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*A report on community progress  
towards a high-quality, voluntary,  
universal, and well-funded  
early care and education system*

# EARLY CHILDHOOD EDUCATION AND CARE

A Needs Assessment  
for Children Birth to Five  
in St. Joseph County, Indiana

COMMUNITY  
FOUNDATION  
OF ST. JOSEPH  
C O U N T Y



United Way  
of St. Joseph County

Developed for Step Ahead of St. Joseph County  
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in St. Joseph County, Indiana

June 2005

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## EXECUTIVE SUMMARY

Scientists continue to explore the awesome process of child growth and development. We now know that the brain develops as a result of the interaction between genetic components and a child's encounters in the world. These early experiences actually shape the brain structure and chemistry, thereby affecting a child's learning throughout life. Research guides us, too, on what these optimal experiences are, providing a valuable roadmap for parents and other caregivers of infants and young children.

It is important for communities to ask, then "How well are we utilizing this flood of information to improve the life chances of children? And how can we do better?" By presenting a snapshot of the early childhood care and education in St. Joseph County, this needs assessment helps answer these questions and provides the fundamental information needed to set priorities, seek supporting funds, and advocate to increase accessibility, assure quality, and extend the affordability of early childhood education for our children and families.

### WHO ARE THE CHILDREN?

◆ **An estimated 18,713 or more children under age five live in St. Joseph County.** The quality of their early childhood education and care are vital to their healthy growth and development.

◆ **Up to 13,485 young children may need some type of child care.** In St. Joseph County, almost two of every three children under the age of six have all parents in the family working.

◆ **Many children are at risk.** Research indicates that a number of factors put children at risk for lower academic achievement, including the following:


*Low economic status:* As they enter school, children in low-income families are significantly behind their more affluent peers—academically, socially and physically. In St. Joseph County in 1999 there were approximately 7,445 children under age five living in poverty or in low-income families.

*Minority Status:* Children from African American and Hispanic families are more likely to have one or more other risk factors, compared with children from White families. In St. Joseph County in 2000, there were 3023 African American children and 1745 Hispanic children under the age of five.

*Low birth weight:* Children born with an extremely low birth weight have a higher incidence of behavior problems at school entry, poorer cognitive performance, an increased incidence of learning disabilities and academic difficulties. In St. Joseph County, at least 1,455 babies were born with low or very low birth weight from 2001 through 2004.

*Level of maternal education:* Lower levels of maternal education are correlated with children's early school failure, including a lack of reading and math achievement. In St. Joseph County, 5,061 women between age 18 and 34 do not have a high school diploma; 241 babies were born in 2002 to mothers under age 20 without a high school diploma.

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*Abuse and neglect:* Children who are maltreated have higher rates of school problems, including lower test scores in math and English, lower IQ scores, lower social acceptance and more grade repetitions. In St. Joseph County, 808 cases of child abuse and neglect were substantiated in 2003.

## ACCESS

◆ **The number of licensed centers has dropped..** The number of licensed child care centers has declined by over 30 percent since 1993, while the number of registered ministries has more than doubled. Changes in available funding and stricter licensing regulations that are expensive to implement coupled with the lower cost of unlicensed programs may be driving these changes.

◆ **Capacity appears sufficient, but it is difficult to get a handle on parent needs.** The number of child care vacancies is higher than the number of children on waiting lists in St. Joseph County. Whether or not what is available matches what families need is mostly undetermined, since this phase of the needs assessment does not include information from parents. Would these vacancies be filled if parents could afford them? Would they be filled if they were higher quality?

◆ **There are gaps in service for infants and three-year-olds.** While the overall number of spaces may be adequate, some children are being underserved. Providers report turning away infants and there are far fewer spaces than what would be predicted by the number of babies born each year and the percentage of mothers in the workforce who have infants. Head Start no longer serves three-year-olds, a matter of concern especially throughout the special needs community.

## QUALITY

◆ **Quality child care makes a difference.** Several long-term studies show that, when children attend higher quality child care centers, they perform better on measures of cognitive and social skills in child care and on into their school years. Further, *these early experiences have the greatest impact on children who are at high risk of academic difficulties.*

The Perry Preschool 40 year study and other long-term studies, show that children in low income families who attended quality programs perform better on intellectual, language and literacy measures, and as adults have higher graduation rates, higher earnings, greater employment and less involvement with the criminal justice system.

◆ **Quality early childhood education is an investment for the community.** Some economists believe that early childhood programs should top the list of economic development for state and local governments. According to the economic analysis of the Perry Pre-school Study, every dollar invested in early childhood education has a return of \$12.90.

◆ **Quality programs share recognizable characteristics.** In high quality programs, teachers have more formal education and more specialized early childhood training, are better compensated, and have better benefits and working conditions. According to the National Association of Education of Young Children, high quality programs also have low rates of teacher turnover and “a comprehensive system of curriculum, assessment,

and program evaluation.” Yet in St. Joseph County, these quality indicators are disappointing.

◆ **For many programs, teacher education levels are insufficient.** Despite clear evidence that well-educated teachers are critical for quality, no teachers in licensed centers responding to the Needs Assessment survey have a BA in Early Childhood Education; more than half of licensed centers and registered ministries have no teachers with a BA of any kind.

◆ **Early childhood teachers work for poverty wages.** Real wages for the teachers of young children in St. Joseph County have also declined over the past 12 years. Nor do many receive any benefits.

◆ **Teacher turnover in St. Joseph County appears to be lower than the national average.** In light of low wages and lack of benefits, it is encouraging that teacher turnover in St. Joseph County appears to be somewhat lower than the national average.

◆ **Most programs do not have a comprehensive system of curriculum, assessment, and program evaluation.** While a majority of responding programs use a curriculum, most are not research-based; only five have a curriculum that is aligned with research-based child assessments and program evaluation.

◆ **The number of programs accredited by the National Association for the Education of Young Children (NAEYC) has increased.** Eight of the 48 child care centers and preschools in St. Joseph County have earned the demanding NAEYC accreditation, a clear mark of quality.

#### **AFFORDABILITY**

◆ **Child care costs place a heavy financial burden on families.** It costs more to place a toddler in a full day child care center than it costs for a teen’s tuition and fees at Indiana University. Costs can take from one-fifth to one-third of a family’s income, eating up a considerable portion of a low-income family’s budget. Even with child care wages at poverty levels, many parents find the cost of care beyond their reach.

◆ **Over \$5 million in child care subsidies came into St. Joseph County in 2004.** Even so, many children remain on waiting lists for federal and local dollars, and the funds have been shrinking. To stretch dollars statewide, eligibility criteria have been tightened for the Child Care and Development Fund, which allows parents to use vouchers for child care; now even fewer parents will qualify. Nationally, only one in seven children eligible for child care assistance under Federal rules actually receives that help.

#### **TRENDS AND ISSUES**

◆ **Finances are precarious for many early childhood education programs.** Stricter state licensing regulations and the need to raise quality and increase staff compensation put pressure on programs to raise prices. That puts a financial squeeze on parents, many of whom cannot meet the expense. Cost, not quality, may therefore be the primary criteria for selecting a provider, which impacts the bottom line of higher quality programs. With higher cost and fewer subsidies, many providers are finding financial stability a problem.

- ◆ **The landscape of child care providers has shifted.** The upsurge in unlicensed programs is a concern since, according to a recent Purdue study, children in licensed child care settings in St. Joseph County received higher quality care than children in unlicensed settings.
- ◆ **Teachers need training and support if they are to help children with challenging behaviors.** Almost two-thirds of center and ministry directors said that children with very challenging behaviors are enrolled in their programs. Training in working with these children was by far the most frequently selected topic. Concern about challenging behaviors has surfaced at the national level as well, and research is underway around the country into the most effective interventions.
- ◆ **Training in early literacy is not on the radar screen.** Given the rapid growth in understanding about how children learn to read and the serious consequences for children not reading on grade level by the third grade, providers' lack of interest in training for teachers in early literacy was surprising.
- ◆ **Parenting skills are seen as weakening.** Providers identified decreasing parenting skills and involvement as a trend. A need for parenting education has been heard in the community at least since the Step Ahead Needs Assessment in 1993.
- ◆ **An overemphasis on academic preparation of children may obscure the importance of other developmental domains.** Providers identified a push to early academics as a disturbing trend that is affecting parents' expectations of early childhood education. Teachers recognize the importance of social-emotional development and are concerned that too much attention on cognitive development diminishes time for activities that nourish the whole child. Some identify this trend as contributing to the numbers of children who display difficult behaviors in the classroom.



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## PROCESS

Information presented in this Early Childhood Needs Assessment was collected by The Family Connection between July 2004 and April 2005 from a variety of sources including provider surveys, interviews, research studies, and the U.S. Census.

### ◆ Surveys

Slightly different surveys were developed for center-based childcare (centers and ministries), home-based child care, and preschools. A total of 270 surveys were mailed to early childhood providers who were in the 4Cs' database as of summer 2004.

Type or Provider	Surveys sent	Surveys returned	Response rate
Licensed Centers	31	19	61%
Registered Ministries	25	11	44%
Licensed homes	101	33	33%
License Exempt Homes *	88	11	13%*
Preschool	25	10	40%**

*Note*—After culling their database in winter 2005, \*4Cs had a total of 66 legally licensed exempt home providers. It is possible that 22 providers in the database when surveys were mailed were not functioning programs. Removing 22 from the number sent gives a slightly higher (17%) response rate. \*\*Likewise, 18 preschools are now listed in the database; removing the additional seven suggests a possible 56% response rate.

In addition, a very short (two-question) survey was sent to kindergarten teachers and/or principals in all elementary schools in St. Joseph County. Respondents were invited to fax comments to The Family Connection and 19 responses were received.

**Survey Reporting:** Most of the percentages were calculated on the number of respondents who returned a survey. In some cases, however, percentages were calculated on the number of respondents answering a question. Where this was done, it has been noted in the narrative as well as on the surveys in the appendix. Most percentages have been rounded to the nearest whole number.

### ◆ Interviews

Interviews were conducted with the following individuals:

Andres Valtierra, Eligibility Specialist, Child Care Voucher Services, Job Works  
Beth Leonard, City of South Bend  
Janice Aiken, St. Joseph County Coordinator, First Steps  
Caroline Brill, Preschool Coordinator, Joint Services for Special Education  
Bonnie Raine, Executive Director, United Health Services  
Lisa Putz, SBCSC, Special Needs and Abilities Preschool (SNAP)  
Bridget Sovinski, SPOE Supervisor, Northeastern First Steps  
Terri Kosik, Exec. Director, Early Childhood Development Center, Notre Dame and Saint Mary's  
Sister Gretchen Clark, Chiara Home

Naomi Adams, Family & Community Manager, Head Start Consortium  
Bruce Nowlin, Department Chair for the Early Childhood and Human Services  
Programs, Ivy Tech State College  
Parent Educators, Parents as Teachers program, Madison Center  
Educare Committee, Step Ahead of St. Joseph County

Information was also obtained from the following individuals:

Diana Wallace, Executive Director, T.E.A.C.H. Early Childhood Indiana  
Patti Kiser, Executive Director, Community Coordinated Child Care (4 Cs)  
Yully Ortega, Data Management and Bilingual Specialist, 4 Cs  
Chris Isaacson, Executive Director, Head Start Consortium  
Donna Canter, Education and Transition Manager, Head Start Consortium  
Susan Cress, Professor, Early Childhood Education, IU South Bend  
Anita Smith, Child Care Services, NW Region, FSSA  
Suzanne West, Educare Consultant, Bureau of Child Development, FSSA  
Jeffrey Peck, Bethel College

#### ◆ **Research and reports**

Relevant current research and reports were used to help explain the context for findings in St. Joseph County, as well as to clarify and define concepts such as “quality early childhood environments.” Research and reports are listed under References.

#### ◆ **Data sources**

The following sources were used for demographic and other data related to children:

2000 Census  
Indiana Department of Education  
Indiana Youth Institute’s Kids Count  
Step Ahead Needs Assessment 1993  
Indiana FSSA  
SJC Health Dept Annual Reports

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## INTRODUCTION

According to a recent report by the Institute for Women’s Policy Research, “a high-quality, voluntary, universal, and well-funded early care and education system that will allow parents to keep working and better prepare children for school and life is not yet available to parents across the United States” (Williams et al., 2004). The findings from this needs assessment draw the same conclusion for parents in St. Joseph County.

The key child care issues of quality, accessibility and affordability are not new. And it will come as no surprise that they remain at the very heart of this complex, interrelated puzzle of early childhood education and care.

Yet much has changed since the last extensive needs assessment for children in St. Joseph County just over a decade ago. More than ever before, we know just how critical these early childhood years are. Brain research highlights the importance of “critical periods” for optimal learning and of the interaction of nature *and* nurture in children’s development. There is growing evidence pointing to the interconnection between emotional development and academic learning in the early years. New longitudinal studies document the positive *life-long* impact that quality early childhood programs have, especially for low-income children. Other studies show that third grade reading level is correlated with early childhood program quality—and that when children do not read on grade level by third grade, they often do not catch up. In addition, leading economists are now spreading the word that an investment in quality for early childhood is a long-term, high yield investment for the whole community.

This assessment both describes and disassembles the picture of “high-quality, voluntary, universal, and well-funded early care and education,” examining piece-by-piece what fits in the picture and what needs to be refined and reshaped. It is intended as a springboard for organization and systemic planning, a reference for grant writing in St. Joseph County, a touchstone for funders, a resource for policy-makers, and a tool for early childhood advocates.

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## WHO ARE THE CHILDREN?

- ▶ An estimated 18,713 or more children under age five live in St. Joseph County.
- ▶ Up to 13,485 young children from infancy to age six may need some type of care during at least some portion of the day.
- ▶ There have been significant changes in the white, African American, and Latino populations in South Bend in the past decade.
- ▶ There were 3,331 children under the age of five living in families below the poverty level in St. Joseph County in 1999.
- ▶ Another estimated 4,113 children under the age of five in St. Joseph County live in low-income families.
- ▶ One half of African American children under age five and one third of Latino children under age five in St. Joseph County live below poverty.

Like in most communities throughout the U.S., children in St. Joseph County come from families of privilege and poverty, they live in cities and small towns, they have had rich early childhood experiences and none at all. Research guides us on the risk factors that can impact a child's future success in school—minority status, poverty, family composition, maternal education, and maltreatment are some (Huffman et al., 2000). The demographics included below take into account these and other risk factors. Together, they help form a better picture of our very youngest population.

## HOW MANY YOUNG CHILDREN LIVE IN ST. JOSEPH COUNTY?

The most recent estimate shows 20,213 children under age five living in St. Joseph County, according to the 2003 American Community Survey of the US Census Bureau. The chart below, showing the number of births to St. Joseph County mothers over the past five years, suggests a somewhat lower number of 18,713, just over the 2000 Census figure of 18,673. The actual number is likely somewhere between 18,713 and 20,213.

Age in 2005:	4-5 years	3-4 years	2-3 years	1-2 years	0-1 year	All 5 years
Birth Year:	<i>b. 2000</i>	<i>b. 2001</i>	<i>b. 2002</i>	<i>b. 2003</i>	<i>b. 2004</i>	
# Children:	4,009	3,747	3,636	3,611	3,710	18,713

Source: St. Joseph County Dept of Health Annual Reports [Number of births less number of non-County resident births]

## WHERE DO THE CHILDREN LIVE?

Almost half the children under age five in St. Joseph County (48%) live in South Bend; about 18 percent live in Mishawaka; about 10 percent live in Granger; the remaining children (24%) live in the small towns and rural areas of the county. The chart below, from the 2000 Census (the most recent breakdown data available), provides information on numbers of young children by age and by city or town. While today's overall numbers appear to be somewhat higher than in 2000, the following chart gives a helpful visual of where our young children live within the county.

### CHILDREN UNDER FIVE BY AGE AND LOCATION (in 2000)

Area	Total population	All children birth - 5	Under 1 year	1 year	2 years	3 years	4 years
<b>St. Joseph Co.</b>	<b>265,559</b>	<b>18,673</b>	<b>3,772</b>	<b>3,791</b>	<b>3,673</b>	<b>3,709</b>	<b>3,728</b>
South Bend	107,789	8,895	1,864	1,883	1,711	1,732	1,705
Mishawaka	46,557	3,320	713	675	673	638	621
Granger	28,284	1,962	318	365	391	434	454
Lakeville	567	26	8	4	4	4	6
New Carlisle	1,505	92	26	16	21	16	13
North Liberty	1,402	123	20	28	29	23	23
Osceola	1,859	102	21	14	20	23	24
Roseland	1,809	28	4	7	8	7	2
Walkerton	2,274	150	28	29	34	30	29

Source: US Census 2000 [SF 1]

## HOW MANY CHILDREN NEED CHILD CARE?

In most areas of St. Joseph County, about two out of every three children under the age of six have all parents in the family working (American Community Survey 2003 Data, U.S. Census). This means that in St. Joseph County, **up to 13,485 young children from infancy through age five may need some type of care during at least some portion of the day.** A breakdown by community from the 2000 Census is below.

### CHILDREN UNDER SIX WITH ALL PARENTS IN THE FAMILY WORKING

Families with their own children under 6 years with all parents in family in labor force	2000 Census	
	Number	Percent
<b>St. Joseph County</b>	<b>13,485</b>	<b>62.7%</b>
South Bend	6,354	63.2%
Mishawaka	2,632	68.2%
Granger	1,150	47.2%
Lakeville	14	37.8%
New Carlisle	69	65.7%
North Liberty	90	66.7%
Osceola	75	67.6%
Roseland	23	67.6%
Walkerton	108	70.6%

Source: US Census 2000 [SF 3]

## WHO ARE THE CHILDREN AT RISK?

“In general,” write C. Cybele Raver and Jane Knitzer, “the more chronic the economic, social, and psychological stressors that young children face, the greater the likelihood of poor social, emotional, and cognitive outcomes. ...Over 32 percent of all young children are affected by one risk factor such as low income, low maternal education, or single parent status, and 16 percent are in families with two or more socio-demographic risks” (Raver et al., 2002). When these percentages are applied to St. Joseph County numbers, an estimated 5,988 to 6,468 children under age five may have one risk factor and 2,994 to 3,234 may have two or more risk factors.

### ◆ **Minority Status**

“Ethnicity, poverty, gender, and household composition have all been associated with indices of school-based competence among children...Because these risk factors are known to be interrelated, the assessment of the predictive value of any one factor, for example, minority status, must consider the effects of the others,” says Huffman et al. in

*Off to a Good Start* (2000). While the reasons why children from minority cultures have higher levels of early school failure are not altogether clear (Peth-Peirce, 2000), we do know that children from Black and Hispanic families are more likely to have one or more other risk factors compared with children from White families. According to the U.S. Department of Education (*The Condition of Education 2000*), the proportion of children with two or more risk factors is five times larger among Hispanics (33%) and four times larger among Blacks (27%) than among Whites (6%).

In St. Joseph County communities other than South Bend, the population is predominantly White—92% or higher. Greater diversity is found in South Bend, however, with one in four persons African American and close to one in ten Hispanic.

#### POPULATION BY RACE AND ETHNICITY IN 2000

Area	Total Pop.	White		Black		Asian		2 or more races		Hispanic (any race)	
		#	%	#	%	#	%	#	%	#	%
<b>St. Joseph Co</b>	<b>265,559</b>	<b>218,706</b>	<b>82%</b>	<b>30,422</b>	<b>12%</b>	<b>3,557</b>	<b>1%</b>	<b>5,223</b>	<b>2%</b>	<b>12,557</b>	<b>5%</b>
South Bend	107,789	71,195	66%	26,522	25%	1,292	1%	3,012	3%	9,110	9%
Mishawaka	46,557	42,636	92%	1,659	4%	649	1%	897	2%	1,297	3%
Granger	28,284	26,629	94%	493	2%	745	3%	302	1%	341	1%
Lakeville	567	554	98%	2	<1%	0	0%	9	2%	9	2%
New Carlisle	1,505	1,475	98%	7	<1%	1	<1%	12	<1%	17	1%
North Liberty	1,402	1,369	98%	6	<1%	0	0%	16	1%	10	<1%
Osceola	1,859	1,818	98%	8	<1%	2	<1%	17	<1%	13	<1%
Roseland	1,809	1,657	92%	21	1%	39	2%	28	2%	96	5%
Walkerton	2,274	2,143	94%	11	<1%	8	<1%	19	<1%	133	6%

Source: US Census 2000 [SF 1 & 3]

Among children under five in St. Joseph County, 12,684 are white, non-Hispanic; 3,023 are African American; and 1,745 are Hispanic.

The newest Census estimates (2003) show *overall* St. Joseph County racial and ethnic percentages as unchanged from 2000. In South Bend, though, there have been significant changes from 1990 to 2000 (most recent available data by city) in the White, African American and Hispanic/Latino populations.

