career families with children, had no time to "recharge."
- Young women with children appeared to suffer the most tension between work and family responsibilities. More than two-thirds had significant child care problems and experienced increasingly high stress. Ninety-five percent reported they had no time for themselves after meeting work and family responsibilities. [1]

These changes in family structure and the economy affect parents in two ways. First:

- Parents have fewer informal sources of parenting information to draw on.

Parents with young children at home have fewer peers from whom to draw support and information. Furthermore, more grandparents are in the workforce or live in other cities, which means that contact and communication between generations is reduced. [2] Second:

- Parents need more and different kinds of information to help them make knowledgeable choices of child care and other early childhood services.

In the past, parents, typically mothers or other female relatives, "produced" most of the services needed by their children. In other words, they provided the care, entertainment, early learning, and discipline that children needed to develop. This was an imperfect system, but a durable and familiar one.

The critical difference today is that parents are doing something which they probably did not experience as children, namely, choosing people to share in their child rearing responsibilities. While there is still some controversy over "what is best for children," the majority of people accept child care, in one form or another, as a necessary service for working parents. However, we should insist that child care is of high quality, and that providers of child care are well qualified to share the responsibility of raising children.

2. Parenting education programs help parents to meet their responsibilities through informed decisions.

Good early childhood development is the responsibility of parents. Put simply, formal parenting education provides (1) reliable information about children and their development, and (2) support, both from peers and professionals, which is needed to enhance the confidence and competence of parents. Through parenting education, parents develop an understanding of their children's needs and increase their sophistication in caring for their children and choosing services for them. [3] Parenting education is an especially important resource for at-risk children who may face obstacles to their development including poverty, poor quality child care, and poor health.

One essential element of parenting education is helping parents understand what activities are developmentally appropriate for their children, and how to incorporate those activities into their regular routine. Parents also need to understand that intensive, academic preschool programs are not appropriate for the development of children of that age.

**B. FINDING: BETTER ACCESS TO PARENTING EDUCATION
IN MINNESOTA IS NEEDED**

1. While public parenting education programs are generally available in the state, some families face significant barriers to using those programs.

Early Childhood Family Education (ECFE) is a program administered by the Minnesota Department of Education and provided by local school districts through their community education departments. Its programs are for parents, expectant parents, and children from birth through kindergarten. The program educates parents about the physical, emotional, and mental development of their children, enhances their ability to provide for their children's learning and development, provides information on community resources for young families, and offers educational materials for home use.

The programs are both center and home based and require substantial parent involvement with the children or in concurrent classes. The most common form of programming is a once-a-week, one and one-half to two-hour nursery

class for children held simultaneously with parenting education classes. Other classes provide for joint parent/child interaction, and some sites offer weekly informal "sharing" sessions and provide child care. The Minneapolis School District offers programs for parents of children receiving special education services. State ECFE funds may not be used for day care or nursery school programs, since the level of parent involvement in these programs is considered inadequate under the ECFE guidelines.

State funding for ECFE began in 1974, with the creation of pilot programs in six school districts. The number of pilot programs gradually expanded until 1984 when a statewide funding formula was established. The formula guarantees state funding to all school districts providing the program, based on the number of children under age five in the district. Under this new funding formula, the program experienced rapid growth.

Currently, 90 percent of all Minnesota parents live in school districts providing ECFE programs. In 1985-86, 253 school districts provided ECFE programs. These programs served a total of 68,000 parents and 72,000 children at a cost of \$12.7 million. Half of these funds came from the state, while the rest came from fees and school district tax levies.

While ECFE is generally well regarded, the program is not being used to its full potential. Some experts express concerns that working parents and minority families were not well served by the program. School districts generally hold the programs during the work day, which limits access for working parents. Other barriers to use of the program by low-income families include a lack of transportation and child care arrangements for older children. Experts are also concerned that few minority teachers are involved and that special minority needs are not incorporated into the programs. [4]

2. Privately operated programs are an important source of assistance for families with special needs.

Two notable private programs are Minnesota Early Learning Design (MELD) and the Survival Skills Institute. MELD is an independent, nonprofit parent program which now has a nationwide network of affiliated programs. MELD is based on a philosophy of "parents helping parents," and its programs provide parenting information and peer support. Unlike some other parenting education services, MELD offers a variety of programs designed to address the needs of specific groups of parents, including Hispanic families, teenage parents, and families whose children have hearing impairments or other special education needs.

The Survival Skills Institute is a nonprofit organization that provides parenting and preschool intervention services in the Minneapolis area. It is primarily aimed at young, Black mothers, and seeks to teach parent empowerment through parenting education and support. Parents participate in activities with their children with the goal of improving their competence and confidence in child rearing.

MELD and the Survival Skills Institute indicate the diversity of parenting education services in Minnesota. A number of foundations, agencies, and private businesses also offer parenting education programs. Recently, a Minnesota television station undertook a series of parenting education programs. While none of these organizations is expressly devoted to parenting education, they provide valuable services to parents and their children. While we are encouraged by the different models of exemplary service in Minnesota, these services are not available throughout the state.

3. Typically, public assistance and subsidy programs are not linked with parenting education services.

While children in poverty are likely to require an array of services, their parents may not be aware of the value of these services, may feel overwhelmed by the service system, or may need help coordinating services for their children. Parenting education represents an opportunity to help children by instilling confidence and competency in parents. An obvious way to help these parents would be to work through the variety of state-funded health, education, and public assistance programs that benefit families with young children.

However, there are few links between public assistance programs and parenting education services. For example, AFDC enables parents to support their families in the absence of independent income; it does not, however, promote parenting education. There is no direct link between AFDC, ECFE, or other parenting education programs. Similarly, participation in parenting education programs is not a regular component of the state's Child Care Sliding Fee Program, unless the child care program chosen includes a parenting education component.

4. While family life education has generally been incorporated into school curricula, it is not reaching many children who would benefit.

In the past, parenting education was directed primarily toward new parents. Given the growing number of teenagers having children, it is important to give them a sense of parenting responsibility and to help them develop parenting skills. Today, family life education generally has been incorporated into school curricula in Minnesota.

However, experts have two concerns about such programs. First, programs at the secondary level are usually a part of optional home economics courses and may not be reaching many children. Second, the material is not always presented in a way that is relevant to the children and culturally appropriate.

C. CONCLUSIONS AND RECOMMENDATIONS

Children are our highest priority, and we want to help families strengthen their parenting skills so they can raise self-confident, responsible

children. Changes in families and the economy have limited traditional sources of parenting assistance, and therefore, created new demands for information. While all parents need additional sources of information and parenting assistance, some have special needs.

Parenting education teaches families about childhood development and how to be knowledgeable users of services. It also provides parents with an opportunity to develop a new network of informal support at a time when other informal sources are less available than in the past.

The public and private programs now available in many parts of the state provide a strong base on which to build. However, steps must be taken to ensure that single-parent families and families where both parents work have access to ECFE programs.

We recommend:

1. The Legislature and local school districts should take the following steps to expand the availability and encourage the use of parenting education services, particularly by families with special needs:
 - a. Serve families where they are: in their homes, schools, child care centers, and places of employment, and make programs available during evening hours.
 - b. Overcome barriers to participation, such as lack of transportation and child care, by incorporating those services into Early Childhood Family Education programs.
 - c. Make programs culturally appropriate for the special needs of minority families, and provide instructors who can help meet those needs.
 - d. School districts that do not currently provide ECFE programs should develop services to meet the needs of local parents with young children.

School districts, particularly those without programs in place, should contract with other agencies to provide ECFE programs. School districts and the state should explore using three potential providers of parenting education. First, the Minnesota Extension Service is in place to serve the entire state. That agency is funded by the Legislature (through the University of Minnesota), the United States Department of Agriculture, and county governments. It operates in all 87 counties and is already involved in providing similar education services.

Second, hospitals are often the first community agency with which expectant or new parents come into contact. Hospitals would also be well suited to be providers of parenting education. Finally, youth organizations, such as 4-H, the scouts, and YM/YWCAs might also be a valuable source, particularly for reaching teenagers.

Besides reducing barriers to access, government agencies should take other steps to better serve "hard-to-reach" families.

We recommend:

2. School districts and human service agencies should coordinate parenting education programs with other programs serving young children and their parents.

In order to encourage participation and expand access, parenting education should be linked to other public programs serving young children and their families. Families participating in AFDC, the Children's Health Plan, child care subsidies, and preschool special education should be strongly encouraged to participate in parenting education programs.

We have focused on programs and formal services for parenting education. However, it may be possible to help these "hard-to-reach" families by reemphasizing informal systems of parenting education and assistance. While the committee makes no specific recommendation in this area, we feel strongly that rejuvenating informal help networks would be valuable to all parents.

Finally, new efforts are needed to provide parenting education for teenagers and to meet the general need for family education in the schools.

We recommend:

3. The Minnesota Department of Education should disseminate and promote the use of effective parenting education/family living skills curricula for use in all elementary and secondary grades.