#### RACIAL/ETHNIC POPULATION CHANGES

South Bend	1990	2000
White	76%	66%
African American, Black	21%	25%
2 or more Races	na	3%
Hispanic (any race)	3%	9%

Source: US Census 1990, 2000 [SF 1 & 3]

This shift is even more evident in the South Bend Community School Corporation, where minorities are represented in a higher percentage than the general population.

SBCSC MINORITY STUDENT POPULATION SHIFTS

SBCSC School Year	Minority Students
1990-91	35.4%
1995-96	40.9%
2000-01	49.2%
2004-05	54.9%

SBCSC	2000/01 All	2004/05 All	2004/05 Kindergarten
White	50.9%	45%	37.98%
Black	35.4%	36.1%	35.7%
Hispanic	9.8%	12.6%	15.71%
Asian	1.4%	1.1%	1.47%
Amer Indian	0.6%	0.4%	0.76%
Multiracial	1.9%	4.8%	8.38%

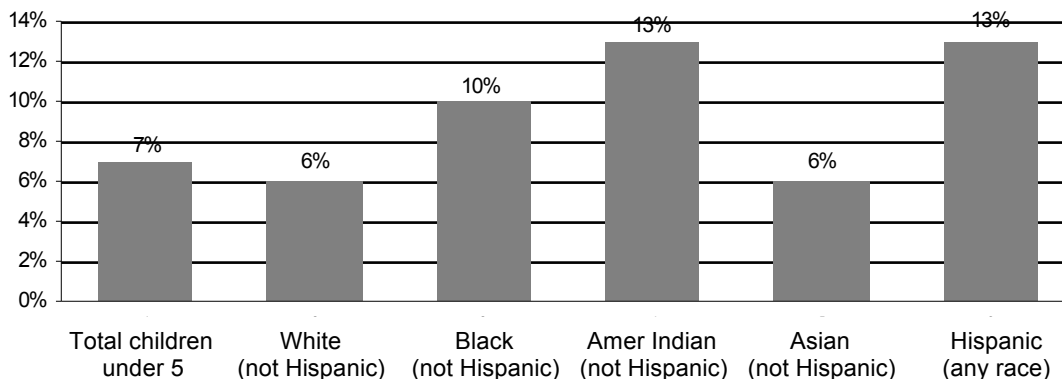
Sources: Indiana DOE Website; South Bend Tribune 11/29/2000; SBCSC Bilingual Dept.

Countywide, it appears that about one in five Hispanics are English Language Learners. According to the 2000 Census, 2,191 of 10,665 Hispanics (20.5%) in St. Joseph County age 5 and over spoke English “not well” or “not at all.” (Source: US Census 2000-SF 3)

In the spring of the 2004/2005 school year, 218 kindergarten students in the South Bend Community School Corporation were English Language Learners (ELL)—about 210 (96%) were Spanish-speaking. This represents about 78 percent of all Hispanic kindergarteners (268) in the corporation (Source: SBCSC Bilingual Department).

The minority population will likely continue to grow. Looking specifically at children birth to five (7% of the population), Black, American Indian and Hispanic children all represent a higher percentage within their own racial/ ethnic populations than the ratio of children to total population for the county as a whole.

CHILDREN UNDER 5 AS % OF RACIAL/ETHNIC POPULATIONS



Source: 2000 Census [SF 1]



◆ **Low socio-economic status**

Numerous studies point to low socio-economic status (SES) having a potentially negative effect on future school achievement. Elizabeth Gershoff, Ph.D. writes, “By the time they begin formal schooling, children in low-income families already lag significantly behind their more affluent peers academically, socially, and physically” (2003). Yet here, as elsewhere in the country, our youngest children are disproportionately poor. In St. Joseph County **in 1999, there were 3,331 children under the age of five living in families below the poverty level—579 (21%) more children than in 1989.**

FAMILIES AND CHILDREN LIVING BELOW POVERTY IN 1999

Location	Children < Age 5		Families with children < 5		Single mothers with children <5	
	# < poverty	% < poverty	# < poverty	% < poverty	# < poverty	% < poverty
<b>St. Joseph County</b>	<b>3,331</b>	<b>18%</b>	<b>2,404</b>	<b>17%</b>	<b>1,676</b>	<b>51%</b>
South Bend	2,568	29%	1,816	27%	1,294	55%
Mishawaka	483	14%	367	14%	269	45%
Granger	49	2.5%	26	2%	19	26%
Lakeville	11	39%	11	39%	8	73%
New Carlisle	7	8%	3	6%	0	0%
North Liberty	27	23%	18	18%	18	50%
Osceola	12	13%	7	12%	5	50%
Roseland	3	10%	3	12%	2	33%
Walkerton	56	44%	43	41%	26	74%

Source: 2000 Census Demographic Profiles

→ A further breakdown of children under age five in poverty by census tract is included in the Appendix.

The poverty numbers are dramatically different among racial and ethnic groups. **A much higher percentage of children of color and of Hispanic origin are poor.**

In St. Joseph County:

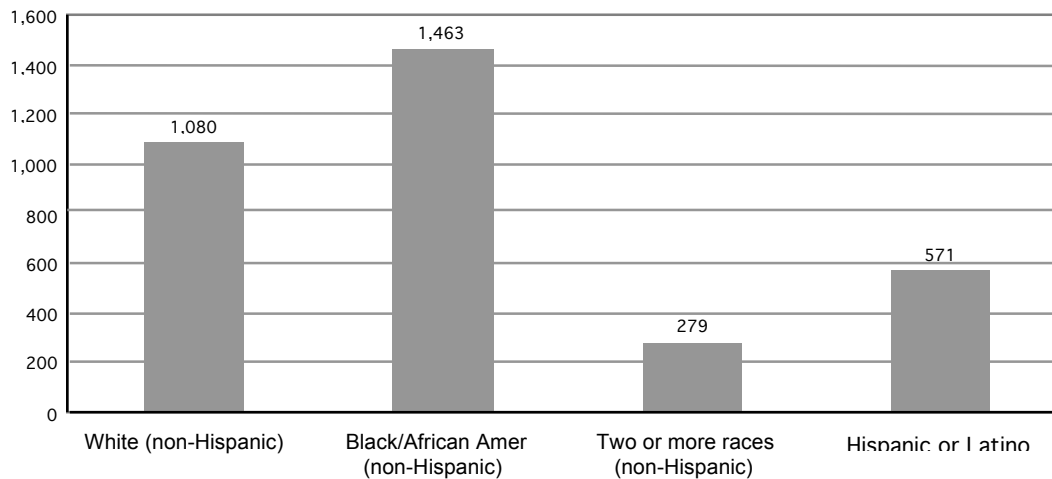
- 50% of Black/African American children under age five live below poverty
- 35% of Hispanic/Latino children under age five live below poverty
- 24% of Children of More than One Race under age five live below poverty
- 9% of White children under age five live below poverty
- 5% of American Indian children under age five live below poverty
- 3% of Asian children under age five live below poverty

Source: US Census 2000 [SF 3]

The numbers are also disproportionate when comparing the race and ethnicity of the overall county population to the numbers of children under five living in poverty. Even though over 80 percent of people in the county are white, white children represent just 32

percent of the children living below poverty. African Americans make up 12 percent of the county, while 44 percent of children living below poverty are African American. Five percent of people in the county are of Hispanic origin and 17 percent of children living below poverty are Hispanic.

NUMBER OF CHILDREN IN ST. JOSEPH COUNTY UNDER AGE 5  
BY RACE, ETHNICITY LIVING BELOW POVERTY IN 1999



Source: US Census 2000 [SF 3]

Poverty numbers paint an incomplete picture of low socio-economic status, however. Using calculations based on information from the National Center for Children in Poverty (NCCP) at Columbia University, another 22 percent of children under age five (4,113) are likely to live in low income families—those who fall between the poverty level and a sustainable household income. That would mean **in St. Joseph County, an estimated 40 percent or 7,444 children under the age five are likely to live in low income and poor families.** According to the NCCP, “after a decade of decline, the rate of children living in low-income families is rising again, a trend that began in 2000” (Douglas-Hall, 2004). More about these low-income families is included under Issues of Affordability.

#### ◆ Other Risk Factors

Research has surfaced a considerable list of other risk factors for young children that may contribute to academic and behavior problems at the beginning of school. Some examples of this research are cited by Huffman et al. in *Off to a Good Start*, 2000, including:

- ◆ Lower levels of maternal education predict children’s early grade failure, including a lack of reading and math achievement (Fowler and Cross, 1986).
- ◆ Children exposed prenatally to maternal smoking have behavior problems at the age of school entry (McGee and Stanton, 1994).
- ◆ Maternal alcohol consumption during pregnancy is associated with intrauterine growth retardation and low birth weight, which affects later cognitive and social development (Streissguth et al., 1994).

- ◆ Children with an extremely low birth weight as babies have a higher incidence of behavior problems at school entry and poorer cognitive performance (McCormick et al., 1998), as well as increased incidence of learning disabilities and academic difficulties (Hack et al., 1992).
- ◆ While further research is needed on maltreatment of very young children and subsequent academic performance, children who are maltreated have higher rates of school problems than children who are not maltreated, including lower test scores in math and English, lower IQ scores, lower child-perceived social acceptance, increased absence from class, and more grade repetitions (Eckenrode et al., 1995).

Below are some quick statistics that help put factors such as low level of maternal education, low birth weight, and maltreatment into a local perspective.

In St. Joseph County:

- ◆ 5,061 women between age 18 and 34 do not have a high school diploma (*US Census 2000 SF3*).
- ◆ 241 babies were born in 2002 to mothers under age 20 without a high school diploma (*Kids Count in Indiana 2004*).
- ◆ 1,940 babies were born from 2001 through 2004 with low (under 2500 grams or 5.5 pounds) or very low (under 1500 grams) birth weight—at least 74% were born to mothers who were county residents (*SJC Health Dept Annual Report 2004*).
- ◆ 1,737 cases of child abuse and neglect were processed by Child Protective Services in 2003 (473 sexual abuse, 394 physical abuse, 870 neglect); 49% of abuse and 44% of neglect cases were substantiated (*Indiana FSSA SFY 2003*).
- ◆ 2,205 grandparents were responsible for raising grandchildren in 2000 (*US Census*).
- ◆ 282 children were in foster care through CHINS (Children in Need of Services) in 2003 (*Bureau of Family Protection and Preservation, Indiana FSSA*).
- ◆ 4,010 single women lived with their own or related children under age six in 2000, as did 1,101 single males (*US Census SF1*).
- ◆ 142 juveniles were committed to the Department of Correction in 2003, up from 87 in 1996; 1,173 juvenile delinquency case filings were made in 2003, up from 670 in 1996 (*Kids Count in Indiana 2004*).
- ◆ 62.88 percent of the freshman class graduated in four years (*Kids Count in Indiana 2004*). South Bend Community School Corporation is 268 of 296 statewide in graduation rates; Mishawaka is 284 of 296 (*Indiana Department Of Education-IDOE*).
- ◆ 26 percent of public schools met or surpassed the state average for percent of third graders who passed both Math and English/Language Arts ISTEP (*IDOE*).

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## ISSUES OF ACCESSIBILITY

- ▶ There are 30 licensed child care centers, 27 registered ministries, 107 licensed home providers, 18 preschools, and an unknown number of unlicensed home providers in St. Joseph County.
- ▶ There are 4,273 licensed child care slots in St. Joseph County —2,965 in licensed centers and 1,308 in licensed homes.
- ▶ There is a high need for infant care.
- ▶ The numbers of child care centers and preschools have each declined by over 30% since the 1993 needs assessment for children and families.
- ▶ Three-year-olds who are no longer being served by Head Start may be “falling through the cracks.”

Access issues to early childhood care and education are best defined by the parents who are seeking services. While some needs—such as infant care—shout out, others may be more illusive. Is the community meeting parent needs for sick child care or non-traditional hours? Are parents finding appropriate care for their children with special needs? Is transportation a problem? In this section on accessibility, the information about “what is offered where” helps form the early childhood picture for St. Joseph County. Whether what is offered matches with what parents need is still mostly unknown, since this phase of the needs assessment does not include information from parents. It’s also important to keep in mind that accessibility is inextricably linked to affordability and thus to quality. Quality care may be available, but not affordable and therefore not accessible. Affordable care may be accessible, but not of high quality.

## WHO ARE THE PROVIDERS?

Child care providers in St. Joseph County work at home, in centers, in schools and in religious-based settings. In fact, the state defines eight different venues for child care, which are designated as either *licensed* or *legally license-exempt* providers.

### **Licensed Providers:**

- ◆ Licensed Child Care Centers
- ◆ Licensed Homes

### **License-Exempt Providers:**

- ◆ Registered Ministries
- ◆ Pre-K School Programs
- ◆ Preschools & Head Start
- ◆ Unlicensed Homes
- ◆ Relative Care
- ◆ In-home Care

The following definitions are from the Indiana Child Care and Development Fund (CCDF) Policies and Procedures Manual (04-01-03).

*Note:* Where numbers are provided, the source is included. Perhaps it goes without saying that child care numbers are constantly in flux. For providers, what is on record at any given time at the state level does not necessarily match what is listed in the database at Community Coordinated Child Care (4Cs), the county's resource and referral agency. 4Cs has made a major effort this past fall and winter to assure an up-to-date and accurate database. Each month, 33 percent of providers are sent an update form with all their data printed out. They are requested to make necessary changes and return the form to 4Cs. While providers are not required to share information, most do, according to Yully Ortega, Data Management Specialist. Ideally, 4Cs completes a 100 percent across-the-board update each quarter. Updates to data are also made during site visits and by phone. New and updated data is entered daily.

◆ **Licensed Child Care Center:** *A child care center is a licensed facility designed to provide care for one or more children in a non-residential building for regular compensation for more than four hours but less than 24 hours in each of ten consecutive days per year excluding intervening Saturday, Sunday, and holidays.*

There are currently 30 licensed centers in St. Joseph County, with the desired capacity to serve 2,965 children. (*Source: 4Cs' database, February 24, 2005*)

◆ **Licensed Home:** *Care provided in a residential setting for more than five unrelated children. The provider receives compensation and cares for children for a period of more than ten consecutive days excluding intervening Saturdays, Sundays and holidays.*

There are currently 107 licensed homes in St. Joseph County, with the desired capacity of 1,308 children. (*Source: 4Cs' database, February 24, 2005*)

*Note*— While the state Web site <Childcarefinder.IN.gov> lists 120 licensed homes in the county, some of these are not actively serving children right now, according to Yully Ortega at 4Cs.

◆ **Registered Ministry** (License-Exempt): *Child care provided as an extension of a church or religious ministry that is a religious organization exempt from federal income taxation, unlicensed but registered with the Division of Family and Resources (DFR) and the state fire marshal's office. (A child care ministry that is exempt from licensing must be referred to in all of its paid promotional advertising as a child care ministry.)*

There are currently 27 registered ministries in St. Joseph County, with a desired capacity of 1,728 children. (*Source: 4Cs' database, February 24, 2005*)

◆ **Pre-K School Program** (License-Exempt): *A program for children who become at least three years of age as of December 1 of a particular school year that is operated by the Department of Education or a public or private school.*

There are currently two school corporations in St. Joseph County with pre-K classrooms. Enrollment in 2004-05 is 210 students in SBCSC and 230 in Mishawaka. (*Source: Indiana Department of Education*) A further discussion of these classrooms is under the section on Special Needs.

◆ **Preschool / Head Start** (License-Exempt): *A nonresidential program for a child that provides child care for less than four hours a day.*

There are currently 18 preschools in St. Joseph County, with the ability to serve 1,451 children ages three to five (as well as some two-year-olds). (*Source: 4Cs' database, February 24, 2005*)

The Elkhart & St. Joseph Counties Head Start Consortium, the community's new grantee, opened its doors to children on October 4, 2004. There are currently 17 Head Start classrooms (17 morning sessions and 17 afternoon sessions) in St. Joseph County, with the capacity to serve 578 children ages 4 to 5. As of February 22, 2005, there were 16 vacancies and 34 on the waiting list in South Bend (*Source: Head Start Consortium*).

◆ **Unlicensed Home** (License-Exempt): *An unlicensed child care home provider is one who a) does not receive regular compensation; b) cares only for children who are related to the provider; c) cares for less than six children, not including children for whom the provider is a parent, step-parent, guardian, custodian, or other relative; or d) operates to serve migrant children.*

There is no reliable count for the number of unlicensed homes in St. Joseph County. However, unregulated providers are estimated to outnumber regulated providers, according to a Families and Work Institute report by Ellen Galinsky et al. (1994). In February 2005, 40 license-exempt home providers received Voucher dollars; 4Cs has 46 non-relative unlicensed home providers in its database (these include Voucher recipients as well as others with whom they have been in contact).

◆ **Relative Care** (License-Exempt): *Child care provided by an individual provider who resides in the child's home. Reimbursement only may be made in these situations to the child's grandparents, great grandparents, aunt, or uncle. The provider must be related by law, blood, or court decree. Parents, stepparents and legal guardians are not to be reimbursed for the care of their own children.*

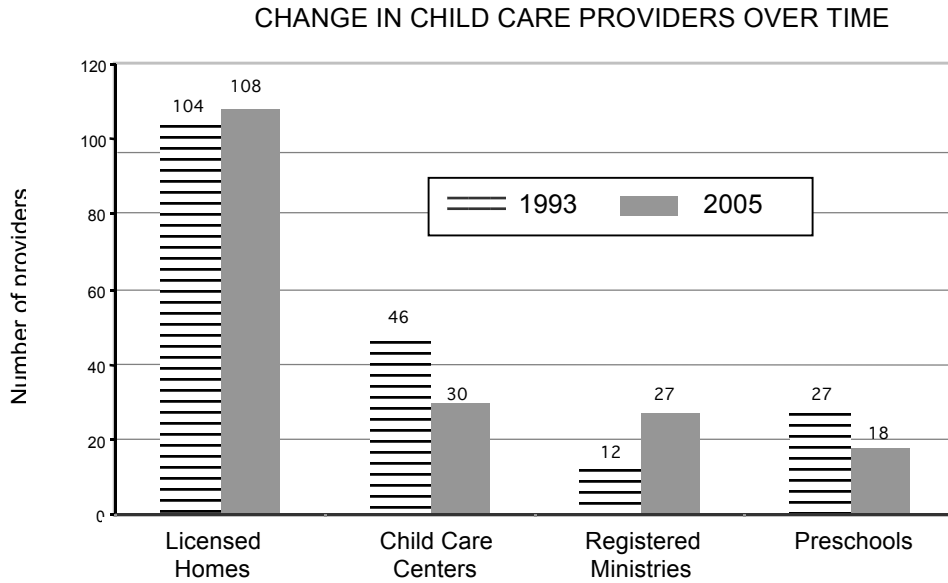
Based on national and state findings, relatives provide care for about 29 percent of children who are regularly in need of child care, and most commonly for infants under age one (US Census 1999; Chase et al., 2002). In March 2005, 5.6 percent of children in the Voucher program in St. Joseph County were cared for by relatives (CCDF Fact Sheet for St. Joseph County). In FY 2003, 18 percent of CCDF funds went to relative care statewide (US DHHS, Child Care Bureau, CCDF Data Tables). The 4Cs' database shows 20 unlicensed home providers who are providing relative care only. Ten more also provide non-relative care and are included in the unlicensed home count above. Clearly, the actual numbers of providers of relative care are much higher. Using the Census count of 13,485 children under age six in St. Joseph County with all parents working and the 29 percent national average for children in relative care, an estimated 3,910 children are likely being cared for by relatives.

◆ **In-home Care** (License-Exempt): *Child care that is provided by an individual provider who comes into the child's own home and who does not reside at the child's address. Reimbursement for in-home care is available only for families in which three or more related children require child care.*

The 4Cs' database lists one nannie for St. Joseph County; one nannie provider was participating in the Voucher system as of February 2005.

## HOW HAVE THE NUMBERS CHANGED?

The chart below shows the changes in child care providers since the last St. Joseph County Needs Assessment in 1993. Note that the number of centers has declined by 35%, while the number of registered ministries has more than doubled.



*Source: The Step Ahead Needs Assessment 1993; 4Cs database*



## WHERE IS THE CARE?

The grid below shows the zip code location of providers by type of care offered.