The department should identify model programs that provide practical information, and use culturally appropriate and relevant materials, and should disseminate those programs to districts throughout the state. The curriculum should focus on the responsibilities of parenting and the ramifications of teen pregnancy.

Chapter II

Early Prevention and Preschool Intervention

In Chapter I, we discussed the importance of helping parents understand how to guide the development of their children. With this knowledge, parents will better understand what they need to provide to their children to ensure healthy development and when they should seek help from outside sources.

In this chapter, we examine two approaches to avoiding bad outcomes for young children: early prevention and preschool intervention.

- Early prevention refers to the basic care and nurturing that all children need in their preschool years to experience healthy development.

Prevention takes two forms: good parenting and services. When parents provide good nutrition, a safe environment, and developmentally appropriate activities children have a good opportunity for success.

Sometimes, prevention takes the form of services provided through public and private systems. Preventive services include nutritional supplements, prenatal care for expectant mothers, and medical care for young children.

- Preschool intervention addresses the needs of children ages three to six who may experience delays in their early development, or who did not receive good preventive care in earlier years.

Preschool intervention programs, such as Head Start, address the needs of children for educational, physical, and emotional development. Head Start, which serves children from low-income families, emphasizes parent involvement in, and responsibility for a child's development. (Preschool intervention generally does not include preschool special education programs provided by local school districts to children with physical or mental disabilities. In this report, preschool intervention is also distinct from regular preschool programs, which are not oriented to the needs of at-risk children.)

This chapter analyzes the importance of early prevention and recommends how the state can expand access to services. It also reviews the effectiveness of preschool intervention and presents recommendations for expanding access and ensuring that programs are of high quality.

A. FINDING: EARLY PREVENTION IS CRUCIAL TO SUCCESSFUL EARLY DEVELOPMENT

Children begin their development at conception. They are vulnerable to illness, poor nutrition, drug addiction, and untreated disorders before they are born. [5] Their ability to develop further as infants, toddlers, and eventually as adults is strongly affected by their first months of life. [6]

1. Without adequate early prevention, children are vulnerable to illnesses or handicaps that can impair them for life.

Immunization against childhood diseases is a good example of a prevention service. There is no stigma associated with this service and families recognize the value of immunization and willingly participate. Most importantly, the public takes an active role to ensure that all children receive these services, because not doing so leads to high social and economic costs.

Without adequate prenatal care, bonding with a primary caregiver, and health care, children are unnecessarily vulnerable to serious illness or handicaps. For example, lack of prenatal health care is associated with low birthweight babies, preventable mental retardation, long-term health problems, and birth defects. The Minnesota Coalition on Health estimated that \$57 million was spent on neonatal intensive care for low birthweight infants in Minnesota during 1985. (Low birthweight is defined as less than 2500 grams, or 5-1/2 pounds.) This estimate includes only intensive care services; it does not include long-term costs resulting from illness, or disabilities resulting from infant low birthweight. [7] Table 2.1 presents the Coalition's estimate on the costs of these problems.

TABLE 2.1

**COST OF CARING FOR LOW BIRTHWEIGHT INFANTS
1985 MINNESOTA COALITION ON HEALTH ESTIMATES**

<u>OUTCOME</u>	<u>ESTIMATED COST</u>
Neonatal intensive care	\$1,250/per <u>day</u>
Direct medical cost for noninstitutionalized infants with activity limitations because of chronic disease	\$1,405/per <u>year</u>

Source: Minnesota Coalition on Health, Investing in Healthy Babies:
Preventing Prematurity and Low Birthweight, p. 14.

Had these mothers received adequate care, much of those expenses could have been avoided. This is wasteful, since prevention services are inexpensive compared to the cost of the outcomes they prevent.

In Minnesota, 4.8 percent of births in 1985 were of low birthweight. While the majority of births in Minnesota are of normal birthweight, Table 2.2 shows that the rate of low birthweight births is twice as high among Blacks than Whites. The distribution of low birthweight by race suggests significant differences in the use of maternal and prenatal care used by these groups. (In Chapters II and III, most data are reported on the basis of race, even though economic status, particularly poverty, is a better indicator of problems with medical care, school performance, and so on. Unfortunately, little data is reported which would allow us to discuss these issues on the basis of economic status.)

TABLE 2.2

MINNESOTA RATES OF LOW BIRTHWEIGHT
1985

RACE*	TOTAL BIRTHS	LOW BIRTHWEIGHT	
		NUMBER	PERCENT
White	61,095	2,815	4.6 %
Black	1,975	196	9.9
Indian	1,407	84	6.0
Asian	1,396	86	6.1
Other/Unknown	1,539	42	2.8
TOTAL	67,412	3,223	4.8 %

*Indian includes Eskimo and Aleut. Asian includes Pacific Islanders.

Source: Minnesota Department of Health, 1986 Minnesota Health Profiles, pg. 2

According to the Department of Health, 19.9 percent of all Minnesota births in 1985 were "high risk births" due to low birthweight and other factors. For example, significant segments of the population do not receive prenatal care. As shown in Table 2.3, young and minority mothers are less likely to obtain prenatal care during their first trimester than older White mothers.

TABLE 2.3

**MOTHERS RECEIVING FIRST TRIMESTER PRENATAL CARE
BY RACE AND AGE IN 1985**

<u>RACE*</u>	<u>TOTAL</u>	<u>AGE 15-19</u>	<u>AGE 25-29</u>
White	72.3%	50.4%	76.2%
Black	49.4	36.7	56.3
Indian	49.4	42.5	57.4
Asian	36.7	21.9	37.6

*Indian includes Eskimo and Aleut. Asian includes Pacific Islanders.

Source: Minnesota Department of Health, Minnesota Health Profiles,
pg. 2

Table 2.4 shows that the population groups with the highest birth rates are also the least likely to obtain care for themselves or their children:

TABLE 2.4

**MINNESOTA BIRTH RATES
1978-1982**

<u>RACE*</u>	<u>LIVE BIRTHS PER 1,000 POPULATION</u>
White	15.7
Black	28.7
Indian	34.1
Asian**	33.4

*Indian includes Eskimo and Aleut. Asian includes Pacific Islander.

**Based on three year average 1980-1982

Source: Minnesota Department of Health, Minority Populations in Minnesota, pg. 19, 1987.

Various explanations have been offered for this combination of higher birth rates and lower rates of maternal and prenatal care. A recent study, by the Urban Coalition of Minneapolis on maternal and prenatal care services, found that low-income, pregnant women may not obtain or seek prenatal care in Minnesota for the reasons cited in Table 2.5. The table compares women based on the adequacy of prenatal care received. It shows that nearly half of the women receiving inadequate care said they missed appointments due to illness or depression.

TABLE 2.5

REASONS FOR NOT SEEKING PRENATAL CARE

REASON	Level of Prenatal Care Received*		
	<u>Adequate</u>	<u>Intermediate</u>	<u>Inadequate</u>
1. Ambivalence about pregnancy (Unhappy about pregnancy)	10%	10%	31%
2. Depression & Illness (missed appts)	25	17	48
3. Personal & Family Stress (missed appts)	16	21	45
4. Previous experience with Health Care System (dislike going)	2	6	22
5. Medical provider actions (saw diff. person each time)	19	22	38
6. Transportation Problems	17	19	44
7. Child Care Problems	4	9	29

Source: Urban Coalition, Barriers and Motivators to Prenatal Care, pg. 11.

*Adequate means that appropriate care was received beginning in the first trimester of pregnancy.

B. FINDING: MORE ATTENTION TO PREVENTION IS NEEDED IN MINNESOTA

1. While Minnesota has taken important steps to expand early prevention services in the state, more remains to be done.

The incidence of poor birth outcomes can be reduced through preventive health care and parenting education programs. As in most other states, Minnesota's low-income parents and children may be eligible for Food Stamps, Medical Assistance, and the WIC nutrition program.

However, more than other states, Minnesota has made significant efforts to provide additional health care services to expectant mothers and to young children. Most recently, the Minnesota Legislature improved access to health care for low-income families. It extended Medical Assistance eligibility to low-income pregnant women and to children to age one. In 1988, the Legislature enacted the Children's Health Plan, which finances basic outpatient health services for eligible children from conception to age nine.

2. Many eligible families are not served by developmental screening and nutritional supplement programs.

a. Developmental Screening

Early childhood screening programs are a basic tool for identifying children with developmental problems and referring them to appropriate services. The state sponsors two major preschool screening programs, but we found few connections between screening programs and public assistance programs.

First, Minnesota provides a per capita amount to local school districts to conduct health and developmental screenings for four-year-olds. For 1989, \$429,400 is appropriated to screen approximately 50,000 children.

Second, the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program assesses children's development to identify where development is delayed. This program is provided to children ages 0 to 20 who receive Medical Assistance.