TYPE OF CHILD CARE PROVIDERS BY ZIP CODE	Children		Type of Provider					
	# of Children Under Five	# of Children Under Five below Poverty	Centers	Registered Ministries	Family Child Care - Licensed	Family Child Care - Licensed Exempt	Head Start classrooms	Preschool programs
<b>SOUTH BEND</b>								
46601	524	222	3	2	-	2	-	2
46613	1,111	303	-	2	11	13	-	-
46614	1,981	185	2	3	14	4	2*	1
46615	1,207	306	1	1	8	4	1*	1
46616	653	193	-	-	3	1	-	2
46617	763	130	4	-	8	2	-	1
46619	1,755	568	2	3	13	18	9	-
46628	2,231	602	4	7	19	9	-	-
46635	382	0	1	3	-	-	-	2
46637	799	147	1	1	5	1	-	-
<b>MISHAWAKA</b>								
46544	2,114	310	3	1	10	5	1	4
46545	1,721	169	3	-	8	5	1	1
<b>NOTRE DAME</b>								
46556	0	0	2	-	-	-	-	-
<b>GRANGER</b>								
46530	1,863	67	2	2	6	2	-	4
<b>LAKEVILLE</b>								
46536	150	11	-	-	1	-	1	-
<b>NEW CARLISLE</b>								
46552	276	7	-	-	-	-	-	-
<b>NO LIBERTY</b>								
46554	265	27	-	-	-	1	-	-
<b>OSCEOLA</b>								
46561	863	59	2	1	2	-	-	-
<b>WALKERTON</b>								
46574	488	56	-	1	-	-	1	-
<b>WYATT</b>								
46595	12	0	-	-	-	-	-	-
<b>Total</b>	19,158	3,362	30	27	108	67	14	18
<i>*These Head Start classrooms are expected to move to 46619 in 2005/06 sch yr</i>								

Sources: 2000 Census, Head Start, 4Cs Database - Feb 2005

## WHAT IS THE CAPACITY?

Checking the capacity vs. vacancy numbers in the 4Cs’ database, there appears to be a sufficient number of *overall* slots for child care in St. Joseph County. However, it is important to consider vacancies in the broader context of child care, especially issues of affordability (would these slots be filled if parents could afford them?) and quality (would these slots be filled if they were of high quality?). The chart below shows “desired” capacity—often the same as licensed capacity, but sometimes lower by provider preference.

### CHILD CARE CAPACITY/VACANCIES

Type of Care	Capacity/Desired	Vacancy*	% Slots Vacant
Child Care Centers (30)	2,965	630	21%
Registered Ministries (27)	1,728	439	25%
Licensed Homes (107)	1,308	430	33%
License-Exempt Homes**	305	152	50%
<i>Total (Child Care)</i>	<i>6,306</i>	<i>1,651</i>	<i>26%</i>
Preschools (18)	1,451	102	7%
Head Start	544	16	3%
<i>Total (Pre-School)</i>	<i>1,995</i>	<i>118</i>	<i>6%</i>

\*as of February 2005 \*\*Includes only LE homes in database

Source: 4Cs Database; Head Start

The numbers above speak only to overall capacity. Age-specific capacity is somewhat harder to examine. For child care centers, licensing spells these numbers out. The chart below is based on data from the state. (Note that *total* capacity of 3,005 for 29 centers listed on the state web site is more than *desired* capacity of 2,965 for 30 centers listed in the 4Cs’ database.)

### CAPACITY OF 29 CHILD CARE CENTERS IN ST. JOSEPH COUNTY

	Infants	Toddlers	Age 2 or 3 > up	Total Capacity
Capacity	164	265	2,576	3,005

Source: IFFSA <Childcarefinder.IN.gov> week of February 14, 2005

Survey respondents reported 174 children turned away in the past year because their programs were full—101 in centers and ministries, 60 in homes, and 13 in preschools. Since not all respondents provided figures, actual numbers are likely to be higher.

## INFANT CARE

*“Infant care is hard to find. Everyone is closed, full, at their limit.”*

Rosie Goodman, Infant/Toddler Specialist at 4Cs reports that she is having good luck with toddler placement, but finding openings for infants is difficult. “A lot of homes and centers are already full; some keep waiting lists.” Meanwhile, she says, families find care the best they can—temporary care with family or friends, care further away than desired, quality compromised. A survey response from a home provider underscores this demand: *“There is an incredible need for infant and toddler care, while threes, fours, and fives are hard to find for enrollment. I have had no calls for older preschoolers at all! I only get calls for the younger children (under 18 months) and there is a limit to how many a home can take and still deliver a quality program. I will have more toddlers than I have ever had [once fall arrives]. I feel so badly turning away infant after infant.”*

There are approximately 164 slots for infants at licensed child care centers. Licensing for home providers is not broken into age groups; i.e., the state’s web site (<Childcarefinder.IN.gov>, week of February 21, 2005) lists 1,366 slots in licensed homes for infants *and up* (usually to age 12, sometimes 18). Obviously, all these slots are not available to infants. Of the 153 home providers in the 4Cs’ database, 115 (84 of 107 licensed and 31 of 46 unlicensed) indicate that they will accept babies under one year—some as early as one week, others not until six months. Generally, home providers care for just one or two infants at any given time. At most, for known home providers, about 230 infants (115 x 2) might be served. Research suggests that “infants and toddlers are more likely to be placed in family child care homes” (Hamm et al., 2004).

Because registered ministries are not regulated, the state keeps no data on numbers of infants they accept. Of the 27 ministries in the 4Cs database, 19 report that they take infants under one year. Eight of the ministries responding to the needs assessment survey reported a total of 63 infant enrollments or vacancies. Applying these same proportions to non-respondents who take infants, there are *perhaps* 150 infant spaces among the 27 ministries.

Adding up potential infant care spaces available—164 in centers, 230 in homes, and 150 in ministries—equals roughly 544 slots for the 3,710 babies born in the past year. Not all of these infants need child care and many will be cared for by relatives. Still the need is evident. In 2002, 55 percent of women with infants under one were in the workforce (“Fertility of American Women,” US Census Bureau 2002).

## ACCESS FOR CHILDREN WITH SPECIAL NEEDS

For children with special needs, high quality early childhood care and education provide an important foundation for future learning. Skills learned in the early years, such as exploring the environment and communicating with others, contribute to school success. In many instances, these early supports reduce the need for special education services later on. **A recent long-term study of a comprehensive, quality preschool program in Chicago found a 41 percent lower rate of special education placement than for a similar group of children who did not participate.** (Reynolds et al., 2001)

Bonnie Raine, Ph.D., Director of United Health Services, explains the importance of integrated early childhood settings: “The full integration of children with disabilities into the typical early childhood environment continues to be beneficial to all involved. Children with diagnosed disabilities can be served more easily in integrated early childhood settings than any other time in their lives because the natural developmental sequences are closer at this age than other ages. Children with special needs require typically developing role models to help them understand where they fit in the world of being a child. Children without disabilities need to be with kids with special needs for all the obvious reasons. It helps them grow their own developmental skills when they may have the opportunity to be ‘peer buddies;’ it helps them grow in the very real social/emotional areas of compassion, generosity and interpersonal understanding.”

### ◆ Early childhood education and child care services for children with special needs

**First Steps:** First Steps serves children ages birth to age 3 with developmental delays or with risk factors for developmental delays. Even though First Steps is not a child care program, it is helpful to understand the numbers of children identified and being served. Many of these children use or need child care now; most will benefit from early childhood education programs; and all will enter school in the coming years. In St. Joseph County, 972 children are actively involved in First Steps, according to a 2/28/05 Report for Northeastern First Steps from Bridget Sovinski, SPOE (Single Point of Entry) Supervisor. First Steps may undergo changes under the new state administration, with the possibility of more restrictive eligibility requirements and lower reimbursements to service providers.

**Joint Services:** In Mishawaka and Penn-Harris-Madison (PHM) School Corporations, 295 children with special needs are being served by Joint Services for Special Education. Of those, 210 are receiving speech and language therapy and 85 students have a disability more than a communication disorder. Many of these children are accessing services through Joint Services’ Growing Together Preschool Program, which serves primarily three- and four-year-olds in six sites. The program takes children with special needs as well as typically developing children from the community. “I haven’t met a child with disabilities yet who wouldn’t benefit from a preschool experience with peers,” says Caroline Brill, Preschool Coordinator for Joint Services. The 2004 – 2005 program enrollment is 355 children (about 60% from the community and 40% with special needs). The program accepts children younger than three who are transitioning from First Steps. “Nine times out of ten, it makes transition so much smoother,” says Brill.

***Special Needs and Abilities Preschool (SNAP):*** In South Bend, 469 preschool children with special needs are being served in a variety of settings both inside and outside of the school corporation. Approximately 150 of these children have disabilities or developmental delays; the remainder have speech and language delays. SNAP is the South Bend Community School Corporation’s umbrella program for preschool special needs services. In-site services are provided in four schools (Darden, Monroe, Lafayette, and Nuner), one in each district. SNAP classes in these schools serve about 80 children with disabilities or developmental delays. The PALS (Preschool Activities for Language Stimulation) program provides more intensive services in speech articulation or language development for about 120 children. Children who are just receiving speech services or are otherwise able to participate in inclusive settings with their typically developing peers are served in Head Start and about 20 other community preschool programs.

***Two*** other programs—JESSE and South LaPorte—offer services similar to SNAP and Joint Services for a smaller number of eligible children with special needs in the southern and western parts of St. Joseph County.

***Other providers:*** The 4Cs’ database lists specific categories of special needs that providers are willing to accept because they have had training or experience with these conditions. Just over half (52%) of all providers in the database list at least one disability—63 percent of centers, 42 percent of ministries, 58 percent of licensed homes, and 35 percent of unlicensed homes.

Listed below are the most often mentioned disabilities on file at 4Cs and percentages of providers who have indicated that they would accept children having these special needs.

	<b><i>Centers/Ministries</i></b>	<b><i>Homes</i></b>
Language delay	45%	27%
Asthma treatments	43%	31%
ADD/ADHD	38%	25%
Sensory disability	29%	16%
Cognitive disability	27%	16%
Visual impairments	25%	14%
Autism	20%	14%

*→ A more extensive breakdown of disabilities listed by number of centers, ministries, and licensed and unlicensed homes is included in the Appendix.*

Similar to the 4Cs database, just over half of all providers who responded to the survey said that they have had training or experience and are therefore willing to accept children with special needs. This suggests that almost half of the providers may be *without* the necessary training or experience to accommodate children with special needs, thereby limiting the number and variety of programs available to them. Yet training about children with special needs was a low priority for many survey respondents. Two centers (11%), two registered ministries (18%), two preschools (20%) and 13 homes (30%) were interested in the topic.

◆ **Accessibility issues for children with special needs**

To fully understand the care issues for children with special needs, the parent perspective is essential. Since this phase of the needs assessment does not include information from parents, it is important to note that there may be other issues beyond those discussed below, which surfaced during interviews with professionals in the area of special needs.

***Loss of Head Start services for three-year-olds:*** “...these kids are falling through the cracks.” An area of concern voiced across the board in the special needs community is the loss of Head Start services to three-year-olds. This has been especially difficult for the children transitioning from First Steps according to Janice Aiken, St. Joseph County Coordinator. Some of these children do not qualify for special education services because their delays are not significant enough. Children who do qualify for services may end up being placed in more restrictive settings because there are no other places for them. “By the time the Head Start grantee was announced, our program was already almost full,” said Caroline Brill, Joint Services for Special Education, who estimates that at least 50 three-year-olds in the Mishawaka/PHM systems were impacted. Information about what has happened to these children is not readily available and remains a question for the community. Lisa Putz, SBCSC SNAP Social Worker, sees negative outcomes down the road. “I think these kids are falling through the cracks right now and test scores are going to show this when they reach school in a few years.”

It was reported in a recent article in the *South Bend Tribune* (March 19, 2005) that Head Start will begin accepting children for the 2005-06 school year who are at least three-and-one-half-years-old by September 1, 2005. However, children under age four will be kept on a waiting list and included only if there are vacancies remaining after all four-year-old applicants are enrolled. While it appears that some older threes will be served by Head Start in the near future, this will not eliminate the gap.

***Lack of respite care:*** According to Sister Gretchen Clark at Chiara Home, “Mothers usually stay home with their children who have special needs because they don’t have anyone else to care for them.” For these mothers, respite care is an essential part of an overall support system for families who have a child with special needs or a chronic illness. Respite care is not a new need—it was also identified in the 1993 Step Ahead Needs Assessment—but it remains a challenge to families according to Bridget Sovinski.

Chiara Home does routine out-of-home temporary respite care for families caring for an individual at any age with a special need. Limited space does not allow them to take siblings. Presently, three on their guest list are under age five and few are turned away. However, says Sister Gretchen, “Parents will schedule months in advance if they want their child to come on a weekend.” She also says that funding for Chiara Home is a struggle. Since their out-of-home services are strictly for respite care, they have little or no access to government funding. Support comes primarily through private donations; fee for service is minimal and Medicaid does not apply for respite care.

***Other access to care issues*** for families with children in First Steps, according to Bridget Sovinski, SPOE Supervisor for Northeastern First Steps, include:

- ◆ finding home placements for premature infants when parents have to return to work,
- ◆ finding temporary care for siblings of newborns with special needs so their parents can learn how to take care of their medically fragile babies, and
- ◆ finding home providers with adequate space for some assistive technology equipment needed by children with special needs.

## ACCESS FOR SPANISH SPEAKING CHILDREN, PARENTS AND PROVIDERS

The 4Cs' database currently lists nine Spanish speaking home providers. Of these, five are licensed and four are license-exempt. All the licensed providers have CDAs (Child Development Associate Credential) and two are working towards accreditation. The four license-exempt providers, along with eleven new providers who are not currently serving children, are in the process of becoming licensed. This is a big change from just slightly over a year ago. In January 2004, 4Cs had no listings for Spanish-speaking home providers in its database. Now, the agency actively seeks out Latino providers through La Casa de Amistad, Spanish television and radio, *El Puente* newspaper, grocery stores, and other venues in the Latino community.

According to the 4Cs' database, 14 centers and registered ministries (25%) have at least one Spanish speaker on staff. Of the 30 centers and ministries responding to the needs assessment survey, 19 (63%) currently have Hispanic children enrolled and eight (27%) have one or more Hispanic staff members.

Between July 2004 and February 2005, 4Cs has provided 252 hours of training in Spanish for 16 Latino providers on topics including CPR, first aid, social and emotional development, Better Baby Care, and the food program. However, no teachers at the Masters degree level in early childhood education speak Spanish in St. Joseph County—a challenge for formal education in the early childhood education field for non-English speakers and English Language Learners.

Naomi Adams, Family and Community Manager for Head Start, says that the number of Latino children and families in their program is rapidly increasing. This growth presents challenges both in finding qualified Spanish-speaking teachers and staff, as well as finding access to English classes for Head Start parents.

English language classes were also cited as a need for both parents and providers at 4Cs—for providers, to receive necessary education and training; for parents, to help them communicate with their children's teachers in child care settings. Providers need intensive evening classes, rather than daytime, when they are with children.

Yully Ortega estimates that she receives about 45 calls a month to 4Cs from Spanish-speaking families. From February 1 through April 22, 2005, there were 26 requests for Spanish language providers.

In the needs assessment survey responses, little need was expressed for training about children with limited English proficiency (LEP). One center (5%), one ministry (9%), two preschools (20%) and five homes (11%) said that they would be interested in training in this area. Given the rapid growth in the Hispanic population in St. Joseph County—which is expected to continue—and the importance of early literacy experiences in a child's native tongue, this lack of interest in training is notable.

A SNAPSHOT OF PARENT REFERRAL REQUESTS  
to 4Cs for St. Joseph County during February 2005

Type of care requested:

Child Care Centers	161	33%
Family Child Care	167	34%
Ministries	151	31%
Preschool Programs	3	<1%
Other	3	<1%

Age of child needing care:

Under one	144	30%
One	61	13%
Two	53	11%
Three to four	115	24%
Five and over	112	23%

Schedule:

Full-time	175	86%
Part-time	27	13%
Both	1	<1%

Special needs:	10	(five for asthma treatments)
Transportation needs:	15	(12 to/from provider to school)
Voucher:	29	(22 under age 5)
Drop in:	3	(2 under age 5)
24-hour	2	(1 under age 5)
Rotating	13	(11 under age 5)
Temp/Emergency	3	(3 under age 5)
Spanish language	3	(1 under age 5)



NUMBER OF CENTERS AND MINISTRIES PROVIDING CHILD CARE SERVICES, BY LOCATION

CHILD CARE SERVICES BY ZIP CODE	Children		Type		Accessibility					Availability					Affordability				Quality		
	# of Children Under Five	# of Children Under Five below Poverty	Centers	Registered Ministries	Infants - Birth to Walking	Toddlers - Twos	Pre-schoolers (3-5 years)	Transportation offered	Spanish speaker on staff	Temporary Emergency	Drop-In	2nd shift - 6 to 11 pm	3rd shift - 11 pm to 7 am	Saturdays	Sundays	CCDF Voucher	Sliding fee scale	Family Discount	Scholarships	NAEYC Accreditation	Professional Affiliation
<b>SOUTH BEND</b>																					
46601	524	222	3	2	4	4	5	2	2	2	3	1	-	-	5	1	2	1	2	2	
46613	1,111	303	-	2	1	1	2	2	1	1	1	-	-	-	2	1	2	1	-	-	
46614	1,981	185	2	3	2	4	5	2	-	1	1	1	-	-	5	-	4	-	-	2	
46615	1,207	306	1	1	1	2	2	-	-	-	-	-	-	-	2	-	2	1	-	-	
46616	653	193	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
46617	763	130	4	-	3	4	4	1	2	-	-	-	-	1	3	1	3	1	1	2	
46619	1,755	568	2	3	2	5	5	3	1	1	3	1	1	-	5	1	2	1	-	-	
46628	2,231	602	4	7	6	9	11	6	2	2	5	4	3	3	7	2	3	-	-	1	
46635	382	0	1	3	4	4	4	1	2	1	1	1	-	-	2	-	2	-	-	-	
46637	799	147	1	1	1	2	2	-	-	-	-	-	-	1	1	2	-	-	-	-	
<b>MISHAWAKA</b>																					
46544	2,114	310	3	1	1	3	4	-	-	-	-	-	-	-	3	1	3	-	-	-	
46545	1,721	169	3	-	2	3	3	2	1	1	1	-	-	-	2	-	2	-	-	-	
<b>NOTRE DAME</b>																					
46556	0	0	2	-	-	1	2	-	-	-	-	-	-	-	-	1	-	1	2	1	
<b>GRANGER</b>																					
46530	1,863	67	2	2	4	4	4	-	1	-	-	-	-	-	2	-	2	-	-	1	
<b>LAKEVILLE</b>																					
46536	150	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>NEW CARLISLE</b>																					
46552	276	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>NO LIBERTY</b>																					
46554	265	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>OSCEOLA</b>																					
46561	863	59	2	1	3	3	3	1	2	2	-	-	-	-	3	1	2	1	-	1	
<b>WALKERTON</b>																					
46574	488	56	-	1	1	1	1	1	-	1	1	-	-	-	1	1	1	1	-	-	
<b>WYATT</b>																					
46595	12	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>Total</b>	<b>19,158</b>	<b>3,362</b>	<b>30</b>	<b>27</b>	<b>35</b>	<b>50</b>	<b>57</b>	<b>21</b>	<b>14</b>	<b>12</b>	<b>16</b>	<b>8</b>	<b>4</b>	<b>6</b>	<b>44</b>	<b>10</b>	<b>30</b>	<b>8</b>	<b>5</b>	<b>10</b>	

[Sources: 2000 Census, 4Cs Database – Feb 2005]

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## ISSUES OF QUALITY

- ▶ Children who are most at risk of not doing well in school are more sensitive to the negative effects of poor quality child care and receive more benefits from high quality child care.
- ▶ At least 18 centers and ministries in St. Joseph County have no teachers with a Bachelor degree. Of teachers with a BA, only two have a BA in Early Childhood Education.
- ▶ 56 percent of teachers in ministries and 38 percent of teachers in licensed centers have a high school diploma as their highest degree.
- ▶ No BA in Early Childhood Education is offered in St. Joseph County.
- ▶ Providers overwhelmingly want training in working with children with challenging behaviors.
- ▶ Child care workers earn poverty wages; most have no benefits.
- ▶ The average salaries for early childhood teachers in St. Joseph County have increased by pennies in the past six years.
- ▶ Providers have difficulties finding qualified teachers and substitutes.
- ▶ Most programs do not conduct program assessments, but many are interested in learning more.
- ▶ Five centers and three preschools in St. Joseph County have National Association for the Education of Young Children (NAEYC) accreditation.

*“By the time they begin formal schooling, children in low-income families already lag significantly behind their more affluent peers academically, socially, and physically.”* —Elizabeth Gershoff, Ph.D.