The EPSDT program is largely administered by county social service agencies, and there is a wide range among counties in the proportion of children served. At the two extremes, less than one percent of eligible children were screened in Lake of the Woods County, while 75 percent of the eligible children in Wilkin County were screened. While the Department of Human Services reports a concerted outreach effort for this program, only 21.8 percent of 140,000 children receiving Medical Assistance were screened in 1986. Those children not served by EPSDT may receive screenings and other preventive health care from their doctor or from other sources.

b. Nutrition

One important element of good prenatal care and early prevention is adequate nutrition. Expectant mothers, new mothers, infants, and young children all need good nutrition. The federal WIC program, which provides vouchers to buy nutritional supplements, served 55,000 participants in Minnesota during 1986. That is 61.5 percent of the participants eligible, according to the Minnesota Department of Health's estimates. The cost for supplemental food, administrative, and educational services averages less than \$40 per month per participant.

In the past, the program has had a waiting list of between 3,500 and 4,500 eligible clients who could not be served for lack of funds. New funding was added to the program in 1988 from two sources. First, the Legislature added new state funds, which enabled the program to serve 4,000 new clients, bringing the number served up to 62,500 by the end of September.

Second, the Minnesota Department of Health negotiated a new contract with a supplier of infant formula, through which the state receives a substantial rebate in exchange for designating

this company as the exclusive supplier. This rebate of \$5 million a year will allow the Department to expand the caseload to 70,000. Note that even as new clients have joined the program, others have applied, and the number of eligible clients on waiting lists has remained at about the same level.

c. Models of Local Service

The "Way to Grow" program, proposed by the Minneapolis Youth Coordinating Board, is a promising model for coordinating and focusing efforts to help families raise healthy children. As designed, the program would help parents provide the two kinds of preventive care that we described above: helping parents to give good care, and providing access to outside service providers when that is needed. Way to Grow would include a variety of services to families of newborns, including home visits by paraprofessionals, parent education, screening, and referrals for families to outside service providers. Way to Grow is intended to promote school readiness and to prevent cases of mental retardation attributed to adverse environmental conditions during early childhood. The program would have a neighborhood focus, and would seek to use local neighborhood resources and informal support systems where possible.

C. EARLY PREVENTION: CONCLUSIONS AND RECOMMENDATIONS

While Minnesota has taken important steps to provide early prevention services, it is clear that many children and parents are not adequately served. More effective early prevention will enable children to begin their early development on a sound footing, and reduce the incidence of costly, preventable handicaps and illnesses.

We recommend:

1. State and local agencies should take the following steps toward a goal of ensuring that all children, particularly those at-risk, participate in developmental screenings at least twice between birth and age six:
 - a. State and county health and human service departments should increase their efforts to provide prevention services to families receiving public assistance and subsidies for child and health care.
 - b. The Department of Human Services should evaluate the use of EPSDT screenings in each county, and should develop and implement strategies to improve use of the programs in counties found to have low utilization.

Currently, public assistance programs and participation in screening and prevention programs are generally not linked. Agencies should seek to involve families receiving assistance in EPSDT and preschool screening programs (offered through local school districts) and link those families with prevention services.

Adequate nutrition is a fundamental part of early childhood development. WIC has been shown to be a cost-effective means of ensuring that young mothers and children have adequate nutrition.

We recommend:

2. The federal government should provide funding to serve all families eligible to participate in the WIC program.

Despite recent increases in federal and state funding, there are still waiting lists for the program. More than 25,000 individuals who are thought to be eligible are not served.

While important steps have been taken to expand health care for low-income children in Minnesota, continued attention to their health care needs is necessary.

We recommend:

3. The Minnesota Legislature should expand the Children's Health Plan, and generally broaden access to health care for all children.

The Children's Health Plan is an important step in the right direction, as is the recent extension of Medical Assistance to certain low-income families who were not previously eligible. However, significant gaps still remain. We reaffirm the recommendations of the Citizens League 1987 report, Start Right with Right Start, which called on the Legislature to provide a basic level of health care coverage for all uninsured Minnesotans.

D. FINDING: PRESCHOOL INTERVENTION HAS DEMONSTRATED IMPORTANT BENEFITS

Research shows that high quality preschool intervention improves low-income children's ability to benefit from social and educational opportunities; and leads to lower rates of teen pregnancy, school failure, juvenile crime, and unemployment. Because a growing number of children do not succeed in Minnesota's education system, we examined the potential of preschool intervention programs to help at-risk children in Minnesota.

1. High quality preschool intervention is effective in both the short and long term.

Preschool intervention research, reviewed by the committee, shows both short- and long-term gains for children enrolled in high quality preschool

intervention services. Short-term gains include improved health, increased scores on IQ measures, fewer placements in special and remedial education classes, improved school readiness, and greater social competence.

Different studies report different long-term gains. However, several findings emerge from research which has tracked children for a period of years after they completed preschool. When compared to children in control groups, "at-risk" children participating in preschool intervention programs show higher rates of school completion and post-secondary education, lower rates of criminal activity and teen pregnancy, and higher rates of employment. One study concluded that a \$1 investment in high quality preschool programs returns \$4.75, because of lower costs of special education, public assistance, and crime. Thus, high quality preschool intervention can reduce costs to children and to the public in both the short- and long-term.

Most of the preschool intervention research examined by the committee was initiated in the 1960s. Longitudinal findings based on these programs yield a detailed portrait of the results of preschool intervention for certain categories of children. [8] Table 2.6 (page 22) reviews the most frequently cited preschool intervention studies and describes those programs.

Each of these research projects employ a common set of principles linked with successful preschool intervention. High quality preschool intervention services can employ a variety of methods and settings. However, the committee found that a high quality preschool intervention service will include the following elements:

- a. Well-trained staff
- b. Developmentally appropriate curricula
- c. Effective child/teacher ratios
- d. Parent involvement

Preschool intervention research has focused on children from certain economic or racial backgrounds, and therefore has some distinct limitations. Thus, while researchers can generalize about the potential impact of preschool intervention programs on certain types of children, they cannot usefully reach conclusions about the potential for all children. Research shows that preschool intervention is effective for children from low-income families (in some studies, specifically minority children) and children with preventable developmental difficulties, but no organic deficits.

In addition, measuring the short-term effects of preschool is complicated by the absence of reliable measures of risk for preschool-age children. In a recent analysis, the Wilder Research Center reported that attempts to identify "at-risk" children and to predict their school performance is

TABLE 2.6

RESEARCH ON PRESCHOOL INTERVENTION PROGRAMS

1. Consortium for Longitudinal Studies--A group of 11 intervention programs joined for the purpose of longitudinal assessment:

(Population: low-income children) The analyses conducted by this consortium showed that program children outscored children in control groups on IQ measures for up to three years after the various interventions. More importantly, its work demonstrated that the intervention experience translated into "real world gains" in that program children were significantly less likely to be assigned to special education classes or retained in grades.

2. Perry Preschool Project:

(Population: low-income Black children in Ypsilanti, Michigan) This project was one of the programs studied by the Consortium for Longitudinal Studies. Researchers followed-up on children in both the program and control group children into their late teens. Using a set of policy-relevant "real world" measures, the researchers found:

The rates of employment and participation in college or vocational training were nearly double for those with preschool as compared with those without preschool. For those who attended preschool, the rate of teenage pregnancy (including live births) and the percent of years spent in special education classes were slightly over half of that for those who did not attend preschool. Preschool attendance led to a reduction of 20 percentage points in the detention and arrest rate and nearly that much in the high school dropout rate. Those who attended preschool also did better on a test of functional competence. (Berreuta-Clement, et al, 1984, pg. 1)

3. Head Start programs:

(Federal program created in 1965 to provide enriched early development to low-income children before they entered kindergarten. Head Start addresses a child's need for educational, emotional, and physical development, while involving parents.)

While research showed that initial gains on IQ tests were not maintained in elementary school, it also showed that Head Start and other preschool intervention programs improve a child's general social competence, a key factor in later life success. High quality programs also increase the social competence of parents.

Source: Wilder Foundation, Funders Guide Manual: A Guide to Prevention Programs in Human Services.

very difficult. Thus, we caution that preschool intervention should not be seen as an easy cure for the social and educational ills experienced by all of Minnesota's young adults.

2. Growing numbers of Minnesota children are at-risk of failure in school and in their later lives.

We examined the need for preschool intervention programs in Minnesota in two ways. First, we examined the proportion of children thought to be at-risk because they are growing up in poverty. Second, we looked at two problems experienced by older children: educational failure, including school dropout, and teenage pregnancy.

Historically, children who grow up in poverty have fared poorly in terms of education, employment, and social integration. The Childrens Defense Fund estimates that 15.3 percent of all Minnesota children live in poverty. Demographers project an increase in the proportion of low-income children born in Minnesota, particularly in the Twin Cities area. If available, preschool intervention programs could reduce failure in educational and social performance among these children.

Table 2.7 shows the proportion of families from different ethnic backgrounds living in poverty in 1980.

TABLE 2.7
PERCENT OF ALL MINNESOTA FAMILIES
WITH INCOMES UNDER THE POVERTY LEVEL, 1980

<u>RACE*</u>	<u>FAMILIES UNDER POVERTY LEVEL</u>
White	6.6%
Black	23.5
Indian	27.9
Asian	23.2

*Indian includes Eskimo and Aleut. Asian includes Pacific Islander.