Starting from behind is one more stumbling block for children who already face multiple risk factors; many never catch up. They are often still behind in second grade, when the achievement of social and academic skills is highly predictive of a child’s longer term adjustment (Peisner-Feinberg, 1999). But, according to Rima Shore, author of *Rethinking the Brain*, “risk is not destiny.” Research from longitudinal studies such as the Abecedarian Project, the Chicago Parent Child Centers, and the Perry Preschool Project has found that **high-quality early childhood programs have positive results for children and communities, with children from low-income families benefiting the most.**

## WHAT DOES QUALITY MEAN FOR CHILDREN?

“The Children of the Cost, Quality and Outcomes Study Go to School,” followed 826 children in 183 classes in 151 centers from preschool through second grade. The children attended typical community child care programs, representing a wide range of quality. Data were collected on individual children from preschool through second grade (Peisner-Feinberg et al., 1999). Following is a summary of the findings:

***High quality child care is an important element in achieving the national goal of having all children ready for school.*** The quality of children’s experiences in typical child care centers affects their development while they are in child care and their readiness for school. Children who attended higher quality child care centers performed better on measures of both cognitive skills (e.g., math and language abilities) and social skills (e.g., interactions with peers, problem behaviors) in child care and through the transition into school. Further, this influence was important for children from a wide range of family backgrounds.

***High quality child care continues to positively predict children’s performance well into their school careers.*** The quality of child care experienced by children before they entered school continued to affect their development at least through kindergarten and in many cases through the end of second grade. Child care quality was related to basic cognitive skills (language and math) and children’s behavioral skills in the classroom (cognitive/attention skills, sociability, problem behavior, and peer relations), both of which are important factors in children’s ability to take advantage of the opportunities available in school.

***Children who have traditionally been at risk of not doing well in school are affected more by the quality of child care experiences than other children.*** For some outcomes (math skills and problem behaviors), children whose mothers had lower levels of education – children who often are at risk of not doing well in school – were more sensitive to the negative effects of poor quality child care and received more benefits from high quality child care. Moreover, for the children who attended typical community child care centers, the influences of child care quality were sustained through second grade.

***The quality of child care classroom practices was related to children’s cognitive development, while the closeness of the child care teacher-child relationship influenced children’s social development through the early school years.*** Children who attended child care with higher quality classroom practices had better cognitive development (language and math skills) through early elementary school. Children who had closer relationships with their child care teachers had better classroom behavior and social skills (greater cognitive/attention skills and sociability, fewer problem behaviors, and better peer relations) through early elementary school.

The High/Scope Perry Preschool Study found similar results. This was one of the first studies on the effects of preschool education on children living in poverty, and one of the few to involve random assignment of children to program and no-program control groups. Researchers examined the lives of 123 African Americans born in poverty and at high risk of failing in school, following them from the age three or four through age 40.

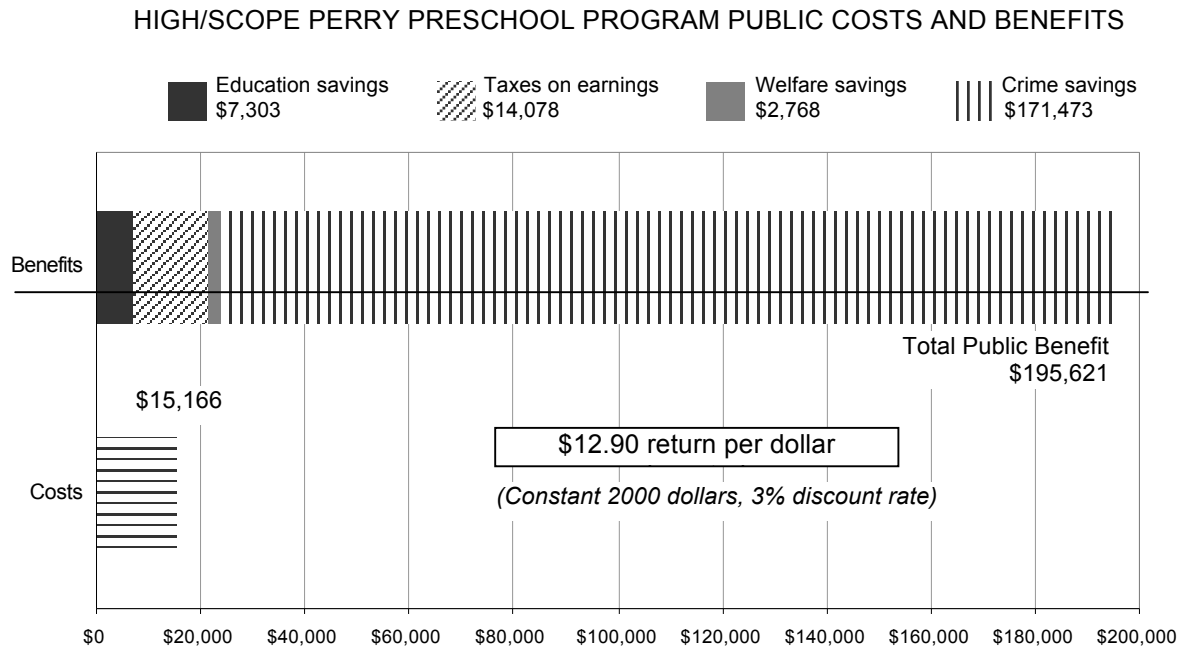
The Perry Preschool 40 Year Study concludes that, “high-quality preschool programs for young children living in poverty contribute to their intellectual and social development in childhood and their school success, economic performance, and reduced commission of crime in adulthood. These findings extend not only to young adults, but also to adults in midlife” (Schweinhart 2004).

Among the findings:

- ◆ **Improved performance.** The group who received high quality early education on average outperformed the non-program group on various intellectual and language tests during childhood, on school achievement tests between ages 9 and 14, and on literacy tests at ages 19 and 27.
- ◆ **Higher graduation rates.** More of the group who received high quality early education graduated from high school than the non-program group (65% vs. 45%), particularly females (84% vs. 32%).
- ◆ **Higher earnings.** The group who received high quality early education had median annual earnings more than \$5,000 higher than the non-program group (\$20,800 vs. \$15,300).
- ◆ **Greater employment.** More of the group who received high quality early education than the non-program group were employed at age 40 (76% vs. 62%).
- **Less crime.** Significantly fewer members of the group who received high quality early care than the non-program group were ever arrested for violent crimes (32% vs. 48%).

## WHAT DOES QUALITY MEAN FOR COMMUNITIES?

The results of quality early childhood programs have implications not just for children and their families, but for the entire society. Some economists are saying that early childhood development programs should top the list of economic development for state and local governments, because the outcomes—higher graduation rates, higher levels of education, lower involvement in crime, less dependence on welfare and high levels of income—translate into dollar savings. Criminal justice costs, for example, decline due to much lower crime and delinquency rates. According to the economic analysis of the Perry Preschool 40 Year Study, the benefit-cost ratio was documented at \$12.90 return per dollar. As Nobel prize-winning economist Dr. James Heckman of the University of Chicago says, “Redirecting additional funds toward the early years, before the start of traditional schooling, is a sound investment in the productivity and safety of our society.” The chart below illustrates the savings to society as a result of children’s participation in high quality early childhood programs.



According to the National Association for the Education of Young Children (NAEYC), indicators of high quality care in early childhood settings include better compensated teachers with more formal education and specialized early childhood training, better benefits and working conditions and lower rates of turnover. Further, quality centers have a “comprehensive system of curriculum, assessment, and program evaluation guided by sound early childhood practices, effective early learning standards and program standards, and a set of core principles and values” (2003).

In order to get a picture of quality in early childhood environments in the county, we asked licensed centers, registered ministries, preschools and home providers about teacher education and specialized training, wages and benefits, turnover, curriculum, assessment, and program evaluation.

## TEACHER EDUCATION

*“Numerous studies have shown that important links exist between staff quality and other dimensions of program quality, particularly classroom dynamics. Educational attainment of classroom staff is reflected in bachelor’s degrees or advanced degrees in early childhood education, Child Development Associate (CDA) credentials, and other child development certificates, licenses, and credentials.”*

—Measuring the Quality of Program Environments in Head Start and Other Early Childhood Programs

### ◆ **What’s expected and where we are**

Many characteristics of a quality early childhood program are tied to the teachers’ education level—the more formal and specific to early childhood education the better. The academic future of young children depends on it. Yet of teachers in centers and ministries responding to the needs assessment survey, only two have a Bachelor Degree in Early Childhood Education. Forty-five percent of teachers have a high school diploma as their highest degree and 22 percent have a Child Development Associate (CDA) credential as their highest degree. And 18 programs have no teachers with a Bachelor Degree in any field. A breakdown of requirements and reality follows.

### *Licensed centers and registered ministries*

◆ **Directors**—Indiana regulations for licensed child care centers state that the director must meet one of the following minimum education and experience qualifications:

- (1) A Bachelor of Arts or Bachelor of Science degree in early childhood education or elementary education with a kindergarten endorsement
- (2) Any Bachelor of Arts or Bachelor of Science degree which must include 15 credit hours in courses related to child development and teaching children 6 years or younger
- (3) A two year Associate’s degree in early childhood education and three years experience in an early childhood program.

Directors employed in a director’s position prior to 1985 are exempt from the educational requirements.

Of the 19 responding directors of licensed centers, 13 (68%) hold a Bachelor degree or higher; of these, five (26% of respondents) are in Early Childhood. Three directors (16%) have an Associate degree in early childhood education. One has a CDA, while two (11%) hold a high school degree as their highest degree.

Of the 11 responding directors of registered ministries (not subject to the regulations), seven (63%) hold Bachelor degrees, three of which (27%) are in Early Childhood Education. Two directors (18%) have Associates degrees and two (18%) have a high school diploma as their highest degree.

◆ **Lead Caregivers (Teachers)**—According to the Indiana Child Care Regulations, lead caregivers must have at least one of the following:

- (1) A current CDA credential
- (2) A Bachelor of Arts or Bachelor of Science in early childhood education or elementary education with kindergarten endorsement
- (3) A Bachelor of Arts or Bachelor of Science degree that includes either 15 credit hours related to child development and teaching methods of children six years of age and younger OR a two year associate’s degree in early childhood education.

Teachers not meeting these qualifications must enroll in one of several training options.

In licensed centers responding to the survey, 38 percent of teachers have a high school diploma as their highest degree, 22 percent have a CDA as their highest credential, and 27 percent have a BA or higher. None has a BA in Early Childhood Education; 11 percent have a BA in Elementary Education with an Early Childhood endorsement.

In ministries that responded to the survey, 56 percent of teachers have high school as their highest degree, 22 percent have a CDA, and 14 percent have a BA. Two teachers have a BA in Early Childhood Education.

◆ **Assistants**— While two programs have assistants with Master’s Degrees (not in early childhood education), the majority (56%) of centers and ministries employ only assistants with at most a high school degree. Ninety-seven percent of assistants working at registered ministries and 62 percent of those at licensed centers have at most a high school diploma.

LICENSED CENTERS IN ST. JOSEPH COUNTY:  
HIGHEST DEGREES OF EARLY CHILDHOOD PROVIDERS

Numbers reported:	High School	CDA	AA ECE	AA other	BA ECE	BA EI Ed	BA other	MA other	MA ECE	MA EI Ed
Directors (19)	2 (11%)	1(5%)	3 (16%)	0	4 (21%)	1 (5%)	3 (16%)	1 (5%)	1 (5%)	3 (16%)
Teachers (105)	40 (38%)	23 (22%)	12 (11%)	1 (1%)	0	12 (11%)	15 (14%)	0	0	2 (2%)
Assistants (104)	64 (62%)	7 (7%)	9 (9%)	9 (9%)	1 (1%)	8 (8%)	4 (4%)	1 (1%)	0	1 (1%)

REGISTERED MINISTRIES IN ST. JOSEPH COUNTY:  
HIGHEST DEGREES OF EARLY CHILDHOOD PROVIDERS

Numbers reported:	High School	CDA	AA ECE	AA other	BA ECE	BA EI Ed	BA other	MA other	MA ECE	MA EI Ed
Director (11)	2 (18%)	0	2 (18%)	0	3 (27%)	0	4 (36%)	0	0	0
Teacher (69)	39 (56%)	15 (22%)	3 (4%)	2 (3%)	2 (3%)	1 (1%)	7 (10%)	0	0	0
Assistant (29)	28 (97%)	1 (3%)	0	0	0		0	0	0	0

While research shows the importance of teachers with a Bachelor degree to the quality of early childhood programs, 18 programs in St. Joseph County (60% of responding ministries and centers) have *no* teachers with a Bachelor degree. Licensed not-for-profit centers had the highest percentage of programs where at least one teacher had a Bachelor degree; licensed for-profit centers had the lowest percentage. The following table shows the location of teachers with and without degrees.

PERCENT OF PROGRAMS WITH AND WITHOUT BACHELOR DEGREEED TEACHERS.

Type of Program	Number of programs responding	Programs that have no teachers with a BA or higher	Programs that have at least one teacher with BA or higher
Licensed, for profit	10	9 (90%)	1 (10%)
Licensed, not-for profit	9	2 (22%)	7 (78%)
<i>TOTAL licensed</i>	19	11 (58%)	8 (42%)
Registered Ministry	11	7 (64%)	4 (36%)
<i>TOTAL PROGRAMS</i>	30	18 (60%)	12 (40%)

### ***Family Child Care Homes***

Of the 44 home providers responding to this survey question, seven (16%) have a BA as their highest degree, two have an Associate degree in early childhood education, five (11%) have a CDA and 22 (50%) have a high school degree as their highest degree.

### ***Preschools***

Of responding preschools, one director has a Masters degree and six directors have a Bachelor degree—two in Early Childhood Education and three in Elementary Education with a kindergarten endorsement. One director has an AA in Early Childhood Education as her highest degree, one a high school diploma.

Six of the eight preschool programs that answered this question have teachers with at least a Bachelor degree.

## **◆ Early childhood education opportunities**

***Child Development Associate (CDA):*** credential program designed for entry-level positions in early childhood education and home child care programs; includes academic coursework, work experience, and development of professional portfolio.

In St. Joseph County, a CDA can be obtained through Ivy Tech State College. Currently there are approximately 80 students working on a CDA, although they may not all be active. “A lot of people step away from courses for a while, but many return,” says Bruce Nowlin, Early Childhood Chair. The number of individuals working on a CDA at Ivy Tech has increased about threefold in the past five years according to Nowlin. “A lot is due to the TEACH scholarship, and more recently, the new regulations for homes and centers requiring CDAs.” Ivy Tech is planning to offer an online CDA course in the coming year. Coursework towards the CDA credential is also offered at Bethel.

Starting in 2003, home providers have been able to obtain a CDA informally through Community Coordinated Child Care (4Cs) and receive credit through Ivy Tech. The 120-hour training is High/Scope based. As a result of a need identified by 4Cs, they are hoping to be able to offer an Informal CDA course in Spanish for Limited English Proficient (LEP) providers in 2005.

***Associate of Arts/Associate of Science (AA/AS) in Early Childhood Education:*** 2-year program of study designed to prepare professionals to teach and administer early childhood programs, including Head Start, school-based programs, and home child care programs; also designed to prepare students to transfer to a 4-year degree program.

In St. Joseph County, both IU South Bend and Bethel College offer an AA in Early Childhood Education. At Bethel, four received this degree in 2004 and 18 students are currently in the program. There are 61 students currently in the program at IUSB; 11 graduated last year and 10 are expected to graduate this year.

***Associate of Applied Science (AAS) in Early Childhood Education:*** 2-year program of study similar to the AA/AS degree, which may or may not be designed to prepare students to transfer to a 4-year degree program; may require less general education coursework compared with AA/AS programs.



In St. Joseph County, Ivy Tech State College offers an AAS in Early Childhood Education with a degree transfer to Ball State University's BA program in Early Childhood Education. Eight students received their AAS in ECE degree from Ivy Tech in 2004; there are currently 126 students in the program. Bruce Nowlin, chair of Ivy Tech's Early Childhood Education program, says that "many people who return to school for a CDA because of regulations decide to continue for an AAS degree." Ivy Tech also has an AAS Distance Learning Option for students.

***Bachelor of Arts (BA) in Early Childhood Education:*** includes coursework specific to early childhood development, curriculum, and programming as a part of the 4-year degree program; prepares professionals to work as teachers or administrators in early childhood education.

A BA in Early Childhood Education is not currently offered in St. Joseph or adjacent counties as a major course of study. This is a gap in our community, made even bigger by the recent state decision to allow TEACH dollars to go toward this BA degree. Currently, the BA programs at both IU South Bend and Saint Mary's College do offer Early Childhood as a "minor" or "concentration" component of an Elementary Education degree. These programs, however, are not eligible for TEACH funds.

***Master of Arts/Science (MA) in Early Childhood Education (ECE):*** post-graduate course of study leading to specialized knowledge in early childhood; designed to prepare professionals to teach or administer early childhood education programs or to teach other professionals in degree or credential programs.

While no MA in Early Childhood Education degrees are available in St. Joseph County, Indiana University South Bend does have an MA in Elementary Education with a concentration in Early Childhood Education. Approximately 25 students are working toward this degree.

Because the low number of professionals with a Masters degree in early childhood education was identified as a problem in our community, in 2004 the Community Foundation of St. Joseph County, Inc. established a "Champions for Early Childhood Education" Scholarship opportunity that is currently providing tuition assistance to nine of these students.

EARLY CHILDHOOD EDUCATION OPPORTUNITIES IN ST. JOSEPH COUNTY

College or Program	Degree Offered			
	CDA	AA/AS/AAS	BA (minor)	MA
Bethel College	CDA coursework	AS in ECE*		
IUSB		AA in ECE*	BA Elem Ed with Pre-K emphasis	MA in Education, concentration in ECE*
Ivy Tech	CDA Portfolio	AAS in ECE**, AAS Distance Learning Option		
St. Mary's College			BA Elem Ed with minor in ECE*	

\*ECE = Early Childhood Education

\*\*degree transfer to BSU BA program in ECE

***T.E.A.C.H. (Teacher Education And Compensation Helps)***

The T.E.A.C.H. Early Childhood INDIANA project, administered by the Indiana Association for the Education of Young Children, offers scholarships for individuals working in licensed, registered or legally exempt child care centers and homes in Indiana. Scholarships cover the partial costs of college tuition, books and travel for coursework leading to a Child Development Associate (CDA) credential, an Early Childhood Associate degree, or a BA in Early Childhood Education. In order to receive funds, individuals must be working in a qualified early childhood program and have the sponsorship of their employing program. Recipients agree to remain in the sponsoring program or the field of early childhood for 6 months to one year following the contract period. In addition, all recipients receive increased compensation in the form of a bonus or raise after completing a certain amount of coursework following the contract period. Since 1999, 260 T.E.A.C.H. scholarships have been awarded in St. Joseph County.

TEACHER TRAINING

In the survey of early childhood programs, centers, ministries, homes and preschools were asked to identify their major training needs for directors and/or staff. A list of training topics was provided and respondents could check as many topics as they wished. **Across the board, providers expressed an interest in training for staff about working with children with challenging behaviors.** Comparatively little interest was expressed by center-based programs in early literacy or early math. Also, few expressed a need for more training in working with children with special needs or children who are English language learners.

◆ **Identified needs**

**Licensed centers:** The top training area checked by licensed centers was “children with challenging behaviors” — 84 percent indicated an interest in this topic. Child assessment (53 percent) and the child observation record (42 percent) were the next most frequently selected topics. Twenty-six percent of center respondents were interested in early literacy; 21 percent selected math.

Not one licensed center indicated an interest in training in financial management. Limited English proficient children, health and safety, and children with special needs were each checked by two respondents. Only one director was interested in training in understanding IEPs/IFSPs (Individual Education Plans; Individual Family Service Plans).

TOP TRAINING NEEDS IDENTIFIED BY LICENSED CENTERS

TOPIC	# of Centers	% of Centers
Children with challenging behaviors	16	84%
Child assessment	10	53%
Child Observation Record	8	42%
Child guidance	6	32%
Transition activities	6	32%
Conflict resolution	6	32%
Child development	6	32%

**Registered ministries:** The top training area checked by registered ministries was children with challenging behaviors; seven (64 percent) selected this topic. Parent involvement (five or 45 percent) and parent/family issues (five or 45 percent) were the next most frequently selected topics.

Early literacy, understanding IEPs, and limited English proficient children were each selected by only one ministry. Early math was selected by two.

TOP TRAINING NEEDS IDENTIFIED BY REGISTERED MINISTRIES

TOPIC	# of Ministries	% of ministries
Children with challenging behaviors	7	64%
Parent involvement	5	45%
Parent/family issues	5	45%

**Home providers:** Home providers selected children with challenging behaviors (57 percent) and child development (50 percent). Forty-one percent of home providers also expressed an interest in training in parent and family issues.

TOP TRAINING NEEDS IDENTIFIED BY HOME PROVIDERS

TOPIC	# of Homes	% of Homes
Children with challenging behaviors	25	57%
Child development	22	50%
Parent/family issues	18	41%
Child assessment	16	36%
Early math	14	32%
Early literacy	13	30%
Parent involvement	13	30%
Children with special needs	13	30%

**Preschools:** Preschool directors also picked children with challenging behaviors most often (60 percent), followed by dealing with child abuse/neglect (30 percent).

TOP TRAINING NEEDS IDENTIFIED BY PRESCHOOLS

TOPIC	# of Preschools	% of Preschools
Children with challenging behaviors	6	60%
Dealing with child abuse/neglect	3	30%

→ See Appendix for a full listing of training needs identified by providers.

◆ **Training opportunities**

*“Providing teachers with opportunities for training and continuing education is another important component of program quality. These training opportunities can include a variety of topics, including those relating to early childhood care and education, child development, family development, and community building. Training approaches can involve course work and training in child care and development, in-service training and support, and outside workshops and classes.”*

—Measuring the Quality of Program Environments in Head Start and Other Early Childhood Programs

The following table summarizes the primary continuing education opportunities available for early childhood providers in St. Joseph County.

COLLEGE OR PROGRAM	TRAINING / CONTINUING EDUCATION OFFERED
Community Coordinated Child Care (4Cs)	Licensed child care provider training, Food program training, CPR and First Aid training, Better Baby Care
IUSB Continuing Education	Annual Early Childhood Conference
Ivy Tech State College	High/Scope
Early Childhood Professionals of Northern Indiana (ECPNI)	Quarterly workshops in early childhood education
Indiana Association of the Education of Young Children (IAEYC)	Annual Early Childhood Conference

In addition to the ongoing training in the chart above, the Community Foundation of St. Joseph County, Inc., through its The Early Years Count! initiative, has offered training in the High/Scope Preschool Curriculum since 2001. To date, over 240 early childhood teachers, assistants, and others have completed the four week course. The Community Foundation of St. Joseph County, Inc. has secured funding to continue this training, working in collaboration with Ivy Tech, at least through 2007. During this time period, semi-annual targeted two-day intensive trainings and mentoring will also be offered to early childhood providers.

## WAGES AND BENEFITS

*“There is little argument within the child care field, and a slowly dawning awareness among policy makers, that improved services for young children in the U.S. require better compensation for the child care workforce... In many communities, the focus is not on whether to raise wages, but on how best to do so, and a great deal of experimentation and debate is underway.”*  
 — Worthy Work, Unlivable Wages

### ◆ Teacher and assistant wages

**Licensed centers and registered ministries:** In St. Joseph County, for survey respondents, the average hourly wage for teachers at the lowest-paid level is \$7.36; the highest paid teacher average is \$9.41. Assistants at the lowest-paid level earn an average of \$6.48; the highest paid assistant average is \$7.67.

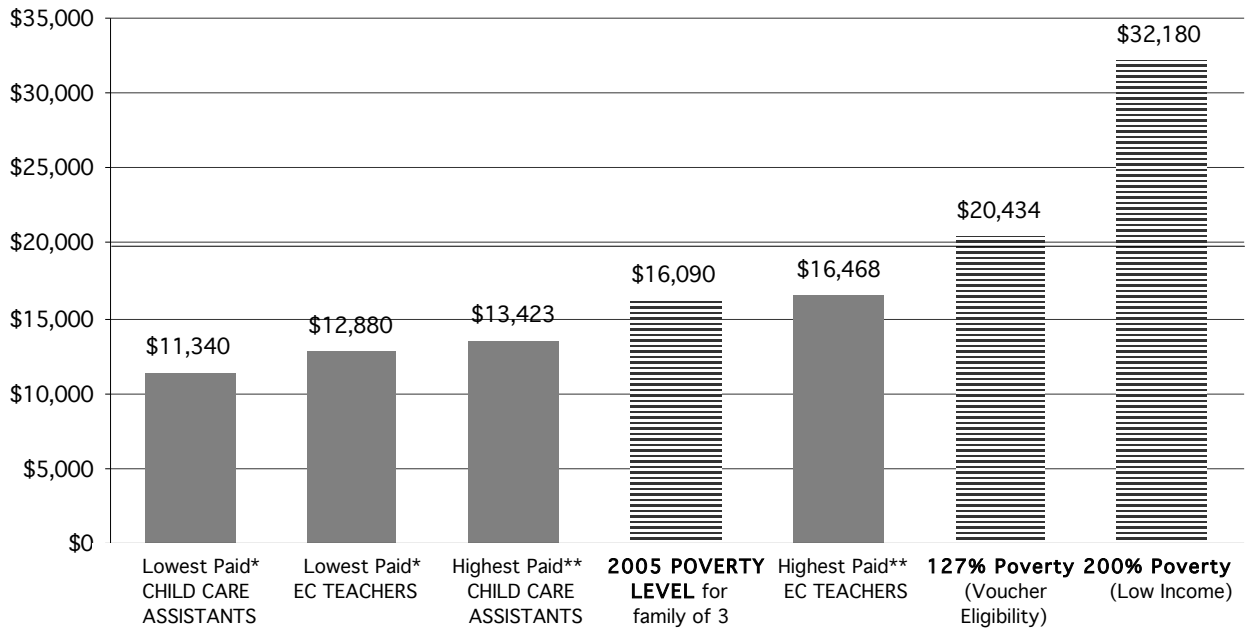
AVERAGE SALARIES OF HIGHEST AND LOWEST PAID TEACHERS AND ASSISTANTS  
 IN CENTERS AND MINISTRIES

	Average for Teachers at highest level	Average for Teachers at Lowest Level	Average for Assistants at Highest Level	Average for Assistants at Lowest Level
1998: (in 2004 dollars):	\$9.38 (\$10.87)	\$7.29 (\$8.45)	\$7.20 (\$8.34)	\$5.49 (\$6.36)
2004:	\$9.41	\$7.36	\$7.67	\$6.48
<b>CHANGE:</b> (in 2004 dollars):	<b>\$ .03</b> <b>( -\$1.46)</b>	<b>\$ .07</b> <b>( -\$1.09)</b>	<b>\$ .47</b> <b>( -\$0.67)</b>	<b>\$ .99</b> <b>( \$0.12)</b>

**The average salaries for teachers paid at the highest levels in St. Joseph County have increased by pennies** in the six years since the last Step Ahead Wage and Benefit Survey—from teachers at the highest level who have gained a mere three cents an hour to assistants paid at the lowest level who have gained just under a dollar. **Adjusted for inflation using the CPI-U, real wages have actually fallen considerably.**

To say that early childhood educators and caregivers work for poverty wages is not an understatement.

**AVERAGE ANNUAL EARNINGS OF CHILD CARE TEACHING STAFF  
IN CENTERS AND MINISTRIES COMPARED TO POVERTY LEVELS**



\*Based on average of lowest wages reported      \*\*Based on average of highest wages reported

*Note: Annual earnings are calculated on 35 hrs/wk x 50 wks/yr (per findings from the National Child Care Staffing Study on typical work week for child care workers)*

**Head Start:** Teachers in Head Start throughout St. Joseph and Elkhart Counties are paid on a level close to beginning elementary teacher salaries. In this first year of the Elkhart and St. Joseph Counties Head Start Consortium, all teachers receive an annual salary of \$26,320 regardless of education level or teaching experience. Assistants receive \$15,750 per year.

**Preschools:** The average hourly wage for teachers at the highest-paid level in preschools responding to the survey is \$15.66; the lowest is \$10.64. For assistants working in preschools, the highest average pay is \$10.95 and the lowest is \$9.00.

**Home providers:** The average highest pay for paid staff (not the owner) working in family child care is \$7.63; the average of the lowest pay is \$6.13.

**◆ Teacher and assistant benefits**

Twelve (40%) of responding centers and ministries provide full-time staff with health insurance and 16 (53%) do not; two (7%) did not answer

Seven (23%) centers and ministries provide full-time staff with retirement benefits; 20 (67%) do not; three did not answer.

None of the 27 home providers who responded to the question about benefits provides health insurance for their paid staff, nor do they provide any retirement benefits.

Of the preschools responding to the survey, three (30%) provide teachers with health insurance and one gives full-time staff retirement benefits.

Head Start teachers and assistants receive health and dental insurance, but no retirement benefits at this time.

## TURNOVER

*“The quality of staff is related not only to their professional preparation and ongoing development but also to their retention in the field. Yet early childhood education staff turn over at an average of 30% per year. Much of this attrition is directly related to the inadequate compensation of both salary and benefits in early childhood education.”*

—NAEYC Policy Brief, April 16, 2001

The *National Child Care Staffing Study* (Whitebook et al., 1990) found that:

- ◆ Centers with higher job turnover were characterized by classrooms with less developmentally appropriate environments and activities.
- ◆ Teaching staff in these programs interacted less sensitively and appropriately with children.
- ◆ Job turnover among staff moderately affected children’s language development.

Turnover in child care centers far exceeds that of other teaching settings. The average annual departure rate from child care jobs is 30 percent; for elementary school teachers the annual departure rate is seven percent (Whitebook & Bellm, 1999). According to the Bureau of Labor Statistics (2002), fast-food businesses are one of the few employers that report higher levels of annual turnover than child care centers. “Most disturbingly, high rates of turnover contribute to a worsening teacher shortage in early education which, in turn, is fueling a pervasive, nationwide crisis in the quality of early care and education services that young children receive” (Whitebook et al., 2003).

In St. Joseph County, for centers and ministries who responded to the needs assessment survey, the average turnover is 23 percent. Eight (28%) of those who answered the question lost a third of their staff or more in the past 12 months. Twenty percent of responding programs described staff turnover as often or always a problem; it is sometimes a problem for an additional 42%.

For preschools responding to the survey, staff turnover averages 27 percent. No preschool respondents indicated that turnover is “often” or “always” a problem.

In home settings, turnover averaged 19 percent for paid staff. Nineteen percent describe turnover as “often” or “always” a problem.

## FINDING QUALIFIED EARLY CHILDHOOD PERSONNEL

*“It’s getting really tough to find qualified teachers. I am having to hire people for lead positions whom I never would have considered five years ago.”*

—Director, Child Care Center, St. Joseph County

### ◆ Finding qualified teachers

Forty percent of respondents to the Center/Ministry survey stated that hiring qualified teachers is always or often a problem. For an additional 43%, it is sometimes a problem. Only 10% (3 centers) seldom find this a problem.

Eight family home providers (35% of those for whom the question was relevant) often or always have trouble hiring qualified help.

Only one responding preschool director often finds hiring qualified personnel a problem.

### ◆ Finding qualified substitutes

Difficulty finding qualified substitutes impacts quality in several ways. Quality drops when teachers are out sick. In addition, when subs are not available, it is more of a challenge for teachers to take time for staff development.

Fifty-three percent of center and ministry respondents often or always have a problem finding qualified substitutes. Another 43 percent sometimes do. Thirteen responding programs (43%) have a permanent substitute on staff; 57 percent do not. Among home providers who answered this question and for whom it was relevant, 10 of 18 said that finding qualified substitutes is often or always a problem. Another four sometimes find this a problem.

The Substitute Teacher Employee Pool (STEP) program was designed by the Educare Committee of Step Ahead to address this difficulty. STEP was funded in 2002 by a grant from the Indiana Child Care Fund with matches from the City of South Bend, Step Ahead and the Community Foundation of St. Joseph County, Inc. The project recruited, trained and maintained a pool of early childhood substitutes. Child care programs looking for substitutes can call Community Coordinated Child Care (4Cs) for referrals, knowing that participants have been through training, had criminal history checks and drug and TB testing. There are about 15 substitutes on the list. Yet only 11 centers (35%) have ever used the 4Cs’ substitute list; only three use it often. Of those who had used the service, 82 percent found it very or somewhat useful. Eighty percent of preschool directors and 68 percent of home providers have never used STEP. Of the 18 percent of home providers who have used it at least occasionally, most found it somewhat or very useful.



## CURRICULA

Quality early childhood programs, according to the National Association for the Education of Young Children (NAEYC), have an interconnected system of evidence-based, well-planned curriculum, child assessment, and program evaluation. Tying these three—curriculum, assessment, and evaluation—together creates a feedback loop that not only enables teachers to meet children’s developmental needs, but also helps to ensure quality teaching appropriate for young children.

A curriculum model, explains Lawrence Schweinhart at High/Scope, “is essentially a set of educational practices that is recommended from a specific theoretical viewpoint... and is supported, in varying degrees, by child development research and educational evaluation. The practical application of a curriculum model includes either explicit directions or general guidelines on how to set up the physical environment, structure the activities, interact with children and their families, and support staff members in their initial training and ongoing implementation of the program” (Epstein et al., 1996). Recent research is revealing how children’s knowledge of literacy, mathematics, visual and performing arts and science is constructed. With that understanding comes an increased capacity to design and implement early childhood curriculum.

### ◆ Do providers in St. Joseph County use a curriculum?

We asked providers if they used a curriculum, and if so, which one. Eleven licensed centers (58% of respondents) and six ministries (55%) said that they use a curriculum.

Of the center directors who identified their curricula, three use High/Scope, two use Project Approach, one uses Creative Curriculum, and two use the La Petite curriculum; two did not identify a curriculum model and one did not answer this part of the question.

Of registered ministries, two use Abeka (one of those also uses Funsteps), one uses Wee Care, one uses High/Scope, and two did not name a curriculum beyond “faith based” or “own model.”

Eighteen home providers (41%) said they use a curriculum; 26 (59%) do not. Curricula being used include High/Scope (2), Mother Goose (2), and Funshine Express (2).

Six (60%) of preschool directors said that they use a curriculum; four (40%) do not. Curricula mentioned included Montessori (3), High/Scope (1), Sparks (1) and Math Your Way (1). Three directors said that they developed their own curricula.

### ◆ A summary of curricula being used in St. Joseph County

The summaries below are taken from the websites of the educational approaches and curricula mentioned by respondents.

*Creative Curriculum for Preschool* “explains the ongoing cycle of observing, guiding, learning, and assessing children’s progress. The *Developmental Continuum* shows teachers the sequence of steps children take as they learn particular skills and concepts in all areas of development. It is a tool for planning instruction and assessing learning. Teachers who have a framework for making decisions and who understand the basic role of interest areas in the preschool classroom are able to plan a program that includes choice time, small- and large-group time, and studies that integrate learning across all the content areas.”

*Project Approach* “refers to a set of teaching strategies which enable teachers to guide children through in-depth studies of real world topics. When teachers implement the Project Approach successfully, children can be highly motivated, feel actively involved in their own learning, and produce work of a high quality.” A project is defined here as an in-depth investigation of a real world topic worthy of children's attention and effort.

*The High/Scope educational approach* “is a set of guiding principles and practices that adults follow as they work with and care for children and youth. These principles are intended as an ‘open framework’ that teams of adults are free to adapt to the special needs and conditions of their group, their setting, and their community. ‘Active learning’—the belief that children learn best through active experiences with people, materials, events and ideas, rather than through direct teaching or sequenced exercises—is a central tenet of the High/Scope approach for all age levels.”

*The Montessori approach* “offers a broad vision of education as an aid to life. It is designed to help children with their task of inner construction as they grow from childhood to maturity. Montessori classrooms provide a prepared environment where children are free to respond to their natural tendency to work. The children’s innate passion for learning is encouraged by giving them opportunities to engage in spontaneous, purposeful activities with the guidance of a trained adult.”

The *A Beka Book* approach “to Christian education... [uses] skilled researchers and writers [who] do not paraphrase progressive education textbooks and add Biblical principles; they do primary research in every subject and look at the subject from God’s point of view. Of course, the most original source is always the Word of God, the only foundation for true scholarship in any area of human endeavor.”

*Math Their Way* “is an activity-centered, child-centered, manipulative math workshop helping children develop an understanding of and insight into the patterns of mathematics.”

The *Sparks* curriculum “is comprised of three handbooks. Each handbook communicates spiritual truths through memory verse drills, crafts, activities and review of key doctrine, Bible facts and verses.”

*Mother Goose Time*, *Funsteps*, and *Funshine Express* are preschool curricula that offer monthly packets of theme-based hands-on activities.

## CHILD ASSESSMENTS

Early childhood programs track and assess children's development for a variety of purposes. Instruments such as the Denver II spot developmental delays, allowing for early interventions. Assessments alert teachers to a range of difficulties, such as a child's inability to distinguish the smaller sounds of language. On-going and systematic assessment of children's progress gives teachers the information needed for planning instruction and curriculum for the classroom and for each individual child.

According to NAEYC (2003), "ethical, appropriate, valid, and reliable assessment [should be] a central part of all early childhood programs." Assessment methods should be "developmentally appropriate, culturally and linguistically responsive, tied to children's daily activities, supported by professional development, inclusive of families, and connected to specific, beneficial purposes: (1) making sound decisions about teaching and learning, (2) identifying significant concerns that may require focused intervention for individual children, and (3) helping programs improve their educational and developmental interventions."

### ◆ Do providers do child assessments?

**Licensed centers:** Of responding licensed centers, 18 (95%) stated that they track children's development; one did not answer (5%). Centers use the Denver II (1 or 5% of those who track children's development), portfolios (4 or 21%), work sampling (6 or 32%) and the Child Observation Record (9 or 47%). *Note*—It is possible that some of the nine centers that checked the Child Observation Record (COR) understood the question to refer to a process of observing children and recording observations, rather than to the High/Scope COR, a validated and reliable instrument based on collecting anecdotal notes of children's behaviors and scoring them to understand the child's development in several domains.

**Registered ministries:** Of responding registered ministries, 10 (91%) track children's development and one (9%) did not answer. Two (20%) of the ministries that track children's development use the Denver II; two (20%) use portfolios; 2 (20%) use the work sampling method; four (40%) use the Child Observation Record (see note above); and six (60%) use developmental checklists.

**Preschools:** Of responding preschools, seven (70%) track children's development; two (20%) do not and one did not answer. Five (71% of those who track children's development) use work sampling; four (57%) use COR; four (57%) use developmental checklists; three (43%) use portfolios; and two (29%) use methods not listed.

**Home providers:** Of responding homes, 20 (45%) said that they track children's development and 16 (36%) do not; eight (18%) did not answer. Of those that track development, sixteen (80%) use child observation; six (30%) use developmental checklists; six (30%) use anecdotal notes; two (10%) use portfolios; and one uses Denver II (5%).

## PROGRAM ASSESSMENTS

Research-based and well-tested program assessments provide an objective measure of the classroom environment, adult/child interactions, teaching practices and the overall program and are a useful tool for ongoing quality improvement and maintenance. According to NAEYC (2003), it is the responsibility of programs to “regularly engage in program evaluation guided by program goals and using varied, appropriate, conceptually and technically sound evidence to determine the extent to which programs meet the expected standards of quality and to examine intended as well as unintended results.”

Program assessments can be conducted internally or by an outside consultant. The director can use the results to individualize staff development, select appropriate training opportunities, and to make program-wide changes. Conducting an assessment at regular intervals allows teachers and directors to track quality improvements and make programmatic and training adjustments as needed.

Many communities use validated and research-based program assessments for improving quality on a large scale. For example, Bright Beginnings, which is administered by the Children’s Council of San Francisco, trains home providers and centers on using the Infant Toddler Environment Rating Scale (ITERS) and the Family Day Care Rating Scale (FDCRS). Caregivers then do a self-assessment of their home environment or classroom. The program provides subsidies and technical assistance to help eligible family child care providers and center classrooms make quality improvements.

In Rochester New York, the Children’s Institute and the University of Rochester implemented an evaluation and quality improvement system involving over 170 classrooms and 2,500 four-year-old children annually since 1996. Teachers are trained in the Early Childhood Environment Rating Scale (ECERS), which is then conducted by well-trained outside evaluators. Results are provided to centers for their own use, and funds are available to centers to address identified program weaknesses. The quality of Rochester’s early childhood programs has soared over the past four years. Further, the last five years of data document that over 80 percent of the children are gaining academic, social and motor skills above developmental expectations. Classroom quality was assessed with the Early Childhood Environmental Rating Scale.

### ◆ Do providers conduct program quality assessments?

**Licensed Centers:** Of licensed centers, nine (47%) do program assessments; nine (47%) do not. Two centers use High/Scope’s Program Quality Assessment (PQA) and two use the Early Childhood Environment Rating Scale (ECERS). One center uses the NAEYC self-study, one uses a parent questionnaire, one uses a private design and two did not indicate which assessment was being used.

In order to gauge interest in a project similar to those being done in Rochester, New York and San Francisco, providers were asked to indicate whether or not they would be interested in a free program quality assessment. Eight centers (42%) indicated that they would, three (16%) would not, seven (37%) would like more information, and one (5%) did not answer this question.

**Registered ministries:** Of registered ministries, two (18%) do program assessments; six (55%) do not. When asked which program assessment they did, one ministry answered that they use the PQA and the other said that they use a parent questionnaire.

Two ministries want a free assessment; three want more information; and five are not interested.

**Home providers:** Of responding home providers, three (7%) conduct a program quality assessment; 32 (73%) do not. Nine (20%) did not answer this question. Of the three who conduct an assessment, two use the Family Day Care Rating Scale; the third did not indicate which instrument was being used.