Source: Minnesota Department of Health, Minority Populations in Minnesota, pg. 18. More complete and current statistics on families in poverty will not be available until the results of the 1990 census are analyzed.

The number of children who do not succeed in their first years of school is one indication of the number of children who would benefit from preschool intervention services in the short-term. After Minneapolis Public Schools instituted its benchmark testing program, 8.4 percent of the students were required to repeat kindergarten. In Minnesota, 22,108 (3.2 percent) of children in grades prekindergarten through six were not promoted in 1988 (excluding special education).

Minnesota is experiencing an alarming growth in problems for teenagers. For example, while Minnesota's school dropout rate is the lowest in the United States, rates for specific populations have increased sharply.

In particular, the dropout rate for secondary minority students is much higher than the overall rate. Table 2.8 shows the dropout rate for the 1986-87 school year, for grades 7 through 12.

TABLE 2.8
DROPOUT RATES IN MINNESOTA
1986-87

<u>RACE</u>	<u>State</u>	<u>Metro</u>
White	2.5%	3.5%
Black	10.6	11.2
Hispanic	6.9	7.7
American Indian	9.4	14.9
Asian	2.7	3.0

Source: Minnesota Department of Education, "Information on Minnesota School Dropouts," 1986-87 pg. 4, Table 5; correspondence from Educational Statistics section.

Dropping out of school is sometimes the result of teenage pregnancy. Births to women age 19 and younger accounted for 7.6 percent of all births in 1985. Table 2.9 shows the percentage of births to teenagers from different racial groups.

TABLE 2.9
PERCENT OF BIRTHS TO TEENAGERS IN MINNESOTA
1985

<u>RACE*</u>	<u>PERCENT TEENAGE MOTHERS</u>
White	9.5%
Black	22.6
Indian	26.2
Asian	26.9

*Indian includes Eskimo and Aleuts. Asian includes Pacific Islanders.

Source: Minnesota Department of Health, 1986 Minnesota Health Profiles, pg. 1.

E. FINDING: ACCESS TO PRESCHOOL INTERVENTION IS INADEQUATE IN MINNESOTA

Access to conventional preschool programs has always depended on a family's ability to pay. Thus, while more children are now enrolled in preschool programs, children from low-income families generally have not benefitted. Between 1970 and 1985, the percent of four-year-olds enrolled in preschools in the United States grew from about 28 percent to nearly 50 percent. Enrollment for three-year-olds has grown almost as fast. Yet, a 1980 survey showed that 61 percent of four-year-olds from low-income families were not enrolled in a preschool program.

In Minnesota, most conventional preschools are privately operated. Few of them offer an intervention program for at-risk children.

Preschool intervention programs are generally provided by public agencies. Head Start, a federally funded compensatory preschool program, is the only statewide system for preschool intervention. In Minnesota, as in other states, Head Start is usually operated outside the K-12 education system. It is offered by community action programs, not by school districts, and receives state and federal funding through the Department of Jobs and Training, not the Department of Education.

Head Start serves children from low-income families. Most Head Start children come from families where the parents are not employed outside the home. In 1987, about 6,600 children were served in Minnesota Head Start programs, which is about 30 percent of the eligible population. The Department of Jobs and Training has estimated that about 14,700 children are eligible but not served.

About 95 percent of the \$14.8 million spent in 1986 for Head Start in Minnesota came from federal sources. Cost per child averages about \$2,230 per year. While nearly 70 percent of the eligible children are not served, little is known about how many families are turned away. The Minnesota Department of Jobs and Training does not have information on waiting lists, and in fact, few of the program operators maintain waiting lists for service.

We also observed other preschool intervention programs in the Twin Cities. The Shingle Creek early learning program is operated by the Minneapolis Public Schools. It is a half-day program, mostly for 4-year-olds, which emphasizes teaching children through their own interests, key experiences, and parent involvement. All of the teachers are licensed.

Little is known about the quality of individual intervention programs in Minnesota. While some of them might hold state licenses as preschool or child care programs, Minnesota has not adopted quality standards for preschool intervention programs. National agencies have developed accreditation standards for all early childhood programs, including preschool intervention.

F. PRESCHOOL INTERVENTION: CONCLUSIONS AND RECOMMENDATIONS

Using research that demonstrates the benefits of preschool intervention and the growing number of at-risk children in Minnesota, we concluded that such preschool intervention programs are crucial to both the early development of Minnesota children and to the well-being of the community at-large. Preschool intervention is an effective means to promote school readiness among some children ages 3 to 5, and is an effective way to reduce the need for future public spending.

However, many children who would benefit do not have access to programs in Minnesota. Early childhood intervention programs, such as Head Start, are funded to serve only 30 percent of eligible children.

We recommend:

1. The federal government and the Minnesota Legislature should provide adequate funding to ensure that all children who need preschool intervention services have access to appropriate services from a variety of providers.

Over the next four years, the federal government and the state should increase funding for Head Start and other preschool intervention services with the aim of serving all eligible children.

All children should have the opportunity for sound early development. Given limited resources, however, children who face an array of obstacles and children from low-income families should receive highest priority in public spending. As a general principle, public funds should be used to ensure access to children from low-income families. Beyond that, the following criteria should be used to identify children whose needs should receive priority:

- a. Children who are evaluated as having developmental delays or deficits.
- b. Children with preventable or reversible developmental delays or deficits. (Funding for preschool special education should remain separate.)
- c. Children from dysfunctional families with chemical dependency or other family problems.

Funding for preschool intervention services should come from both public and private sources. The public role should be to enable parents to meet their responsibilities, not to replace parental responsibilities. Parents with their own resources should pay for services on a sliding fee scale.

State policy should encourage and reward high quality preschool programs. Public funding of preschool intervention services requires standards to

ensure that the programs are of high quality. A system of accreditation would allow preschool intervention programs to demonstrate that they meet high standards of quality.

We recommend:

2. To encourage high quality, Minnesota should adopt standards for accreditation of early childhood programs, including preschool intervention programs and child care.

The three state agencies that now fund early childhood programs--the Departments of Jobs and Training, Human Services, and Education--should examine the standards developed by national accrediting bodies, and determine if they are appropriate for programs in Minnesota, or if a new set of standards should be developed.

We emphasize again that early childhood education is not an academic matter. Instead, it is a period when children should experience success, various activities, build positive self concepts, and learn to enjoy books.

In our view, preschool intervention services which are subsidized with public funds should include the following elements:

- a. An effective curriculum which includes activities that are appropriate to the development of the children. It should emphasize children directing their own learning, and adults facilitating this process.
- b. Well-trained staff.
- c. A high degree of parent participation or parent education.
- d. Access to comprehensive services, such as medical care, nutrition, screening, and testing services.
- e. Student/teacher ratios low enough to ensure effective service.
- f. Adherence to state licensing requirements.

The diversity of the current system of preschool intervention is one of its strengths. No single organization, department, or system should dominate preschool intervention services. Rather, the state should look to a variety of providers and service systems.

We recommend:

3. State policy should emphasize diversity in providers, programs, and service systems.

The public schools are an obvious place to look for early childhood programs. They have buildings, staff, and through the property tax access to a secure funding basis. However, we are concerned that the public schools operate with an academic learning orientation, even at the kindergarten level. That orientation is not appropriate for preschoolers. While the Minnesota Department of Education and local school districts should continue to be involved in preschool programs, they should not be designated as the primary agencies in this area.

If the state is to expand the availability of high quality preschool intervention programs, it may want to look to a different service sector, namely child care providers. (In Chapter III, we discuss the role of child care in serving young children.) High quality child care programs might be encouraged to become providers of preschool intervention services. This would expand the provider base, and also provide additional opportunities for service in a setting that would not involve any stigma.

Diversity of services also means that parental choice of services should be supported. Parents receiving public subsidy should choose from preschool intervention services that meet state standards for suitability of curriculum, program, and setting. Diversity also requires programs that are culturally appropriate to children from a variety of ethnic and economic backgrounds.

Chapter III Child Care

Changes in the family and work force participation have had a dramatic impact on the demand for child care. In 1986, more than half of the 404,000 Minnesota children under age six required child care so that their parents could work or go to school. About 147,000 children were cared for by licensed child care providers, while others were cared for by relatives, neighbors, and others. That so many children received care from someone other than a parent indicates that the child care "industry" is an important influence in the early development of Minnesota's young children.

Child care serves not only children's needs, but also the needs of parents and employers. Child care enables parents to seek employment or education opportunities that, in turn, provide employers with the workers they need. Because federal and state welfare reform initiatives emphasize education and employment as keys to self-sufficiency for welfare recipients, there is an implicit commitment by government to fund child care arrangements for those families. As a result, child care issues are linked to other policy issues including employment, family income, welfare reform, and equality of opportunities for men and women in the workplace.

Child care is an issue of access and of quality. Child care affects early development, particularly for children "at-risk" of not succeeding in school and in their later lives. This chapter reviews demographic trends affecting the demand for child care, describes the current system of child care services in Minnesota, and presents our conclusions and recommendations for expanding access and ensuring quality in the child care system.

A. FINDING: THE DEMAND FOR CHILD CARE IS INCREASING STEADILY

1. The increase in labor force participation by women both increases the demand for child care and reduces the supply of women available to provide child care as paid workers and as informal caregivers.

Women participating in the labor force, both nationally and in Minnesota, are the single most important factor driving the demand for child care services. Labor force participation among Minnesota women increased from 34.4 percent in 1960 to 43.5 percent in 1970, and to 54.0 percent in 1980, and is expected to increase in the future. Further, the rates of labor force participation among Minnesota women with children under age six are also expected to increase steadily.

Thus, while income has increased for many families, it has been a result of both parents working, rather than a general increase in the wages of one "breadwinner." Put another way, more people are working in order to maintain the relative income level that a single wage earner could make in the early 1970s or to increase it slightly. In short, families face increasing pressure to employ both parents in order to maintain their standard of living.

Although informal arrangements are still an important source of child care, they are less common now than when a larger proportion of women worked in the home. As a result, child care has become an industry. The "professionalization" of child care is likely to continue as women, particularly women with young children, continue to enter the workforce.

Obviously, child care could be provided by fathers, and this option is more widely used today. However, the persistent disparity in the wages of men and women often precludes this option on purely economic grounds. While our committee tried to view this as an issue for families, our presentation reflects another persistent problem: child care is primarily discussed as a woman's issue.

2. Higher birth rates among low-income families will affect the demand for certain kinds of child care.

Future birth and fertility rates will affect both the aggregate demand for child care services and the type of services required. Although the number of births is likely to decline steadily until the end of this century, that decline will be uneven among economic and ethnic groups. In particular, birth rates are expected to be higher among minority groups and low-income families.

While the number of births will decline, the increase in the labor force will result in a net increase in demand for child care services. Also, as a larger proportion of young children come from low-income families, this will change the kind of child care services demanded. As we saw in Chapter II, many children from low-income families will benefit from preschool intervention services.

3. Changes in family composition will increase the demand for child care.

Families are going through a time of diversity, experimentation, and reorganization. Minnesota has witnessed unprecedented changes in family composition during the last two decades. Single-parent households,

"blended" families (which combine children from previous marriages), dual-income, and never-married parents have increased in number, increasing the demand for child care.

Many of these arrangements differ significantly from the "traditional" two-parent, single-income household. Census Bureau data shows this traditional model now describes fewer than one in six families, and that no one model now predominates. Furthermore, children are increasingly likely to grow up living with one parent at some time before age 18. White children born in Minnesota in 1980, it is projected that 70 percent will spend some time with only one parent before they reach age 18, compared to 19 percent of children born in 1954. Of Black children born in 1980, 94 percent are expected to live with only one parent at some time before age 18, compared to 48 percent of children born in 1954. [9]

The committee discussed the relative merits of different family arrangements, but not in order to decide which arrangements were superior. In general, the committee found that children will benefit from a supportive and loving home, and it sought to understand how different family arrangements affect Minnesota's children.

These trends in work and family composition have important implications for the type and amount of child care services that will be needed in the state. For example, many of the new jobs created in the service and health care sectors may not follow the traditional "8 to 5" schedule. Those families may require child care services during the evening or late night, because of their work schedule. Furthermore, because children from low-income families are more likely not to be "school-ready," child care services will need to adapt to serve children with greater developmental needs.

B. FINDING: CHILD CARE HAS AN IMPORTANT IMPACT ON CHILD DEVELOPMENT AND FAMILIES' ECONOMIC CHOICES

1. Child care providers, whether good or bad, are partners in child development.

Because child care providers are actively involved in the early development of children in their care, they are de facto partners in a family's child rearing practices. The quality of child care, good or bad, affects the early development of young children.

The term child care is used to describe the wide variety of services providers give to children in a large number of settings. Child care providers range from informal arrangements with parents, relatives, or peers to family day care in homes, and nationally franchised child care centers.

Child care is provided by churches, community organizations, schools, public agencies, employers, and parent cooperatives. Child care is also provided in settings that are called preschools and early development programs. While there are differences in emphasis, child care, preschool, and early development services, all are of similar quality when they provide appropriate services which promote the development of the "whole" child.

Child care does not constitute a "system" per se. Services are not integrated, coordinated, or accountable to any single organization. Child care services are more like restaurants than a regulated service system, such as public education. With restaurants, government regulates basic health and safety aspects, but it does not set prices or dictate how many restaurants can open or what type of food they should serve. The public chooses, and ultimately decides which restaurants thrive and which close their doors. With child care, these issues are also left up to the choice of the parents who buy the services.

The diversity of child care services is one of the great strengths of the present system. This diversity offers an opportunity for parents to seek and obtain services that meet the needs and priorities of their children. It also enables providers to concentrate on the specific needs or interests of children.

However, this diversity and the prevalence of informal child care arrangements also create challenges. The widest choices are available to parents with the means to pay. Low-income families are limited in their choices by what their budgets can afford or by what public subsidy programs will allow. Furthermore, the large number of independent providers and settings means that the "system" is extremely difficult for government to regulate. Finally, the care that parents provide for their children directly is not subject to periodic inspection. Consequently, the public must continue to rely on parents as partners in the regulation of child care services.

2. Child care helps families make economic choices.

In the past, traditional families, composed of a "breadwinner" and a "breadmaker," divided the major responsibilities of employment and family. Families increasingly face the competing responsibilities of seeking gainful employment and staying at home to raise a family. Today's single-parent and two-income families must manage all the responsibilities of employment and child rearing. Satisfactory child care arrangements improve their ability to cope with their dual responsibilities and to exercise choice.

Child care is an essential service for families who seek employment to preserve their standard of living or to remain economically self-sufficient. They face competing needs to create income in order to provide for the basic needs of their children, or pursue employment and child rearing simultaneously.

C. FINDING: ABILITY TO PAY CAN LIMIT ACCESS TO HIGH QUALITY CARE

Discussions of child care services tend to focus on two issues:

- a. What constitutes adequate, or "quality," service?
- b. Who can, and ought to pay for child care services?

1. Quality child care is more a function of content than of cost.

The committee concluded that the definition of quality ultimately depends on the priorities of parents. What one parent sees as high quality child care will not necessarily satisfy another parent. However, high quality child care has some basic elements. In our view, high quality child care:

- a. Contributes to the physical, emotional, and mental development of children. In general, it supports the early development of children with appropriate practices.
- b. Is responsive to the needs of children, as appropriately specified by their parents. For example, some parents prefer a religious component or setting in child care. However, intensive academic learning is not appropriate.
- c. Acts in partnership with parents. Child care is one of many resources for children. However, it does not replace the home as primary focus of care and development.
- d. Is provided by caring, competent, and experienced child care providers. Many of the elements of good quality care are intangible: the attitude of the child care provider, the quality of activities, and the level of care and attention that each child receives.
- e. Occurs in an environment that is physically safe for children. Accidents are a major cause of death for young children. Minnesota's licensing standards focus on the physical safety of children in child care facilities.

We emphasize that expensive child care is not necessarily high quality care. Quality in child care often relies on intangible qualities of service. However, parents who can afford high cost child care can afford to purchase whatever child care is available. Their ability to choose from all levels of the child care market gives them greater access to quality services.

2. Financing child care is a joint responsibility of parents, employers, and government.

Paying for child care is an important issue. Some people maintain that child care is not a public concern and should be financed and regulated by families. At the other end of the spectrum, some see child care as a necessity that should be an entitlement for all families, just like public education.

We are confronted with a dilemma: parents feel they pay "too much" for child care, yet child care workers are badly underpaid. Low-income families spend 20 to 26 percent of their income for child care, and single parents pay an even larger proportion. A recent report indicates that parents pay about \$3,000 a year, per child, for child care and more for younger children.

A 1986 survey by an organization of child care workers and teachers reported that the average salary paid by a child care center to a head teacher with a college degree was less than \$11,000 a year, and that aides received less than \$8,000 a year. Few receive health benefits, and many do not receive paid vacations or holidays. Low wages are one factor contributing to frequent turnover as child care workers leave for something better. This frequent changing of teachers and child care workers makes it difficult to provide consistent high quality care.

Parents, who can afford to, should continue to pay for child care services. Prospective parents should continue to exercise choice in determining their priorities for employment, family size, and child rearing practices. Employers are now increasingly involved in financing child care through dependent care reimbursement accounts (a tax reduction device), referral services, and some direct subsidies. A few employers provide child care on or near the work site. Government's role is to make high quality child care accessible to all families, particularly low-income families.

It is difficult for some families to become or remain independent of public assistance in the absence of adequate child care arrangements. Child care services enable parents to seek and retain employment or education needed to achieve independence. Our concern is that economic class not be the determining factor in access to high quality child care. Child care must be broadly affordable. We should not reach a situation where families have better access to high quality child care if they stay on public assistance rather than become independent.