Five home providers are interested in a free program quality assessment; 13 are not. Twenty (45%) said that they needed more information before deciding whether or not they wanted a program quality assessment. Six did not answer this question.

**Preschools:** Four of the responding preschools (40%) do yearly program quality assessments. Five (50%) do not; two (20%) did not answer this question.

Of the four that do assessments, one does a Program Quality Assessment (PQA) and three use NAEYC self-study.

Three preschools (30%) are interested in having a free program assessment; four (40%) are not. Four would like more information.

◆ **Program quality assessments available in the community**

Based on the survey findings and the impressive results in Rochester, in the fall of 2005 the Community Foundation of St. Joseph County, Inc. will implement the Early Childhood Assessment Project (ECAP), which is based on the Rochester model. Centers and registered ministries will be offered free program quality assessments conducted by trained, outside evaluators, followed by the opportunity to apply for small grants to address any identified classroom or program weaknesses. Community Coordinated Child Care is offering a similar service to homes and other providers.

## ACCREDITATION

*“Studies are mixed as to whether or not accredited programs offer better staff compensation or have lower staff turnover, but accredited programs consistently demonstrate higher quality for children.”* —Marcy Whitebook, Ph.D.

Program accreditation is another means of assuring program quality. In 1985 the National Association for the Education of Young Children (NAEYC) developed a voluntary accreditation system to help raise the quality of preschools, kindergartens, and child care centers. The NAEYC accreditation is a tool to evaluate programs, compare them with professional standards, strengthen the program and commit to ongoing evaluation and improvement.

Research shows that NAEYC-accredited centers provide better quality services for children and families, as predicted by:

- ◆ a staff with more formal education and specialized early childhood training
- ◆ a more developmentally appropriate environment with age-appropriate and child-initiated activities
- ◆ a child-centered physical environment to promote learning
- ◆ teaching staff who interact more sensitively and less harshly with children
- ◆ stronger staff communication
- ◆ better health and safety provisions, including nutrition and food service, and
- ◆ better relations with parents.

Quality assessments can also be conducted at family child care homes. The National Association for Family Child Care (NAFCC), an organization working with more than 400 state and local family child care provider associations across the United States, has developed an accreditation system that recognizes high quality in this special form of child care. NAFCC’s first accreditation system started in 1988. Current NAFCC Accreditation standards cover content areas in relationships, environment, activities, developmental learning goals, safety and health, and professional and business practices. A study of accredited providers conducted by the Families and Work Institute in 1995 confirmed that accreditation increases providers’ professionalism and self-esteem, improves quality of care, and develops leadership skills.

### ◆ **How many programs are accredited?**

In St. Joseph County:

- ◆ Three non-profit child care programs in St. Joseph County had NAEYC accreditation at the time of the survey; two more have since received accreditation for a total of five centers, or 17 percent of all licensed child care centers.
- ◆ No ministries have NAEYC accreditation.
- ◆ Three preschools (17%) have NAEYC accreditation.
- ◆ Two family child care homes responding to the needs assessment survey have NAFCC accreditation; 42 (95%) do not; four (9 percent) did not answer the question.

### **The barriers to accreditation**

The main barriers to accreditation given by the ten centers and ministries that answered this question were time and money. One not-for-profit also said that the turnover of regular teachers was a challenge. Three home provider respondents identified barriers to accreditation: all three cited time, one included money and one added transportation.

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## ISSUES OF AFFORDABILITY

- ▶ The basic cost of living for a family with young children in St. Joseph County usually exceeds 200 percent of poverty, yet child care voucher eligibility is capped at 127 percent of poverty.
- ▶ Full day care in St. Joseph County can cost between \$4,000 and \$9,500 or higher *per child*. Costs for accredited licensed centers are generally highest; legally license-exempt homes are lowest.
- ▶ Assistance for a single mother with one young child is cut off above an income of \$16,294 (127% of poverty) and for a two-parent family with two children above \$24,574.
- ▶ As of February 2005, 145 providers were serving approximately 1,300 children through CCDF vouchers.
- ▶ Long waiting lists for child care vouchers mean that even for families who qualify for a subsidy, financial support may not be available.
- ▶ Over \$5,000,000 in Federal and state funding came into St. Joseph County for child care in 2004.

*“Still, child care is the only educational service relying so heavily on parents to foot the bill, with parent fees accounting for 60 percent of the national expenditure on child care, government funds accounting for 39 percent, and employer support for only one percent. By contrast, parents contribute only about one-fourth of higher education costs, with government and philanthropy assuming the remaining balance.”*

—Mitchell, Stoney, and Dichter (in Whitebook et al., 2004)

Consider this: **it costs more to place a toddler in a full day child care center than it costs for a teen's tuition and fees at Indiana University.** Despite the incredibly low wages of early childhood teachers and care providers, too many families find the cost of child care—and especially quality care—well beyond their means. Nor is there sufficient financial help available. This leaves many families struggling to meet basic needs and too often opting for poor quality care. It also places child care providers on a precarious financial tightrope as they try to balance costs to parents against their own costs for compensation and quality.

## THE COST OF CARE

One way to understand child care costs is to look at the *Indiana Child Care Market Rates*. These are set every two years or more per county by the Indiana Bureau of Child Development in order to determine reimbursement rates for child care vouchers. Market rates are calculated at the 75<sup>th</sup> percentile of provider rates based on information gathered from a survey of providers. This means that 75 percent of providers in St. Joseph County (who responded to the survey) charge at or below the market rate; 25 percent of providers charge higher than the market rate.

*Note*—The current market rate became effective October 1, 2003. The state is in the process of evaluating current market rates; if new rates are set, they will likely take effect in October 2005. In the past, the state collected rates by surveying providers in each county, then setting multiple rates (St. Joseph County has 147) based on age of child, type of provider, and length of care. For the new market rates, the state will be accessing provider fee data already collected by resource and referral agencies (4Cs in St. Joseph County); the multiple rate system also may be streamlined into fewer categories.

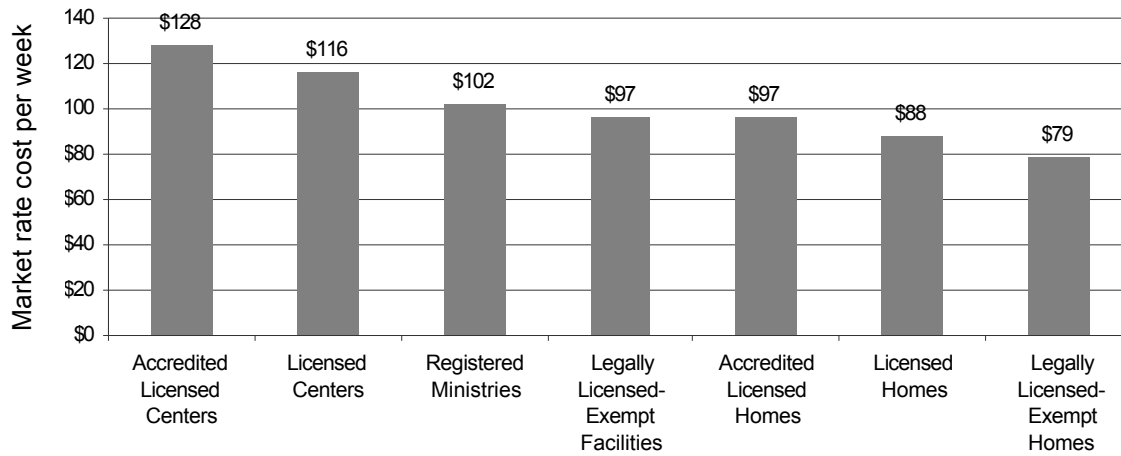
The bar graph on the following page shows the market rate weekly cost of three- and four-year-old care. It also illustrates the differences between types of care—from a high of \$128 per week at an accredited center to a low of \$79 in a legally licensed-exempt home. When families are challenged by child care costs, these differences often influence their selection. And choosing quality in either a center or a home setting almost always costs more.

→ *The complete Market Rate chart for St. Joseph County is included in the Appendix.*



WEEKLY COST OF 3 & 4-YEAR-OLD CARE IN ST. JOSEPH COUNTY

(CURRENT MARKET RATE)



YEARLY MARKET RATE COST OF CHILD CARE

*Source: Indiana Market Rates Fiscal Year 2003/2004*

Type of Care			
Accredited Licensed Centers	\$9,350	\$7,650	\$6,400
Licensed Centers	\$8,500	\$6,950	\$5,800
Registered Ministries	\$6,400	\$5,550	\$5,100
Legally Licensed-Exempt Facilities	\$6,100	\$5,300	\$4,850
Accredited Licensed Homes	\$5,500	\$4,950	\$4,850
Licensed Homes	\$5,000	\$4,500	\$4,400
Legally Licensed-Exempt Homes	\$4,200	\$3,950	\$3,950

*Source: Indiana Market Rates x 50 weeks*

For comparison, the 2004-2005 in-state cost for tuition and fees at Indiana University, Bloomington is \$6,776.

## IMPACT ON THE FAMILY BUDGET

How these costs affect the family budget clearly depends on income, but for a low income family without subsidies—and especially for a single parent, they can be immense.

Federal Poverty Guidelines are used as a basis to establish eligibility for government programs such as child care, food stamps, legal services, and the school lunch program. The 2005 Poverty Guide, released in February, has set the following rates:

- ◆ \$19,350 for a family of 4
- ◆ \$16,090 for a family of 3
- ◆ \$12,830 for a family of 2

Most research, according to the National Center on Children and Poverty (NCCP), shows that a family actually needs an income of about *twice* the poverty level to meet their basic needs. These *low-income* families that fit in the gap between poverty and self-sufficiency earn—at 200% of poverty—up to:

- ◆ \$38,700 for a family of 4
- ◆ \$32,180 for a family of 3
- ◆ \$25,660 for a family of 2

A 2002 study looking at the self-sufficiency standard for Indiana strongly reinforces these figures. In fact, it found that **basic costs of living for a family with young children in the South Bend MSA (Metropolitan Statistical Area) usually exceeds 200 percent of poverty.**

This study takes into account actual area costs for housing, transportation, food, health care, child care and other *basic* needs. The following chart, based on the study findings, compares the amount of income that would be necessary for self-sufficiency for various family compositions compared to the Federal Poverty Guidelines.

SELF-SUFFICIENCY STANDARDS FOR SOUTH BEND MSA, 2002

Family Composition	Self-Sufficiency for South Bend, IN MSA 2002	Federal Poverty Guideline 2002
Adult + infant	\$22,834	\$11,940
Adult + preschooler	\$24,548	\$11,940
Adult + infant + preschooler	\$31,549	\$15,020
Adult + infant + preschooler + sch age	\$40,623	\$18,100
2 Adults + infant + preschooler	\$37,680	\$18,100
2 Adults + preschooler + school age	\$37,099	\$18,100

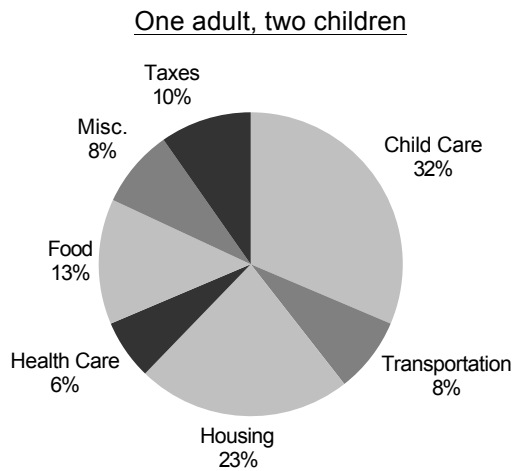
Source: *The Self-Sufficiency Standard for Indiana, 2002* by Diana Pearce, Ph.D.

→ An extended self-sufficiency chart is included in the Appendix.

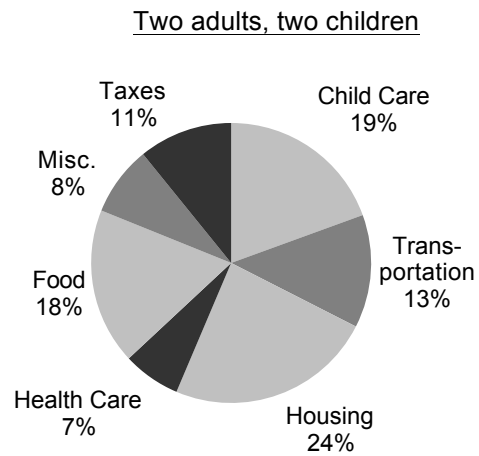
How many families in St. Joseph County hang in the gap between poverty and self-sufficiency? A conservative estimate might be 2,468, but it's probably considerably more. (*Calculation notes*—In 1999 in St. Joseph County, 21 percent of all families had children under the age of five. The estimate of low-income families was figured by taking 21 percent of the 11,750 families who made under \$30,000 per year but were not in poverty. In all likelihood, the percentage of families with children under five in this income bracket is higher, because families with young children tend to be poorer. According to the US Census, for families in poverty in 1999, 47 percent had children under five, compared to 19 percent of families above poverty and 21 percent of families overall.)

**The cost of care can generally take from one fifth to one third of the family income.** It's not surprising, then, to understand why the costs of child care are devastating to low-income families. The following pie charts show how child care eats into the family budget when money is tight.

PERCENT OF INCOME NEEDED TO MEET BASIC NEEDS



*Based on \$31,549 Self-Sufficiency Standard for one adult, one infant, and one preschool-age child, South Bend MSA, 2002*



*Based on \$37,099 Self-Sufficiency Standard for two adults, one preschool-age child, and one school-age child, South Bend MSA, 2002*

*Note: Percentages include the net effect of taxes and tax credits.  
Source: The Self-Sufficiency Standard for Indiana, 2002 by Diana Pearce, Ph. D.*

## FAMILIES CAN'T DO IT ALONE: OTHER FUNDING SOURCES

Even with early childhood teacher and caretaker wages close to poverty levels, it's no surprise that many parents find the cost of child care beyond their reach. According to survey respondents, over 200 children were turned away by programs because of inability of their families to afford fees (20 children from child care homes, 183 from centers and ministries, and 4 from one preschool). One in eight home providers who responded to the survey said that one of their biggest problems was collecting fees from parents.

Some parents do get direct financial help—over \$5,000,000 flowed into St. Joseph County last year for child care subsidies. Yet, despite what appears to be a substantial amount of funding support for low-income families nationally, **“only one in every seven children who are eligible for child care assistance under federal rules actually receives that help.** Nationally, millions of low-income working families with children that need assistance paying for child care do not get it because of insufficient funding for child care programs” (Mezey, 2003).

There are multiple funding streams that subsidize child care in St. Joseph County.

MAJOR NON-PARENT SOURCES OF CHILD CARE  
DOLLARS SPENT IN ST. JOSEPH COUNTY, 2004:

United Way:	\$ 238,149
CDBG:	\$ 62,000
CCDF Contract:	\$ 234,902 (Federal FY 2004)
CCDF Voucher:	\$4,903,287 (Federal FY 2004)

### ◆ **United Way**

In 2004, the United Way of St. Joseph County provided direct funding to two licensed child care centers and two preschools serving low income children for a total of \$213,149. An additional \$25,000, appropriated to 4Cs to use as child care vouchers for parents attending school, was spent in 2004.

### ◆ **Community Development Block Grant (CDBG)**

Federal funds are granted as block grants to cities based on the city's demographics. Up to 15 percent may be used for public services, including child care and other youth services. In South Bend, dollars for child care go to centers serving low-income families in a specific geographic area. In 2004, the city of South Bend funded 4Cs for \$62,000; as of June 2004, 12 children in three licensed centers were receiving services through these funds. **Ninety-eight children were on the waiting list.**

### ◆ **Child Care and Development Fund (CCDF)**

The CCDF, created as a result of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, integrated several child care funding streams into one system for assisting low-income families through subsidized child care. Funds were transferred to lead agencies in each state; in Indiana, that agency is the Indiana Family and Social Services Administration (IFSSA), Division of Family Resources (DFR). States retain the flexibility to design policies and determine eligibility guidelines, service priorities, provider reimbursement rates and family co-payment amounts.

The Federal dollars flowing through CCDF are divided into mandatory funding and matching funds. Mandatory funding is the base funding amount automatically available to states each year. Matching funds are funds above the base funding amount, allocated according to the number of children under age 13 in each state. To receive matching funds, states must expend a level of state funding for child care based on the amount spent in FY 1994 or FY 1995, whichever is greater. Second, states must obligate for expenditure all of the current year mandatory funds. Third, states must put up state matching funds to draw down federal dollars. If states do not contribute the full match amount, they do not draw down these additional federal dollars. In Federal fiscal year 2004, Indiana met the match for maximum draw down of CCDF dollars. However, Indiana does not invest any additional state money in child care, other than that required to draw down its federal dollars.

In addition to the CCDF dollars, states are allowed to transfer up to 30 percent of their funding from the TANF block grant to help pay for child care assistance for TANF clients. As a result, TANF clients have priority for child care funds. The amount of funds available through TANF is affected by the economy; the TANF funds are less available for child care services when families require additional services. For example, a family that had been using only food stamps is forced, by a job pay cut, to access additional supports. Funding those supports takes dollars away from child care. In Federal FY 2004, Indiana transferred \$4,052,906 from TANF. As of March 2005, there were no more TANF transfer funds available in Indiana.

CCDF funds are available for child care in two ways, contract dollars and vouchers.

**CCDF contract dollars:** These funds are contracted to centers for a specific number of children. In the past, centers were funded at different levels, with accredited centers being reimbursed at a higher market rate than non-accredited centers. Now, in order to receive contract dollars, a center must be accredited. In Federal fiscal year (FFY) 2004, St. Joseph County child care centers received \$234,902. In FFY 2005, three centers in St. Joseph County are receiving a total of \$154,636 in CCDF contract dollars—a decrease of \$80,266, or more than 34 percent, from the prior year.

**CCDF Voucher:** Indiana Family and Social Services Administration (IFSSA), Bureau of Child Development handles CCDF vouchers. In 2001, funding for CCDF Vouchers in Indiana was \$195 million; in 2005, CCDF funding is \$141 million (26% state funds; 74% Federal)—a drop of more than 27 percent.

Here is more evidence that dollars for child care subsidies are steadily diminishing.

- ◆ In 2002, Indiana tightened income eligibility for CCDF child care assistance from 143 percent of the Federal Poverty Level (FPL) to 127 percent of FPL (from \$24,479 for a family of three in 2002 to \$19,075). The current (2005) FPL for a family of three is \$16,090; 127 percent of FPL is \$20,434.
- ◆ In September 2004 the number of child care Voucher slots available statewide was reduced by 1,659 in order to live within the budget, slow the growth of the program, and protect services for those already receiving Vouchers. Dollars for local administration were also cut.
- ◆ According to the Bush Administration's proposed budget calculations, 300,000 low-income children in the United States would lose child care subsidies in the next five years. The Center for Law and Social Policy (CLASP), in a briefing paper by H. Matthews and D. Ewen (2/7/2005), suggests that "this projection likely underestimates the number of children who would lose care."

## HOW DOES THE CCDF VOUCHER SYSTEM WORK?

### **Funding priorities**

Families are enrolled in CCDF voucher program according to set priorities (from Indiana Family and Social Services Association). **Families that are on TANF and participating in the IMPACT Program must be enrolled if they are in need of child care.** These families must meet income guidelines and be actively participating in an approved work activity. (IMPACT is a component of Indiana's Welfare-to-Work program that offers services to help individuals become economically self-sufficient through education, training, job search and job placement activities.)

If funds are not available for a TANF-IMPACT family, the Intake Agent must *terminate* a non-TANF family (this could include a family on TANF, but not participating in IMPACT) in order to accommodate the TANF-IMPACT family. TANF-only and non-TANF families will be removed in the following order:

1. Families at the highest level of poverty, as established by the state.
2. Families who have been on the CCDF program for the longest amount of time.
3. Families at the highest gross income level as calculated for CCDF eligibility

More than one family may need to be removed depending upon the fiscal impact of the new TANF-IMPACT family.

If funds are available, the following families may be enrolled in the CCDF Program, according to the following order:

1. Families receiving TANF, but who are not enrolled in an IMPACT-approved activity (TANF only families).
2. Families with children who receive or need to receive protective services as verified by the Local Office of Family Resources can be eligible for CCDF child care services, provided the Child Protective Services caseworker indicates the family needs child care out of the child's home.
3. Children with Special Needs who meet income and service eligibility guidelines.

4. Families that are transitioning off of the TANF Program. The parent must submit a referral form from their TANF worker.

5. Families with the lowest income who are not receiving TANF or transitioning off TANF, but who are at risk of becoming dependent on such assistance.

**Voucher application process**

Families must apply for CCDF at the Local Intake Office in the county in which they live, even if their child care provider is located in a different county. In St. Joseph County, Job Works is the intake Agent.