At the other end of the income spectrum, affluent parents have more opportunities to purchase child care services that meet their preference. Thus, parents with a choice of service are more likely to find services meeting their definition of quality.

D. FINDING: ACCESS TO CHILD CARE REMAINS A PROBLEM IN MINNESOTA

The need for child care continues to be met through formal and informal arrangements. However, as the availability of informal arrangements

diminishes, the formal system of child care becomes a more important factor in the care and early development of Minnesota's young children. This formal system includes licensed providers, providers who are not required to be licensed, and those who should be licensed but are not.

1. Public oversight of child care does little to analyze quality of service.

Child care is subject to outside oversight in three ways: government licensing, private accreditation of centers, and private certification of individual providers.

a. Child Care Licensing:

The Minnesota Department of Human Services and county human service agencies license child care providers under three headings: family day care (for up to ten children), group family day care (for eleven to fourteen children), and child care centers (for six or more children). In Minnesota, licensing is not required for a child care provider who is regularly caring only for children from one family.

State licensing rules address basic issues of staff/child ratios, building safety, and staff training. Licensing means that a program meets a basic standard for service and content; it provides a floor for programs. Licensing also opens up certain opportunities. For example, licensed providers can participate in a program that provides food subsidies.

b. Accreditation of Centers

Accreditation programs look beyond the basic issues addressed by licensing to questions of the quality and content of the programs and staff. A few national agencies have developed standards for accrediting child care programs, which are similar in some ways to the standards and procedures used to accredit schools and colleges. One accreditation program, widely used in Minnesota, is sponsored by a division of the National Association for Education of Young Children. It first issued accreditation procedures and criteria in 1984, and has updated them since then. In March 1988, it was reported that 24 programs were accredited in Minnesota and that 44 others were undertaking the self-study process needed for accreditation.

c. Certification of Individual Providers

Accreditation is usually not available to family child care providers, since those programs are usually built around one individual provider. Some local and national early childhood agencies offer a program through which an individual provider can earn certification of advanced skills as a child care provider.

Child care referral services will usually highlight the names of centers and providers who have received accreditation or certification in order to inform families that these providers have met higher standards.

2. The supply of licensed child care in Minnesota has not increased in recent years, and certain types of care are in especially short supply.

Licensed child care providers in Minnesota, including family day care and centers, operate about 147,000 licensed child care "slots," including full and half-day programs. A much simplified calculation suggests that about 60,000 children are being cared for by informal providers (relatives and neighbors), legal unlicensed care (for children from the same family), and providers that, by law, should be licensed, but are not. This second group of children may also include some families where, in the absence of subsidized child care, the parent is foregoing employment and staying home with children. No reliable data is available to describe that sector of the child care system.

While much of the demand for child care is apparently met through the current system of licensed and unlicensed child care services, there are shortages of specific types of child care in Minnesota. Infant care and sick child care are in short supply statewide. Where infant care is available, it is typically 10-20 percent more expensive than the average price of child care services. Sick child care is even more scarce and more expensive. Part-time arrangements or arrangements for parents working nontraditional hours are also limited.

However, while much of the demand for service is apparently being met, the committee found that the quality of service is uneven. High quality child care must be more than custodial; it must include developmentally appropriate activities in a nurturing environment. A large segment of the service system is not licensed, and therefore, not under any public oversight.

The accreditation standards offered by the National Association for Education of Young Children defines a high quality program as:

One that meets the needs of and promotes the physical, social, emotional, and cognitive development of the children and adults--parents, staff, and administrators--who are involved in the program.

In Minnesota, state licensing, with all of its limitations, is the primary tool available to oversee the quality of child care. While licensure does not guarantee quality of service, it does ensure compliance with basic standards of physical safety and supervision. In addition, licensed child care is linked with some services that promote early development of children.

We found that the supply of licensed child care has remained steady during the last two years. Since the supply of licensed care has not increased in recent years, and the demand for child care is growing, this suggests that more parents are turning to unlicensed child care services. Our point here is that families who do not use licensed child care, because it can sometimes be too expensive or it is not available, may miss out on certain opportunities.

Why hasn't the supply of licensed child care increased? First, the low pay and benefits that we described earlier, obviously limits the pool of potential operators and workers. Compounding this is the fact that many child care providers, trying to keep prices low, report a relatively low rate of return. Until child care service providers can make a profit, the industry is not likely to attract new service providers. In some cases, low profitability may result from poor business management skills.

Second, providers and child care experts point to barriers to entry into licensed child care. Cost of licensure, particularly the cost of building modifications, can be a barrier. These costs may not deter providers of relatively high priced child care, but can present an obstacle for family and center providers of moderate or low priced child care.

3. **While state subsidies for child care has increased substantially, there are still thousands of eligible families who are not served.**

Minnesota subsidizes child care in three important ways: the Child Care Sliding Fee program, the AFDC Special Needs program, and other county social service programs.

- a. **Child Care Sliding Fee**

Minnesota's Child Care Sliding Fee Program subsidizes child care for low-income families, with priority given to families where the parents are enrolled in training and education programs. The funds are distributed through county agencies and post-secondary education institutions, including community colleges and technical institutes. State subsidies can be used with licensed providers and with unlicensed providers who don't need a license.

During the 1988-89 biennium, \$26 million will be distributed through this program, a major increase since it began in 1984. About 12,900 children from 8,000 families were served in 1988.

Measures of unmet demand are not clear. The Department of Human Services estimates that as many as 150,000 children under age 12 are eligible under the program's income guidelines. (School-age children may need care after school or if their parents' schedule is outside of a normal 8 to 5 day.) Of them, 7,000 children are on formal waiting lists. By one rough estimate, it would cost \$10 million to serve the children on waiting lists. In Blue Earth County, families applying for subsidies are advised that

there is an effective wait of two to three years before they will be served. In Hennepin County, the wait is usually about one year, but the county adds much of its own money to the subsidy fund.

b. AFDC Special Needs

A second source of subsidies is through the AFDC Special Needs program. This program allows the state to leverage federal funds to support child care needs as well as transportation and other work-related needs. In 1989, about \$3 million in AFDC special needs funds will be distributed to counties, including \$1.5 million in federal funds.

c. County Social Service Programs

Counties may provide child care subsidies through their social service programs, funded from local property taxes and state and federal social service block grants. The Department of Human Services reports that counties spent \$15.7 million for child care services in 1985, including services for abused and neglected children.

Finally, Community Development Block Grant funds have been used in Minneapolis to subsidize child care.

The 1988 federal welfare reform initiative will be a significant source of help for subsidized child care. It will provide federal matching dollars for child care subsidies for families who have recently exited AFDC because they are now employed and have an income. This leveraging will free up state dollars to be used for other families.

E. CONCLUSIONS AND RECOMMENDATIONS

Access to high quality child care is important for families who seek employment and training to better their economic status and support themselves. The state should promote opportunities for affordable, high quality child care with the same urgency it promotes other parts of the state's infrastructure: roads, schools, and natural resources.

We conclude:

- Child care services should harmonize the developmental needs of children with the needs of parents for time to pursue education or employment.

Parents need employment, and children need high quality care in order to develop. Furthermore:

- Quality of child care services should be promoted through public and private partnerships. Public efforts to promote "quality" should recognize the diversity of parents' values and priorities for their children.

The responsibility for child rearing rests appropriately with individual parents. Preferences for the content and quantity of service should be determined by well-informed, confident parents.

The state's role should be to enable families to have access to a wide range of child care settings that provide high quality, developmentally appropriate care.

We recommend:

1. To expand access to child care, the Minnesota Legislature should expand funding for the Child Care Sliding Fee program to serve all eligible children.

Over the next four years, additional funds should be appropriated to meet the demand for child care subsidies. Serving the children now on waiting lists is a logical starting point, although that is likely to cause other families to come forward to seek subsidies.

Child care should not be merely custodial, but should meet children's need for developmentally appropriate activity. State action is needed to improve the supply of licensed child care in the state and to upgrade the quality of programs. The subsidies allowed should be adequate for providers to pay for facility improvements and to pay adequate wages. If private financing is not available to child care providers, the state should provide or guarantee loans that will help providers to expand and improve services.

We recommend:

2. The Legislature should provide start-up loans for providers proposing to meet important local needs for child care and loans to providers to make building and staff improvements needed to meet licensing requirements and accreditation standards.

In particular, improvements are needed in the supply of infant and sick child care. Furthermore, we would like to see more family day care providers seek licensing and to see centers seek accreditation under standards adopted by the state. The Legislature must understand that expanding access to high quality child care services will require addressing the needs of child care workers for improved salaries and benefits.

To assist family day care providers seeking licensing, the Legislature should provide funding for loans to family day care and other nonprofit

child care providers to comply with state standards for building safety, training, and center accreditation. In some cases, start-up grants should be available on the basis of need. Priority should be given to the most under served areas of the state and to community-based efforts.