Generally speaking, parent(s) must be employed or in school. Families receiving TANF need to obtain a referral from their caseworker. The number of hours approved for child care depends on the work/school schedule of the parent(s). Parents may also be on Job Search for a limited amount of time.

Once on the program, the voucher is good only for a limited time, from one week up to six months, depending on the individual's work/school situation. At the end of that time, clients must be recertified; if they fail to recertify, they go back to the waiting list.

Application for CCDF voucher in St. Joseph County works in the following way: The parent goes to the local Voucher Agent in the Job Works office and fills out an application. Those on TANF who are involved in an IMPACT activity are put immediately into the program. Others who are eligible for Voucher, but are not TANF-IMPACT clients, are put on the waiting list; in March 2005 the waiting list was running about 8 months. When a space opens, clients are called back to the office and again go through the eligibility determination process. If they qualify, they receive vouchers.

Vouchers are treated on a per child basis, not per family, which means that families can no longer add school age children to their voucher for the summer, but must add them to the waiting list. Pregnant women cannot add their babies to their existing voucher or vouchers, but must go back to the waiting list after the baby is born.

***Voucher use in St. Joseph County***

Like other child care numbers, voucher numbers are in constant flux. Children are added and dropped on a daily basis. Costs appear to vary widely (i.e., average cost of care per child was \$450 per month in October and \$318 in November 2004). The waiting list dropped by 144 children in March 2005 (from 474 to 330) when the list was purged of families. Below is a snapshot of CCDF Voucher in St. Joseph County as of April 2005.

***Caseload:*** There were **696 families and 1,388 children active in the voucher program** in April 2005; another **214 families and 351 children were on the waiting list.**

***Cost:*** The average voucher cost of care per child for the month of April 2005 was \$323. For children under one year of age during this time period, the average cost was \$359. Parents paid 2.9 percent of the voucher cost and Voucher paid 97.1 percent. Twenty (20.3) percent of parents had copayments, at an average of 14.7 percent of their income. Seventy-eight (78.3) percent of the total expenditures were for children under age six.

***Children:*** Of children served by vouchers, 74.1 percent were African American, 34.9 percent were White, 0.6 percent were American Indian/Alaskan and 0.4 percent were Asian. Children of Hispanic ethnicity (any race) accounted for 9.4 percent of all children served by voucher in St. Joseph County. *Note—Total percentages by race exceed 100% because Federal reporting forms allow parents to designate more than one race.*

***Families:*** Of families receiving vouchers, 80.3 percent received subsidies because of employment. Single parent families made up 96.7 percent of families served. The average family size was four and the average number of children served per family was two. *Note—Average family size also includes children who are not on voucher.*

***Providers:*** Sixty-seven percent of children being served through CCDF vouchers were in licensed care (either centers or homes); 7.9 percent were cared for by relatives.

As of February 2005, 145 providers were actively participating in the voucher program in St. Joseph County, broken down as follows:

2 Licensed, accredited centers	40 License exempt homes (including relative care)
24 Licensed centers	17 Registered ministries
2 Licensed, accredited homes	1 In-home (nannie care)
59 Licensed homes	



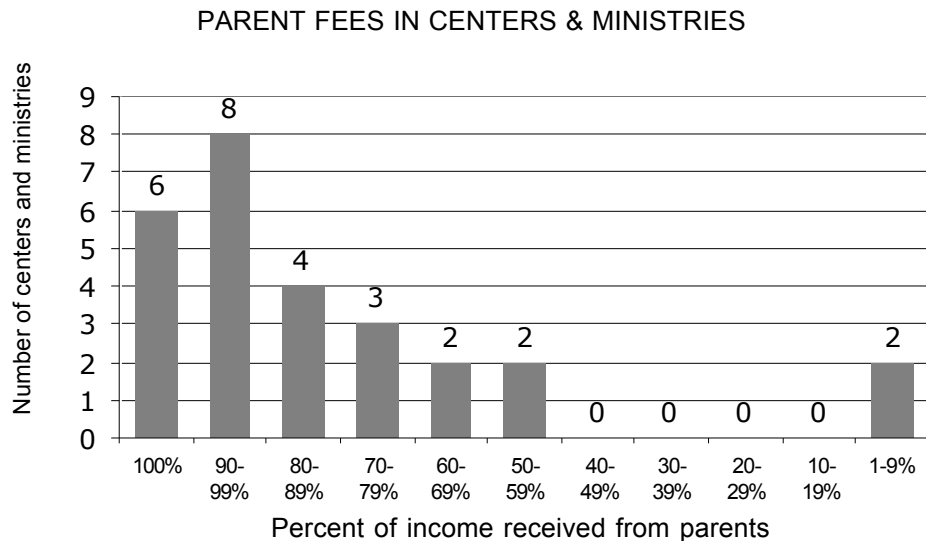
## FUNDING FROM THE PROVIDER PERSPECTIVE

In St. Joseph County, as across the nation, the burden of the cost for child care rests primarily on parents. Most responding centers, ministries and preschools reported that parent fees represent a high percentage of their total income. Other funding streams, both federal and local, also play a critical role, helping many lower income families afford services.

### ◆ Funding sources for child care centers and registered ministries

**Parents:** Of centers and ministries who answered this survey question, all rely on parent fees for at least some of their income, compared to 92% of respondents in 1998. Six programs get 100% of their fees from parents, as opposed to three programs in 1998.

Forty-seven percent of center and ministry respondents (14 programs) receive between 90 and 100 percent of their funds from parent fees.



**United Way:** In 2004, three of the responding centers (16%) received dollars from United Way. For the center receiving direct UW funding, this income represented 14 percent of its total funding; for the other two, who received UW voucher dollars through 4Cs, it was only one percent of their income. In 1998, 11 percent of respondents received United Way funds.

**Employers:** Thirteen percent of centers and ministries receive contributions from employers, the same percentage as in 1998. For one center, employer contributions account for 17 percent of income. Another receives 10 percent of income from employer contributions. In both cases the centers are closely associated with the employer.

**Child Care and Development Fund (CCDF), Voucher:** Fifteen of the 30 responding centers and ministries (50%) indicated that some portion of their income is from CCDF

Voucher, about the same percentage as 1998, when 63 percent took vouchers. Vouchers account for an average of 27 percent of the income of centers that accept them, ranging from a high of 80 percent to a low of three percent.

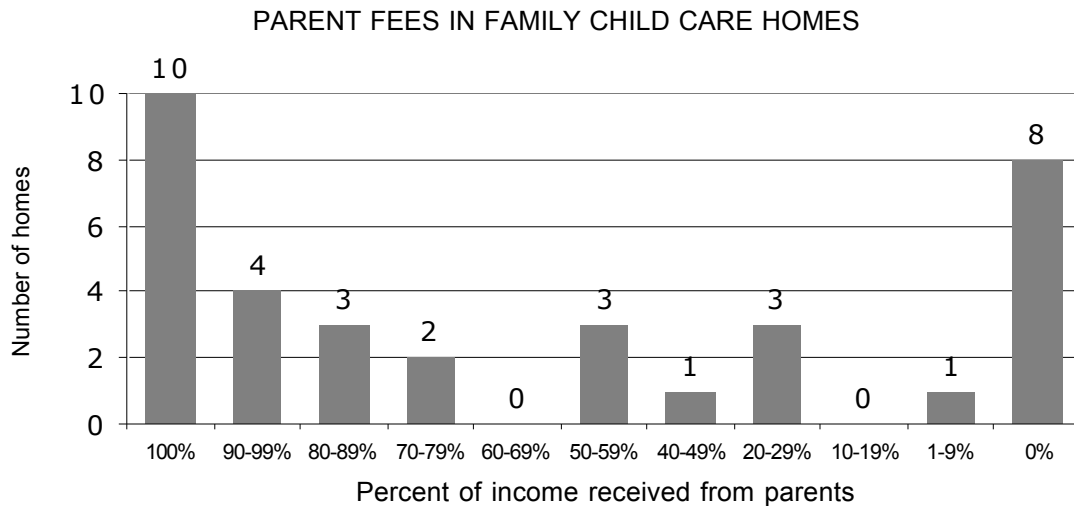
**Child Care and Development Fund (CCDF), Contract:** Three centers in St. Joseph County reported that they receive CCDF Contract funding. These represent 10 percent of all child care centers in the county. In 1998, 13 percent of centers received funding from CCDF contract, then known as Title XX.

**Community Development Block Grant (CDBG):** One center responding to the survey receives CDGB funds from the City of South Bend; these funds make up four percent of the center’s income.

**Child and Adult Care Food Program (CACFP):** Eight responding centers (27%) receive reimbursements from the food program. This is similar to 1998, when 29 percent of respondents received funding from the CACFP. These funds accounted for an average of six percent of program income.

◆ **Funding sources for family child care homes**

**Parents:** Twenty-seven (77%) of the 35 home providers who answered this question indicated that at least some portion of their income is from parent fees. In 1998, 86 percent of respondents received some income from parents. In the recent survey, seven (20%) reported no income from parent fees. In 1998, 11 percent reported that vouchers were their only source of income.



***Child Care and Development Fund (CCDF) - Voucher:*** Sixteen (46%) of 35 family child care homes who answered this question indicated that they receive some income from CCDF Vouchers. In 1998, 57 percent received child care vouchers. Six (17%) receive all income from voucher; in 1998, 11 percent received all income from voucher. For home providers who are currently participating in the voucher program, about 70 percent of their income comes from vouchers, according to survey respondents.

***Child and Adult Care Food Program (CACFP):*** Of providers who answered this question in the 2004 survey, 29 percent receive funds through the food program—an average of 12 percent of program income among those using these funds. In 1998, 40 percent of providers received funding through CACFP.

#### ◆ Funding sources for preschools

***Parents:*** Parent fees average 84 percent of total program income for the nine preschools answering this question. Of these, three preschools (30%) are fully supported by parent fees; one serving low-income children receives only two percent of income from parents.

***Other funding sources:*** One preschool also relies on fundraising; two rely on outside scholarships. One preschool serving low-income parents receives 70 percent of its support from United Way.

***Head Start funding:*** The Head Start Consortium of Elkhart and St. Joseph Counties receives approximately \$2.9 million from the federal government for Head Start in St. Joseph County. Parents do not pay for Head Start services.

#### FINANCIAL IMPACT OF NEW REGULATIONS

*“More educated staff will require greater pay.”  
“We are going to have to re-do all of our playgrounds.”  
—Survey respondents*

In the interest of improving quality, the state of Indiana adopted new regulations for licensed centers in 2003. While the need for quality is undeniable, the financial impact on many centers is huge. For the 10 licensed centers that provided a dollar cost, the average financial repercussion is \$25,900 with expenses ranging from \$3,500 to \$90,000. The increased costs include new safety standards for playgrounds, increased education requirements for lead teachers and changed ratios for mixed age groups.

Seventy-nine percent of the responding licensed centers are having difficulties meeting the new licensing regulations. Specific mentions included:

- Playground - 12 (80% of the 15 having difficulty)
- Staff qualifications – 7 (47%)
- Mixed age groups - 5 (33%)
- Staff ratios - 5 (33%)
- Equipment - 5 (33%)
- Continuity of care - 4 (27%)
- Food service credential - 3 (20%)

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## OTHER ISSUES & TRENDS

- ▶ Fragile finances threaten stability for child care providers, especially licensed child care centers.
- ▶ The number of licensed child care centers has declined while the number of registered ministries has grown in St. Joseph County.
- ▶ Most center and ministry directors are serving children with very challenging behaviors; 74 percent want training for themselves and their staff in working with these children.
- ▶ Early literacy was among the least selected training topics.
- ▶ For most survey respondents, a child who is “ready to enter school” has reached an appropriate level of both emotional/social development *and* cognitive development.

When the needs assessment data is pulled together and viewed in light of national trends, a number of overall themes emerge. Some concerns, such as high numbers of young children with challenging behaviors, are being addressed by research and program/intervention development around the country. Other issues, such as early literacy training, are noteworthy because of an apparent low priority in our community, despite high visibility at the national level. Other themes became apparent in responses to the survey question, “What trends are you seeing in the area of early childhood and/or the children you serve?” Many of the 71 responses were focused on fragile finances, children with challenging behaviors, diminishing parenting skills and involvement, and the push to early academics.

## FRAGILE FINANCES

### FRAGILE FINANCES

The need to raise quality and increase staff compensation forces early childhood directors to confront a difficult set of choices between the interests of families, children, and staff. The dilemma is a proverbial catch-22 of quality and compensation versus affordability. Programs cannot improve quality without charging families higher fees or getting funds from elsewhere—funds that are growing more scarce. Families are the primary source of revenue for most programs. To improve quality, programs need more dollars, but parents cannot afford to pay (Kinch and Schweinhart 2003). That is why, for many child care providers, financial stability is elusive.

The survey responses to the following questions brought these facts home:

***How much of a problem are the following: ...affording sufficient materials & equipment***

- ◆ Half (50%) of center and ministry respondents indicated that affording sufficient materials and equipment is “often” or “always” a problem.
- ◆ One out of four (25%) home providers find affording sufficient materials and equipment to “often” or “always” be a problem.

***How much of a problem are the following: ...financial stability***

- ◆ Seventy percent of responding centers and ministries consider financial stability to be a problem at least sometimes. For 17 percent of respondents, this is always a problem.
- ◆ Of preschools, 3 (27%) often or always find financial stability a problem.

***What trends are you seeing in the area of early childhood and/or the children you serve?***

- ◆ One trend mentioned only (and most often) by child care center respondents to this question was fewer resources coupled with higher demands. Six of 19 comments (32%) spoke to this issue. A sampling of comments:

*“Small centers are targeted for extinction due to financial burdens. It will be a great loss since most have been operating for a long time!”*

*“Demands for increased education for teachers and staff without any means to pay for it.”*

*“Lack of affordable, quality care; more quality demands on child care facilities. Both spell out disaster unless there is government intervention in funds.”*

***Overall, what is the biggest problem that your program is facing right now?***

- ◆ Of 15 centers responding to this question, 11 (73%) had to do with finances. Three mentioned playground replacement; others zeroed in on other specific needs, i.e., “a special education teacher and extra teacher for twos’ classroom.” Most comments were more general (but explicit!): “Finances. Finances. Finances.”

◆ Three of nine ministries mentioned finances directly, all for new equipment or materials. However, four other mentions could also be viewed through a funding perspective—two wrote about finding and/or maintaining qualified staff; two others said they needed more children.

◆ Home providers, too, said they are challenged by money problems or enrolling enough children, an issue associated with finances.

A sampling of comments:

*“Non-profit preschools are finding it more and more difficult to find funding sources that will even sustain their current program. These programs serve low-income children and with the local Head Start program no longer serving three-year-olds or providing all day programs, there is a need to expand.”*

*“I can’t compete with the pay scales of centers who are funded by large institutions. I also can’t provide affordable insurance. I often find myself employing lesser quality people because of this.”*

*“Our biggest problem is replacing our playgrounds so they are in compliance.”*

While responses were scant on “What would help?” they included: “Efficient, practical facility.” “Assistance from outside sources; increase in enrollment. Staff stability. Health care for staff.” “Money. ...Grants. ...More children to help cover costs.”

→ All write-in responses to these questions are included in the Appendix.

## FEWER CHILD CARE CENTERS; MORE REGISTERED MINISTRIES

As mentioned earlier in this report, the numbers of licensed centers and preschools have declined by more than 30 percent since 1993, while the number of registered ministries has more than doubled. Several forces may be driving this change. The federal dollars that have helped parents pay for child care are decreasing, leaving more parents to foot the entire bill. Since regulations for licensed centers increase the cost of care, many parents may be choosing ministries, which can offer care at a lower cost.

The market rate cost for one year’s care for an infant at a registered ministry in St. Joseph County is \$2,100 less than at a licensed center and \$2,950 less than an accredited licensed center. For a three- or four-year-old, a ministry is \$700 less per year than a licensed center, and \$1,300 less than a licensed accredited center. (See *Market Rate chart in the Appendix.*)

Parents who are not eligible for voucher dollars may have to select the least expensive child care option. That may explain why 36 percent of responding ministries receive 100 percent of their income from parent fees. Of licensed centers, parent fees make up the entire income for only 13 percent.

State regulations are developed according to safety and quality measures, such as adult/child ratios, safe playground equipment and teacher qualifications. As a result, centers are often of higher quality than ministries.

That was the finding of a Purdue study that explored the quality of child care in four Indiana communities, including St. Joseph County. In *Child Care for Low Income Working Families: The Relation between Quality and Child Outcomes (2004)*, Elicker et al. state that, “Indiana is a state where a high proportion of child care programs are exempt from licensing and in which many child care spending decisions are made at the community level. Indiana child care regulations allow child care ministries (i.e., center-based programs sponsored by churches) to operate without a state license.”

The study found that “in St. Joseph County, children in licensed child care settings received higher quality care than children in unlicensed settings.” For children aged six months to three years, for example, adults interacted significantly more responsively in licensed childcare centers and Head Start classrooms than in child care ministries. “Overall, children from low-income working families in licensed child care settings received higher quality care than in unlicensed child care settings. This difference was most pronounced in St. Joseph County, in which more than 40 percent of our sample used unlicensed forms of care” (Elicker et al., 2004).

It is for this reason that the financial squeeze on licensed care is of concern, especially for lower income families where quality has the greatest impact.

## CHILDREN WITH CHALLENGING BEHAVIOR

*“Greater behavior challenges; children are exposed to more violence.”*

*“There is so much brokenness (divorce, dysfunction, etc.). This translates into higher levels of need in the lives of the children, manifested by behavior problems (i.e., anger).”*  
—Survey respondents to the question “What trends are you seeing...”

Sixty-three percent of center and ministry directors, 45 percent of preschool directors and 30 percent of home providers indicated that they currently serve children with very challenging behaviors. Fifty percent of center/ministry directors, 11 percent of home providers and 10 percent of preschool directors also say they are serving children with emotional disabilities. Of responses to the open-ended question about trends, this was the second most frequently mentioned concern.

While few respondents indicated that children with challenging behaviors were often or sometimes a problem in their programs, the interest in this area as a training need was very high. Fifty-seven percent of homes, 74 percent of centers and ministries, and 63 percent of preschools named “children with challenging behaviors” as an area where training is needed. It was the topic selected most often by each group. In addition, when asked to name their top three training preferences, more directors picked this topic than any other.

In response to the open-ended questions about trends, kindergarten teachers also reported difficulties with children’s behavior. One wrote that many children show disrespect towards adults. Children’s social skills are “more negatively verbally and physically rougher when it is associated with play. Children tend not to be intimidated by adults and often want to do things their own way with very little respect.” One teacher wrote that there are “more students raging than ever before.”

Nationally, significant numbers of children with challenging behaviors also have been noted. The incidence is not known exactly, but estimates range from eight percent to 30 percent for behavior problems within kindergarten and preschool populations. What this means for teachers is that, with a prevalence rate of 10 percent, one or two children in a classroom of 18 are demonstrating serious, persistent behavioral difficulties. “If rates of problematic behavior among preschool-aged children are as high as 30 percent, a teacher must manage the aggressive, disruptive, and withdrawn behaviors of five or six in any given classroom” (Powell et al., 2003).

When a child’s behavior substantially affects other children, providers will sometimes ask the family to remove their child from the program. Sixty-eight percent of center directors, 45 percent of ministries, 50 percent of preschool directors and 34 percent of home providers stated that they have had to disenroll a child. Respondents from 10 centers (53%), five ministries (45%), one preschool (10%) and 12 homes (27%) reported that in the past 12 months, they had expelled one or more children—a total of 41 children altogether. Challenging behavior was the primary cause. One director explained that they removed a child who had already been asked to leave several centers, making a difficult situation that much more painful for the child and parent. Although the staff worked hard with this child, her behavior was such that keeping her at the center entailed a danger to other children.

What could this mean for this child? Researchers explain that problem behaviors have short- and long-term costs.

“Children with emotional difficulties are likely to ‘lose out’ academically, in a number of ways. First, disruptive children are tough to teach: as early as preschool, teachers provide disruptive children with less positive feedback, so that disruptive children spend less time on task and receive less instruction. Second, emotionally negative, angry children may lose opportunities to learn from their classmates as children gather to work on projects together, help each other with homework, and provide each other with support and encouragement in the classroom. Third, children who are disliked by teachers and classmates grow to like school less, feeling less love for learning, and avoid school more often, with lower school attendance. The costs of being socially rejected or withdrawn with peers and teachers may be particularly great for low-income children, increasing their risk of later school difficulty” (Raver 2002).

Clearly it is important to identify children with the kinds of challenging behaviors that predict later, more severe, behavioral problems. Early childhood programs can serve as early screening locations, finding children with difficulties and connecting them and their families to appropriate services.