The Legislature should also consider other steps to expand access to high quality child care. For example, child care providers would benefit from greater expertise in running a small business. The Legislature should authorize the Department of Trade and Economic Development to administer small business training for child care providers. Training should be required as a condition of receiving public grants or loans.

State policy should recognize child care providers as partners in the early development of young children. Child care providers represent a natural contact point for ensuring that children receive comprehensive services, particularly with children receiving public subsidy.

Counties should examine the feasibility of employing individual child care providers as a contact point for coordination and delivery of early childhood services. This approach will enable providers to deliver services in a community-based setting. In addition, this may enable service providers to serve hard-to-reach children receiving public assistance.

Employers should also be partners in child development in two ways: First, by helping working parents to find and use high quality child care programs, and second, by providing additional flexibility so employees can spend more time caring for their children.

We recommend:

3. Employers should offer child care information and support for all of their employees, and should consider these specific ways of helping parents:

- a. Cafeteria style benefits to finance child care
- b. On- or near-site child care
- c. On- or near-site parent education
- d. Resource and referral services for employees to locate child care arrangements
- e. Financial assistance with sick child and infant care, either through direct subsidy or discount rates with service providers
- f. Flexible work hours
- g. Job sharing
- h. Extended parental leave

Chapter IV

Coordination and Diversity

Minnesota's system of services for young children and their families is diverse in three ways. First, services are provided by a variety of private nonprofit and for-profit agencies, as well as government. Second, it is diverse in funding: some services are supported entirely by fees while others are subsidized by public or private sources. Finally, services vary in their sponsorship: some are state-administered and are generally available, while others may be local programs.

Unfortunately, the diversity of service is not accompanied by proportionate efforts to coordinate services. In this chapter we analyze coordination of early childhood services in Minnesota, and offer recommendations for strengthening coordination. We also stress the importance of recognizing and maintaining the diversity of service systems and providers.

A. FINDING: COORDINATION OF SERVICES CAN PROMOTE CHILD DEVELOPMENT

1. Many state and local agencies in Minnesota administer or supervise programs serving children.

Figure 4.1 (page 42) lists some of the programs and agencies involved in serving young children in Minnesota. The list points both the diversity of the system, and the need for agencies to coordinate their work and focus their resources.

2. Families may not have access to or may not be aware of all the services their children need.

Coordination of early child services has two major problems. First, with some notable exceptions, early childhood service providers typically address a specific need, such as child care or nutrition, rather than addressing the "whole" child. For example, publicly subsidized child care

TABLE 4.1

This is a partial list of federal and state agencies which supervise and/or administer programs and services that relate to and potentially impact an holistic approach to comprehensive service delivery to "at-risk" children.

Federal Agencies DEPT OF HEALTH AND HUMAN SERVICES (DHHS):

Medicaid
AFDC income maintenance
with DOL, funds the Youth 2000 youth
employment initiative

DEPT OF AGRICULTURE:

Food Stamps

DEPT OF LABOR (DOL):

Job Training Partnership Act (JTPA)
Job Service
with DHHS, administers Youth 2000 youth
employment initiative

DEPT OF EDUCATION:

administers various youth and education
initiatives
administers post secondary Work Study
program

State Agencies

DEPT OF HUMAN SERVICES (DHS):

supervises administration of AFDC
supervises administration of the state
General Assistance program
supervises administration of the state
Work Readiness program
supervises Medicaid program
supervises administration of federal Food
Stamps program
administers with DJT state's PATHS
(welfare reform) program
supervises social services
administers Child Care fund

DEPT OF JOBS AND TRAINING (DJT):

administers federal JTPA program but most
control is in the hands of local PIC (see
below)
runs Job Service labor exchange
runs state MEED wage subsidy program
administers under a contract with DHS
most AFDC employment programs
supervises county Work Readiness programs
supervises several youth employment
programs

DEPT OF EDUCATION:

supervises community education, Adult
Basic Education and GED programs
supervises health and family life
education programs

DEPT OF NATURAL RESOURCES:

administers Minnesota Civilian
Conservation Corps youth program

DEPT OF LABOR AND INDUSTRY:

administers state apprenticeship
program

POST SECONDARY GOVERNING BOARDS:

supervise post secondary and
vocational training
supervise post secondary Child Care
set-aside funds

HECB:

supervise federal and state financial
aids to low income people

Local Agencies

COUNTIES:

operate AFDC, General Assistance,
Work Readiness program
operates Medicaid program
operates sliding fee Child Care Fund
operates and contracts for social
services
operates federal Food Stamp program
responsible for and may operate state
employment programs
responsible for and may operate
federal Food Stamp Job Search
coordinates local PATHS program

SCHOOLS:

K-12 program
GED and adult basic education
some health and family life programs
dropout prevention programs

TECHNICAL INSTITUTES & POST SECONDARIES:

provide education and training
some provide GED
with counties, administer
post-secondary Child Care set-aside
funds

COMMUNITY BASED ORGANIZATIONS:

- provide training
- provide child care and social services
- provide peer, advocacy and support programs

PRIVATE INDUSTRY COUNCILS (locally based federal agencies):

- provide or contract for federal job programs
- contract with counties to provide job training and job search programs

JOB PROGRAM PRIVATE PROVIDERS:

- operate jobs programs under contract with counties and PICS

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Office of Jobs Policy
State of Minnesota

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does not, generally, ensure that a child receives adequate health care. Nor does it address the issues of parent education or school readiness. Similarly, the WIC program does not include parent education or preschool intervention services as part of its efforts.

Second, the diversity of program sponsors and providers makes coordination difficult. For example, local school districts provide parenting education, while county human service agencies administer participation in child care and health care subsidies. The Minnesota Department of Jobs and Training, largely through local community action programs, administers funding for the Head Start program. This means that parents have to become aware of many different service providers or sponsors, which is not an easy task for anyone.

3. Coordination of services for young children has been proven by some model programs to ensure that more children receive the services they need.

We found model programs which demonstrate the value of coordinated services for young children. For example, children enrolled in Head Start receive nutrition, medical, educational, and counseling services as part of their attendance. These services are provided with an awareness that, without a foundation of basic emotional, physical, and mental development children will not benefit fully from preschool intervention services. Thus, coordination of services promotes the development of enrolled children and improves the effectiveness of Head Start programs.

The Minnesota Departments of Health, Education, and Human Services recently formed several interagency committees to address services for children. These committees provide an opportunity for interagency coordination and collaboration. Minnesota's preschool special education program for children under age five with physical and mental disabilities came out of an agreement between those three departments to serve children with disabilities. This agreement was born of the understanding that children with disabilities require an array of services, and providing these services in a coordinated manner can improve their effectiveness.

B. CONCLUSIONS AND RECOMMENDATIONS

Some experts believe that the solution to our concerns that some children are not receiving the services they need is to place responsibility for all childhood services within one state agency or service system. At both the state and federal level there has been consideration of proposals to designate state and federal education agencies as the responsible organizations for early childhood programs. Proponents say that education agencies are to be preferred because they could easily extend their services to meet the needs of younger children, and because of concerns that a "welfare stigma" is associated with human service agencies.

Taking such a step, however, would not necessarily result in better services for young children. For one, we would lose the greatest strengths of the current system -- its diversity and the power of parents to make choices. Moreover, we are not persuaded that education agencies' authority or responsibilities should be expanded. As discussed in Chapter II, their academic learning orientation is not appropriate for the development of young children.

We recommend:

1. **No one state agency or service system should be designated as the single provider and administrator of early childhood services.**

But, if we are not going to place responsibility for all childhood services under one state agency or service system, then we must find a different mechanism by which to ensure that children receive the services they need.

Numerous state and local government agencies have the responsibility for programs serving children. We see opportunities for agencies to coordinate their planning and services, and therefore, focus their available resources on related goals.

We recommend:

2. **The Legislature and the Governor should create an office of Assistant Commissioner for Services for Young Children, in the Department of Human Services.**

The governor should issue an executive order designating the new office as the focal point for the executive branch of government in developing and implementing policies and programs for children.

Creating this new office is necessary to raise the visibility of childrens' services and issues in state government. An assistant commissioner will be in a good position to secure legislative appropriations for childrens' services. The new office also should be the place in state government to which the legislature and the public look for the development of public policy on children. The new assistant commissioner also would chair interagency task forces to coordinate the efforts of state and local agencies.

To the extent possible, we would expect state and local agencies to work together and improve their coordination of early childhood services. The new assistant commissioner would advise the legislature on opportunities for better coordination and delivery of services that require legislative action.

The key recommendations in this report require making connections between different service systems and providers. Creating such an office and charging it with the responsibility to coordinate services would

facilitate implementing those recommendations. For example, we have spoken of the need to link families receiving public assistance with access to parenting education, developmental screenings, and preschool intervention programs. This new office would be charged with finding ways to build those links.