Bonnie Raine, Director of United Health Services, notes that screening also helps caregivers distinguish between the causes of similar types of behavior, enabling caregivers and parents to devise effective strategies. “We can often mistake poor performance or behavior for an outright disability when in fact these are not cognitive or behavioral problems at all. They are merely a function of the fact that kids process auditory stimulus differently.” Dr. Raine also points out that difficult behaviors can be caused by sensory differences in children. “We shouldn’t assume that because a child hits another that he is being ‘naughty.’ He may well have had his space invaded and that just may be intolerable.”



Research is underway around the country into the most effective ways to help children who exhibit difficult behaviors. On-site mental health consultation is the predominant strategy and, while evaluations of this strategy are limited, early findings are promising.

Research also shows positive results of classroom-based programs when combined with teacher training and parent components. The importance of quality in early childhood environments is stressed by Knitzer and Raver in *Ready to Enter*: “Higher quality child care predicted better linguistic, cognitive, and preacademic outcomes, and fewer behavioral problems. Teachers can unwittingly perpetuate high levels of misbehavior in their classrooms by either ignoring problematic behaviors or reacting harshly.”

Through training, teachers can learn how to prevent challenging behaviors, as well as how to intervene. “Preventive strategies are based on the following assumptions,” write Hemmeter and Ostrosky (Dunlap et al., 2003):

- a) challenging behavior is less likely to occur when children are actively engaged with materials, activities, peers and/or adults;
- b) challenging behavior is less likely to occur when children know what to do, when to do it, how to do it, and they understand the expectations for their behavior; and
- c) challenging behavior is less likely to occur when children have effective and appropriate communication strategies.”

## EARLY LITERACY

A national focus on reading is being fueled by burgeoning research into how children learn to read, an emphasis on using curriculum and instruction that is research-based, and longitudinal studies showing that when children aren't reading by third grade they frequently do not catch up. Making sure that appropriate methods for encouraging the development of early literacy skills are part of the early childhood program day should be a priority for all caregivers.

According to the National Research Council (Snow et al., 1998), access to books and printed material and being read to one-on-one or in small groups help develop skills and attitudes that children need to become readers. “Research on interventions in early childhood care and education settings suggests that a combined approach of book reading in which children are highly engaged, along with some phonological training (for example, teaching children to detect rhymes and categorize sounds), is effective in improving emergent literacy skills. Teaching children to recognize the sounds of letters has also been shown to help children learn to read.” (Scarupa, 2001)

***Fostering early literacy:*** In the needs assessment survey, we asked how programs fostered early literacy development. (Respondents gave more than one answer.)

Twenty-five licensed centers and registered ministries (83 percent) answered this question. The most frequent activity was reading to children (16 mentions), followed by songs, rhymes and fingerplays (7) and encouraging language development by talking with children (7). Five mentioned access to books; five mentioned labeling objects in the environment; four said they have a print rich environment; and four mentioned writing activities.

Six preschool providers (60 percent) answered this question. Three specifically mentioned reading to children; three foster early literacy by providing access to books; two use songs, rhymes and fingerplays; and two mentioned writing activities.

Thirty-two home providers (73 percent) responded to this question. Of those, 24 foster early literacy by reading to children. Nine utilize songs, rhymes and fingerplays; six mentioned language development through conversation with children; six provide writing activities; four use games with letters; and four mentioned exposure to books.

**Early literacy training:** Providers were also asked what training their teachers had had in early literacy in the past 12 months. Sixteen licensed centers and seven registered ministries answered the question. Of those, four centers (25 percent) and three registered ministries (43 percent) said that their teachers had had no early literacy training.

The main sources of training for teachers in centers were conferences, workshops and CDA training. For ministries, college classes, workshops and the IUSB conference were mentioned.

Of the five preschool directors who answered this question, two responded that their teachers had no early literacy training in the past 12 months. For the other three, conferences, in-service training and specialized Montessori training were mentioned.

Thirty home providers answered this question; of those 18 (60 percent) had had no early literacy training in the last 12 months. Others attended the IUSB Early Childhood Conference (2), took early childhood education classes (1), participated in CDA training (2) and 4 Cs workshops (2). One took High/Scope.

With the national attention on the importance of early literacy, the low priority given by survey respondents to early literacy training is noteworthy. Of responding centers, five (26 percent) indicated an interest in early literacy training. One registered ministry (nine percent), no preschools and 13 homes (30 percent) checked early literacy as a possible training topic. Why many directors do not see the need for early literacy training cannot be assumed from this survey but might be explored before such training is made available.

## DIMINISHING PARENTING SKILLS AND INVOLVEMENT

One out of three who responded to the survey question, “What trends are you seeing in the area of early childhood and/or the children you serve?” mentioned a decrease in parenting skills or parent involvement. It was the most frequent response by home providers (39%) and the second most frequent by center and ministry directors (20%).

*“There is a decline in parents putting the needs of the child ahead of their own personal needs.”*

*“[I am] seeing parents not spending enough time with their children. They expect providers to do more and more.”*

*“Some parents are not taking the responsibility as parents. Students come unclean, unable to blow their nose, tie shoes, and put on clothing. Their vocabulary and listening skills are developmentally young, due to lack of having stories read to them or adults taking time to explain things to them. Some are not supervised and see and hear many things that are not appropriate. Some have a very short attention span because of not being made to focus on anything but a television or video game.”*

*“Parent willingness and availability to be involved in school activities with their children is decreasing rapidly.”*

Research is clear on the critical importance of the parent in the life of a young child. Poor parenting practices “increase the risk of adverse developmental outcomes” and have been associated with child aggression, distractibility, antisocial behavior, shy behavior and low academic achievement in kindergarten. (Huffman et al., 2000).

Whether this is a worsening trend or simply identification of an ongoing need is unclear. Parenting education has consistently kicked up as a community need for more than a decade—from the 1993 Step Ahead Needs Assessment to more recent interviews and focus groups conducted for the Community Foundation of St. Joseph County, Inc. and Ivy Tech State College.

## PUSH TO EARLY ACADEMICS

Several mentions to the question “What trends are you seeing in the area of early childhood and/or the children you serve?” had to do with increased pressure for early academics coming from parents, the Federal government, the state, and/or the schools. Fourteen of 71 responses (20%) raised this as a trend.

*“Too many things have been pushed upon [children] to learn before they were developmentally ready. I am seeing more children that have learning disabilities. Some of the problems are hereditary and others are caused by teachers and parents asking children to do academics that their brains are not developmentally ready to process.”*

*“Kindergarten has moved far beyond the learning of shapes and colors.”*

*“A disturbing trend—the ‘pushed down’ curriculum as a result of school testing and performance based curricula in public schools. This pressures parents into expecting inappropriate preschool curriculum that is not developmentally appropriate for this age group.”*

*“Increased academic expectations regardless of developmental ability.”*

*“Many folks want educational-based child care.”*

Much of this “push down” may be attributed to a national focus on standards and accountability, and a genuine concern about the numbers of children with very poor reading skills and high school drop out rates.

Unfortunately, discussions about early learning are often framed as a false dichotomy

between “academics” and developmentally appropriate practice. What research shows is that there are age appropriate methods for fostering the development of the knowledge and skills foundational for later learning. In other words, academics look different when children are very young.

As David Elkind explains, “The problem, then, of most early childhood academic instruction is the failure to appreciate that math and reading are complex skills that are acquired in stages that are related to age. Equally important is the appreciation that young children's intellectual abilities mature at different rates and that chronological age is not a good measure of cognitive ability... The guiding principle of early childhood education is, then, the matching of curriculum and instruction to the child's developing abilities, needs and interests” (2001).

Concentration on the academic preparation of young children often obscures the importance of other domains of child development, such as social and emotional development, known to be important for school success.

Kindergarten teachers understand how critical children’s social-emotional development is for their academic achievement. In a study supported by the National Center for Early Development and Learning (NCEDL), a nationwide sample of more than 3,500 kindergarten teachers were asked to identify the attributes that contributed most to children’s failure to adjust well in the early months of kindergarten. The most frequently listed had to do with following directions, preacademic skills, getting along with peers, and cooperation—a cluster of skills that reflect “teachability” (*The Evaluation Exchange*, 2004).

Local early childhood providers agree. They were asked to list the major characteristics of a child who is “ready to enter school.” The response from centers, ministries, homes and preschools indicates an understanding of the importance of social/emotional development for school success. Kindergarten teachers who responded also emphasized social/emotional development along with cognitive.

Respondents talked about the importance of social/emotional development as frequently as they mentioned cognitive development; there were 99 references to varying aspects of social/emotional development and 92 to cognitive development. (Respondents gave more than one answer to this question.)

Characteristics if a child “ready to enter school” that were most often mentioned included:

- Ability to pay attention, focus, listen for short periods of time
- Social/emotional maturity
- Ability to cooperate
- Ability to communicate needs
- Eager to learn
- Recognize some letters of the alphabet and some numbers
- Follow 1 – 2 (or 1 – 3) step directions
- Ability to recognize (and/or write) first name

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## CONCLUSION

Imagine the picture set forth in the Introduction: “a high-quality, voluntary, universal, and well-funded early care and education system that will allow parents to keep working and better prepare children for school and life.” Creating this vision requires the hard work of fitting together the interlocking puzzle pieces of quality, accessibility, and affordability.

The picture that emerges from the pieces gathered through this needs assessment—low wages and benefits, unqualified teachers, high parent fees, low family incomes, dwindling subsidies, closing centers—does not yet match the vision. Critical pieces are missing, like adequate funding for low-income families and adequate wages for early childhood workers. Other pieces don’t fit right, such as the high numbers of teachers without early childhood education degrees.

Some of the pieces, however, are bright spots: there are more child care centers now that have achieved the demanding NAEYC accreditation, assuring quality for the children they serve. More early childhood professionals are engaged in working toward their Master’s degree. Importantly, the dedication of our community leaders in the early childhood field remains strong.

But we do have our work cut out for us. The issues are clear, and the challenge is significant. Fortunately, research shines a bright light on the path ahead, illuminating the “why”—why we must move forward, as well as the “how”—how we can improve early childhood environments. As Lisbeth Schorr put it in 1988, the vision is “within our reach.”

Yet, Schorr warned, “If the current knowledge is to be harnessed to change outcomes for children growing up at risk, more Americans must become aware of the high stake that all of us have in what happens to these children and more Americans must become convinced that we know what needs to be done and how to do it.”

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## APPENDIX

### Additional data:

Children in Poverty by Census Tract

Additional demographic data by zip code

Self-Sufficiency Standard, South Bend MSA 2002

Market Rate for St. Joseph County

Special needs served by providers

Provider training needs

### Survey results:

Centers and Ministries: Data ~ Written responses

Home Providers: Data ~ Written responses

Preschools: Data ~ Written responses

**CHILDREN IN POVERTY BY CENSUS TRACT**  
(for tracts with 10% or more family members with children < 18 below poverty)

<b>ST. JOSEPH COUNTY</b>						
Tract	# in tract*	# below poverty*	% below poverty	# of children < age 5	Approx # of 3 & 4 year olds	Approx # of 4 year olds
20	565	320	56.64%	132	53	26
21	620	334	53.87%	137	55	27
23	444	198	44.59%	75	30	15
1	695	293	42.16%	175	70	35
6	1,144	459	40.12%	145	58	29
29	335	112	33.43%	47	19	9
24	1,043	318	30.49%	86	34	17
10	1,028	312	30.35%	79	32	16
19	570	168	29.47%	53	21	11
5	676	199	29.44%	57	23	11
34	1,171	344	29.38%	134	54	27
27	650	186	28.62%	85	34	17
4	993	276	27.79%	92	37	18
25	368	102	27.72%	65	26	13
30	887	245	27.62%	47	19	9
22	1,126	309	27.44%	161	64	32
9	418	109	26.08%	19	8	4
7	380	94	24.74%	58	23	12
14	951	226	23.76%	78	31	16
17	300	70	23.33%	0	0	0
31	935	218	23.32%	114	46	23
102	1,363	302	22.16%	45	18	9
35	731	155	21.20%	94	38	19
11	1,310	277	21.15%	142	57	28
2	1,372	283	20.63%	82	33	16
15	865	176	20.35%	62	25	12
13	372	74	19.89%	24	10	5
28	635	114	17.95%	6	2	1
103	1,563	277	17.72%	165	66	33
113.01	1,044	183	17.53%	34	14	7
12	404	62	15.35%	16	6	3
26	714	104	14.57%	29	12	6
113.03	1,478	197	13.33%	128	51	26
3.01	580	75	12.93%	28	11	6
3.02	444	52	11.71%	5	2	1
101	681	79	11.60%	16	6	3
32	1,289	146	11.33%	29	12	6
106	871	95	10.91%	14	6	3
104	847	91	10.74%	60	24	12
<b>*family members w/children &lt;18</b>				<b>2,699</b>	<b>1,080</b>	<b>540</b>

*Source: 2000 Census*



**ADDITIONAL DEMOGRAPHIC DATA BY ZIP CODE:  
CHILDREN IN POVERTY, MEDIAN FAMILY INCOME, FAMILIES BELOW \$35,000,  
HIGH SCHOOL GRADUATES, WORKING PARENTS**

Zip code location* (*Numbers for cities and towns are different than zip codes)	Zip code	# of Children Under 5 Years	% child < 18 living below poverty	# children <5 living in poverty	Median Family income	# of Families < \$35,000	% of Families < \$35,000	% High school graduates or higher	# of all parents w/ children < age 6 in workforce	% of all parents w/ children < age 6 in workforce
<b>ST. JOSEPH COUNTY</b>		18,673	13.7%	3,331	\$49,653	21,250	31.7%	82.4%	13,485	62.7%
<b>South Bend*</b>	46601	524	40.8%	222	\$28,636	571	57.7%	67.1%	365	63.4%
	46613	1,111	25.6%	303	\$32,481	1,547	53.1%	69.5%	791	65.3%
	46614	1,981	7.2%	185	\$55,409	2,008	25.3%	87.1%	1,448	62.2%
	46615	1,207	20.0%	306	\$40,473	1,591	40.9%	86.10%	855	56.8%
	46616	653	31.3%	193	\$41,003	717	41.9%	77.9%	342	56.8%
	46617	763	21.5%	130	\$47,737	912	35.5%	83.9%	596	73.7%
	46619	1,755	24.2%	568	\$36,308	2,564	47.3%	66.6%	1,114	58.6%
	46628	2,231	20.2%	602	\$42,903	2,760	39.0%	79.3%	1,832	67.8%
	46635	382	2.9%	0	\$62,349	376	19.8%	88.7%	310	65.0%
	46637	799	10.6%	147	\$55,485	968	26.3%	84.8%	674	73.7%
<b>Mishawaka*</b>	46544	2,114	11.4%	310	\$47,070	2,691	33.9%	81.4%	1,630	68.9%
	46545	1,721	8.8%	169	\$44,742	2,353	36.8%	82.2%	1,373	68.5%
<b>Notre Dame*</b>	46556	0	0	0	\$26,250	3	100%	98.4%	0	0
<b>Granger*</b>	46530	1,863	1.6%	67	\$83,231	677	8.8%	95.8%	1,048	46.1%
<b>Lakeville*</b>	46536	150	5.1%	11	\$51,935	166	19.7%	86.5%	94	57%
<b>New Carlisle*</b>	46552	276	2.5%	7	\$51,918	385	24.3%	82.7%	201	71.5%
<b>North Liberty*</b>	46554	265	7.2%	27	\$54,741	330	28.4%	86.3%	176	57.1%
<b>Osceola*</b>	46561	863	4.6%	59	\$53,504	694	20.3%	85%	671	64%
<b>Walkerton*</b>	46574	488	11.1%	56	\$45,215	719	31.0%	78.1%	348	62.6%
<b>Wyatt*</b>	46595	12	0	0	\$35,278	13	46.4%	91.7%	0	0

\*Actual numbers for towns/cities are different than zip codes

Source: US Census 2000 [SF 1 & SF 3]

THE SELF-SUFFICIENCY STANDARD FOR SOUTH BEND, IN MSA, 2002

Monthly Costs	1 Adult + Infant	1 Adult + Preschooler	1 Adult + Infant + Preschooler	1 Adult + Infant + Preschooler + Schoolage	2 Adults + Infant + Preschooler	2 Adults + Preschooler + Schoolage
Housing	599	599	599	749	599	599
Child Care	380	443	822	1,115	822	736
Food	261	270	351	472	504	554
Transportation	212	212	212	212	406	406
Health Care	161	161	170	185	206	212
Miscellaneous	161	168	215	273	254	251
Taxes	298	336	449	609	528	514
Earned Income Credit (-)	-73	-50	-10	0	0	0
Child Care Tax Credit (-)	-46	-44	-80	-80	-80	-80
Child Tax Credit (-)	-50	-50	-100	-150	-100	-100
<b>Self-Sufficiency Wage:</b> Hourly	\$10.81	\$11.62	\$14.94	\$19.23	\$8.92 per adult	\$8.78 per adult
Monthly	\$1,903	\$2,046	\$2,629	\$3,385	\$3,140	\$3,092
Annual	\$22,834	\$24,548	\$31,549	\$40,623	\$37,680	\$37,099

Source: *The Self-Sufficiency Standard for Indiana, 2002* by Diana Pearce, Ph.D

NUMBER OF PROVIDERS WHO LIST SPECIAL NEEDS IN THE 4CS DATABASE  
 Providers have either received training in this area  
 and/or currently have or are willing to accept children with these conditions

DISABILITY	CENTERS (30)	MINISTRIES (26)	HOMES- LICENSED (107)	HOMES- UNLICENSED (46)	TOTAL SERVING DISABILITY
ADD/ADHD	14	7	28	11	60
Apnea monitor	1	1	6	3	11
Asthma treatments	16	8	38	10	72
Autism	4	7	16	6	33
Behavioral	2	2	11	4	19
Catheter	2	1	5	2	10
Cerebral palsy	4	3	14	3	24
Cognitive disability	9	6	18	7	40
Diabetic	3	1	12	2	18
Down's syndrom	7	5	16	6	34
Feeding tubes	5	1	7	5	18
Health/medical disabilities	7	4	20	6	37
hearing impairments	8	3	26	3	40
Injections	1	1	5	7	14
Language delay	15	10	33	8	66
Muscular dystrophy	3	1	6	1	11
Physical disability	7	3	21	4	35
Sensory disability	8	8	17	7	40
Special diets	10	4	25	10	49
Tracheotomy	0	1	4	2	7
Visual impairments	9	5	18	3	35
# of providers accepting one or more disability	19	11	62	16	108
% of providers accepting one or more disability	63%	42%	58%	35%	52%

*Source: 4Cs Database, February 24, 2005*

PROVIDER TRAINING NEEDS IDENTIFIED

TOPIC	Total (84)		Centers (19)		Ministries (11)		Homes (44)		Preschools (10)	
	#	%	#	%	#	%	#	%	#	%
Children with challenging behaviors	53	63%	16*	84%	6*	55%	25	57%	6*	60%
Child development	31	37%	6	32%	3*	27%	22	50%	0	0%
Child assessment	30	36%	10*	53%	3	27%	16	36%	1	10%
Parent/family issues	28	33%	4	21%	4	36%	18	41%	2	20%
Child Observation Record	25	30%	8	42%	3	27%	12	27%	2	20%
Parent involvement	23	27%	4	21%	5	45%	13	30%	1	10%
Early math	22	26%	5	26%	1	9%	14	32%	2	20%
Child guidance	22	26%	7	37%	3	27%	12	27%	0	0%
Conflict resolution	22	26%	6	32%	3	27%	11	25%	2	20%
Early literacy	19	23%	5	26%	1	9%	13	30%	0	0%
Children with special needs	19	23%	2	11%	2	18%	13	30%	2	20%
Becoming accredited	18	21%	6	32%	3	27%	8	18%	1	10%
Transition to kindergarten	18	21%	2	11%	3	27%	12	27%	1	10%
Program assessment	18	21%	4	21%	2	18%	11	25%	1	10%
Transition activities	18	21%	6*	32%	2	18%	10	23%	0	0%
Learning environment	17	20%	3	16%	2	18%	12	27%	0	0%
Health and safety	16	19%	2	11%	3	27%	9	20%	2	20%
Adult/child interaction	15	18%	3	16%	3	27%	9	20%	0	0%
Dealing with child abuse/neglect	15	18%	3	16%	2	18%	7	16%	3	30%
Financial management	13	15%	0	0%	2	18%	10	23%	1	10%
High/Scope	13	15%	5	26%	2	18%	4	9%	2	20%
Limited English Proficient children	10	12%	2	11%	1	9%	5	11%	2	20%
Understanding IEPs/IFSPs	7	8%	1	5%	1	5%	5	11%	0	0%
Other: Tuition assistance	1	1%	-	-	-	-	-	-	1	10%

Source: 2004 Early Childhood Care and Education Provider Surveys