Public policies for young children affect families throughout Minnesota, and therefore, require input from diverse sectors of the population. The governor should appoint a citizens advisory committee to work with the new assistant commissioner. Parents, service providers, and policy makers should participate in the development of short- and long-range plans for early childhood services. Members of the advisory committee should represent the families and service providers affected by policy choices. To this end, the governor should select committee members who have an active interest in preschool intervention and child care issues.

Since services are delivered primarily at the local level, it is equally important that local efforts and resources be well coordinated.

We recommend:

3. Counties and central cities should establish "coordinating boards" to ensure coordination of services for children and families at the county and city level.

These boards should create accountability at the local level, as well as gather information on the needs of children and families in each county to facilitate planning and service coordination.

The "Success by Six" program, a United Way of Minneapolis early childhood development initiative, provides a model of how local agencies can coordinate their efforts and focus their resources. Two of its goals are improved and expanded access to services. In doing so, the sum of the parts becomes stronger and yields a greater benefit than the individual parts.

Endnotes

1. R. Thomas Gillaspy, State Demographer, Minnesota State Planning Agency; committee testimony March 17, 1988.
2. Honeywell, "Work/Family Survey."
3. Nancy Smith, Minnesota Early Learning Design (MELD); committee testimony March 24, 1988.
4. Lois Engstrom, Minnesota Department of Education; committee testimony May 12, 1988.
5. 1986 Minnesota Health Profiles, MN Department of Health, pg. 17.
6. Shirley Moore, Center for Early Education and Development (CEED); committee testimony February 18, 1988.
7. Sharon Muret-Wagstaff, Hennepin County Medical Center; committee testimony February 18, 1988.
8. For a survey of research in this area, see U.S. House of Representatives, Select Committee on Children, Youth and Families, Opportunities for Success: Cost Effective Programs for Children, August 1985.
9. Sandra L. Hofferth, "Updating Children's Life Course," Journal of Marriage and Family, February 1985, p. 93.

APPENDIX

State Agency Services for Children

PROGRAM	AMOUNT	NUMBER OF CHILDREN SERVED
<u>Department of Human Services Child Care Fund</u>		
(a) Sliding Fee Program	\$6.4 Million FY89 (state)	7,400 children Licensing ratios vary by age of child and family or center care
(b) AFDC Priority Group	\$2.9 Million	1,200 children
(c) AFDC ESN (Employment Special Needs Program)	up to \$6.0 Million additional dollars in federal match	
(d) AFDC Post-Secondary	\$2.6 Million FY89 (state)	3,100 children
(e) Public and Nonprofit Post-Secondary	\$1 Million FY89 (state)	650 children

PROGRAM	AMOUNT	NUMBER OF CHILDREN SERVED
<u>Other Department of Human Services Programs</u>		
County Determined Spending CSSA (Community Social Services Act Block Grant) Title XX (federal Social Services Block Grant)	CSSA and Title XX est. \$4.0 Million	2,000 children
AFDC Disregard	up to \$1,920/ year per child, up to 2 children	2,000 children
Resource and Referral Grants	\$162,500 FY89 (state) \$16,700 FY89 (federal)	18,000 - 20,000 families in 30 counties
Service Development Grants	\$237,500 FY89 (state)	300 mini-grants; 24 grants to centers and organizations
EPSDT (Early Periodic Screening Diagnosis and Treatment)	\$1.5 Million for direct service; \$750,000 for out- reach through county nursing services; FY88	Approx 140,000 eligible. 50% receive preventive health exam under EPSDT & Medic. Assist. (27,500 EPSDT screenings FY88
<u>Department of Education Programs</u>		
Extended-Day Programs	some federal funds available for development of program by the state \$80,000 FY89	6,500 - 7,000 one adult per 10 children
Early Childhood Special Education	\$15.9 Million (state and local) 86/87 school year	8,934 children (birth to age five) 87/88 school year
Preschool Programs	Unknown	DHS has collected information but has not compiled

PROGRAM	AMOUNT	NUMBER OF CHILDREN SERVED
<u>Department of Education Programs (cont'd)</u>		
Pre-kindergarten Grants	\$500,000 FY89	Anticipating serving 300-400 children
Early Childhood Family Education	\$8.1 Million FY89 (state)	135,000 children and parents (about half of each.) One teacher every 10 - 12 parents
Preschool Screening	\$429,400 for 88- 89 biennium	Est. 49,999 children (per year)
<u>Department of Jobs & Training</u>		
Head Start	\$15 Million FY89 \$13 Million (fed) \$1.3 Million Energy Assistance Block Grant (fed) \$1.0 Million (state)	5,832 children served with fed funds FY88. Est. 1,100 served with state funds FY89

Source: State Planning Agency for Advisory Council on State-Local
Relations (ACSLR)

Work of the Committee

Charge to the Committee:

The committee worked in response to the following charge from the Citizens League Board of Directors:

Early Childhood Development for "At-Risk" Children

Special programs of early childhood development yield significant long-term benefits, according to child care studies. Many parents are choosing daycare with educational components or enrolling young children in nonpublic schools for all or part of the day. Today, this opportunity is largely limited to persons who can afford to pay.

Public schools are interested in providing education to young children. Experiments with all-day kindergarten are currently under way in several Minnesota public school districts.

Additionally, some Minnesota groups have proposed early childhood education programs focusing on groups of children "at-risk." Educating parents of these children is a critical component of the program.

The committee should have general charge of determining whether early childhood development for at-risk children is a public question, and if so, how to determine eligibility, governance, finance, content of training/education, and service providers.

The committee should examine:

- Whether the question affects all types of children or just those "at-risk."

- How parents and children are enlisted to participate, voluntarily.

- The specific kinds of programs and services provided to parents and children.

- Numbers of children to be served now, and in coming years.
- Results of research on the effect of different programs.
- Similarities and differences between public and private providers and the process for selecting providers.
- Costs of providing services, how they would be financed, and lifetime financial impact on parents and the public sector.
- How parents should be involved and helped to make the most appropriate choices for their children.
- The role, if any, of public and nonpublic schools, including the question of universal education for preschool children.
- The effect, if any, of public intervention in early childhood development on the incentives of parents to have more children.

Committee membership:

Under the leadership of Stephen Young, chair, and Maxine Mandt, vice-chair, 22 Citizens League members participated actively in the deliberations of the committee. They are:

Philip AuClaire	Orma Kraii
Connie Bell	Nancy Latimer
Ann Ellwood	David Madson
Joanne Englund	L. Hope Melton
Larry Espel	Charlayne Myers
Rose Faeges-Easton	Carol Olson
Leroy Fingerson	Karen Ringsrud
Ruth Fingerson	Jean Sazevich
Virginia Greenman	Judy Schaubach
Mary Ruth Harsha	Lisa Venable
Katherine Howard	
Esther Kellog	

Committee Meetings/Resource Speakers:

The committee met for the first time on February 4, 1988 and concluded its work on November 17, 1988. A total of 29 meetings were held. As a part of the study process, the committee heard from the following resource speakers:

David Allen, Executive Director, Resources for Child Caring
Dale Anderson, Executive Director, Greater Minneapolis Day Care Association
Connie Bell, Associate Director, Greater Minneapolis Day Care Association representing church affiliated child care providers
Ann Bettinberg, Minnesota Department of Education
Margaret Boyer, Director, Child Care Workers Alliance
Sarah O. Colwell, Pediatrician, Park Nicollet Medical Center, Governor's Task Force
Tom Copeland, Resources for Child Caring
Alice Dillon, Executive Director, PICA Head Start
Lois Engstrom, Department of Education
Kerry Felt, principal, Shingle Creek Public School
Sally Finebay, parent and Indian Health Board
R. Thomas Gillaspy, State Demographer, State Planning Office
Billie Mae Howard, parent and First Bank System employee
Marlene Johnson, Lieutenant Governor, State of Minnesota
Susan Johnson-Jacka, President, Childcare Management Services
Karen Kurz-Reimer, Minneapolis Public Schools
Kathy Lamp, Children's Health Plan, MN Department of Human Services
Nancy Latimer, committee member and Senior Program Officer, McKnight Foundation
Gail Marks-Jarvis, parent and Managing Editor, CityBusiness
Janet Massa, Minneapolis District Manager, Kinder Care
Corina Moncada, Curriculum Specialist, Minnesota Department of Education

Shirley Moore, Center for Early Education and Development
Sharon Muret-Wagstaff, Hennepin County Medical Center
LuAnne Nyberg, Director, Children's Defense Fund
Barbara O'Sullivan, Chair of the Accreditation Board, Resources for Child
Caring
Donna Peterson, Minnesota State Senator
Elaine Salinas, Education Program Officer, Urban Coalition
Nancy Smith, Minnesota Early Learning Design
Alan Sroufe, Ph.D. University of Minnesota
Jerri Sudderth, Department of Human Services
Vicki Vavra, President, Minnesota Licensed Family Child Care Association
Carol Watkins, Department of Human Services, Children's Services

Assistance to the Committee:

Citizens League staff assistance to the committee was provided by Allan Baumgarten, Jonathan Hubschman, Dawn Westerman, and Joann Latulippe.